



**Mental Health Services Act
Prevention and Early Intervention**

**Sutter-Yuba Mental Health Services
Prevention Early Intervention Statewide
Projects**

Fiscal Year 2008-09



SUTTER-YUBA MENTAL HEALTH SERVICES

1965 Live Oak Boulevard
P. O. Box 1520
Yuba City, CA 95992



Tom Sherry, MFT
Assistant Director of Human Services
Director of Mental Health

Administration Services
(530) 822-7200
FAX (530) 822-7108

February 12, 2009

Dear Sutter-Yuba Stakeholders:

This plan for three Prevention Early Intervention Statewide Projects is being presented to the Sutter-Yuba counties for public comment.

The attached Information Notice transmits instructions to Counties that may want to assign PEI funds to the California Department of Mental Health (DMH) for the following PEI Statewide Projects:

- *Suicide Prevention*
- *Student Mental Health Initiative*
- *Stigma and Discrimination Reduction*

The Planning Estimates for these Statewide Projects are in addition to (not a part of) the original Planning Estimates. The additional estimates for Sutter-Yuba Counties are Sutter \$329,000 (\$82,300 per year) and Yuba \$271,600 (\$67,900 per year) over four years 2008-2012.

Background

These PEI Statewide Projects have been and will continue to be developed and implemented with involvement of County directors and the California Mental Health Directors Association (CMHDA), Mental Health Services Oversight and Accountability Commission (OAC) staff, and other stakeholders. A specific policy document, developed through the work of a diverse stakeholder committee, provides the foundation for each project. Counties will continue to be represented during the implementation of the projects through participation on steering committees or ad hoc committees convened to coordinate state and local activities, to develop project elements, and to ensure program quality.

Counties will benefit directly and indirectly from these Statewide Projects through training and technical assistance provided to Counties and their PEI partners, support for the implementation of local PEI Projects, media and social marketing materials in multiple languages, model program sites, enhanced state and local partnerships, coordinated state and local efforts, research and evaluation, and statewide quality improvement activities. The descriptions outlined in the attached documents and the attached policy documents referenced above for each project provide more specific examples of the benefits to Counties.

Procedure for Assigning Funds

The Mental Health Services Act (MHSA) requires that services provided pursuant to the Act be implemented through contracts with individual counties or counties acting jointly. The MHSA

•SERVING THE SUTTER-YUBA COMMUNITY SINCE 1969•

Adult Day Treatment: 822-7200
Adult Outpatient Services: 822-7200
Children's System of Care: 822-7478

TTY-CRS 1-800-735-2929

Inpatient Services: 822-7209
Youth Services: 822-7513
Business Office: 822-7208
Substance Abuse: 822-7200

Agreement allows each County to assign funds in its Planning Estimates for any of the components to DMH for the purpose of implementing statewide MHSA programs or projects within that component on behalf of counties. The MHSA Agreement indicates that such assignment will occur through an assignment agreement executed between the County and DMH which specifies the purpose and amount of the assignment and the source of the funds. These funds are subject to the three-year reversion policy, and once assigned to DMH will be considered expended.

In May 2008, the OAC determined that the three PEI Statewide Projects noted above would be most effectively implemented through a single administrative entity and OAC approved a combined funding level of \$40 million each year for four years specifically for these three projects. DMH has agreed to implement these projects upon receiving funds from the Counties and the appropriate state budget authority. For DMH to access funds to implement the PEI Statewide Projects, it is necessary for Counties to assign funds to DMH for these projects.

Additionally, since the PEI Statewide Project Assignment Agreement is an update to the County's Three-Year Program and Expenditure Plan it is subject to the same review requirements contained in California Code of Regulations Title 9, Sections 3300, Community Program Planning Process; 3310, The Three Year Program and Expenditure Plan; and 3315(b), Local Review Process.

Recommendation

Essentially the state is allocating funds to each county in California for utilization in this statewide PEI project. The counties may formally assign the funds to California Department of Mental Health (DMH) so that the department can access the funds and implement the statewide programs. This assignment of funds to DMH can be in one to four year agreements.

It seems that Sutter-Yuba should support these statewide PEI projects and take advantage of the benefits of a common, collaborative effort towards positive outcomes in our communities. It also seems prudent to support this project in yearly increments to be reviewed annually as opposed to one four year agreement. These are new efforts and difficult times and a more cautious approach seems warranted.

Please review the attached documents and provide comments. All comments will be included in our final plan. Thank you for your input and support.

Sincerely,

Doug Bond MFT
Program Manager PES/PHF
Sutter-Yuba Mental Health

**Mental Health Services Act
Prevention and Early Intervention (PEI)**

**Summary of PEI Statewide Projects:
Suicide Prevention
Student Mental Health Initiative
Stigma and Discrimination Reduction**

In January 2007 and September 2007, the Mental Health Services Oversight and Accountability Commission (MHSOAC) approved five Prevention and Early Intervention (PEI) Statewide Projects and corresponding funding amounts. In May 2008, the MHSOAC determined that the three Projects described below would be most effectively implemented through a single administrative entity. California Department of Mental Health (DMH) agreed to administer these Statewide Projects.

DMH will implement these Projects contingent upon 1) the Counties' completed agreements to assign funds to DMH for these purposes, and 2) receiving expenditure authority in the State Budget. The PEI Statewide Projects will be developed in collaboration with the California Mental Health Directors Association (CMHDA) and the MHSOAC. A brief description of these three Statewide Projects follows:

1. Suicide Prevention

This Statewide Project will support and coordinate with Counties, in launching the implementation of the *California Strategic Plan on Suicide Prevention (Strategic Plan)* which was approved by the Governor's Office on June 30, 2008. The recommendations in this document were developed by a multidisciplinary advisory committee convened by DMH and included representatives from the counties, MHSOAC and other stakeholders. The Strategic Plan contains four strategic directions and over thirty recommended actions, at both the state and local levels, to prevent suicide in California. To view the *California Strategic Plan on Suicide Prevention*, please navigate to the 'Announcements' section at: http://www.dmh.ca.gov/Prop_63/MHSA/Prevention_and_Early_Intervention/default.asp

Proposed Funding: \$10 million per year for four years.

Purpose: Consolidate resources to promote efficiency and focus expertise for selected priority infrastructure activities (e.g., clearinghouse, hotline system) that will benefit all counties and provide direct training and technical assistance to counties. The California Strategic Plan on Suicide Prevention serves as a road map for implementing suicide prevention efforts for local and statewide partners.

Examples of State Level Activities

- **Build a system of suicide prevention at both the state and local levels.** This strategy will include forming a coalition among state agencies and organizations that will serve as both a model and a resource for local coalitions. The Suicide Prevention Statewide Project will also offer technical

assistance (including samples of educational materials, data reports, assessment tools, and other products) to Counties to help assess their existing suicide prevention services and supports and to identify major gaps. Additionally, technical assistance will be offered to help with the coordination of community partnerships to develop and implement their local action plan for local suicide prevention.

- **Provide training, technical assistance, resources and other needed supports to help Counties successfully develop and implement suicide prevention activities.** Through the Statewide Suicide Prevention Project, the Counties will have increased access to consultation from national experts and others; educational materials and other resources in multiple languages; an online centralized resource center with evidence-based practices, statistics and data, and other information pertinent to suicide prevention; guidance for working with diverse population groups (racial, ethnic, cultural, age, geography, etc.); specialized training programs; and other support services.
- **Increase the capacity and quality of local suicide prevention hotlines.** The Statewide Suicide Prevention Project will conduct state and local assessments of current services and capacity (including multiple language capacity); increase access to consultation by national experts and others; support the accreditation of hotlines; offer training, technical assistance and other resources; design, implement and evaluate the promotion of suicide prevention hotlines; and offer other support services.
- **Increase the capacity of the workforce to effectively prevent suicide.** The Statewide Suicide Prevention Project will support local training efforts through the development and dissemination of suicide prevention service and training standards and guidelines and the subsequent development of curriculum tailored for specific professional groups. Additionally the Project will train local trainers using standards-based curricula.

Examples of Local Level Activities

- Appoint a liaison to the Office of Suicide Prevention
- Establish a local suicide prevention advisory council or enhance the capacity of an existing body to serve this purpose
- Conduct a comprehensive needs assessment of suicide prevention services and supports across systems
- Assess the capacity of local or regional suicide prevention hotline(s)
- Assess the availability and capacity of local suicide prevention hotlines and develop a plan to achieve accreditation and membership in the National Lifeline or enhance the capacity of a currently accredited hotline

- Assess suicide prevention training needs, identify training targets, and develop a plan to meet those targets
- Design and implement a strategy to engage and educate local media about suicide and responsible reporting
- Promote and support peer support models for survivors of suicide attempts and family members who lost a loved one to suicide, and gatekeeper training models
- Assess local sources of data and develop a plan to enhance data collection on suicide attempts and deaths.
- Establish a suicide death review process that includes the Medical Examiner/Coroner and representatives from law enforcement, hospitals, emergency departments, public health, and mental health.

2. Student Mental Health Initiative (SMHI)

The SMHI will provide an opportunity for California schools and higher education campuses to strengthen student mental health programs. Created in response to the Virginia Tech tragedy, the SMHI provides public Local Education Agencies (K-12) and Public Institutions of Higher Education (University of California System, California State Universities, and California Community Colleges) the opportunity to apply for funds to develop, expand and integrate campus-based mental health services and supports. This Initiative provides an opportunity for education entities to address mental health service gaps, improve services, promote mental health and facilitate access to support services at the earliest possible signs of mental health problems and concerns.

SMHI funds will be competitively awarded directly to selected education entities that successfully demonstrate need and readiness for program implementation, emphasize culturally competent approaches, collaborate with mental health and substance abuse prevention partners, and coordinate with the MHSA Prevention and Early Intervention and/or Community Services and Supports components of Counties' Three-Year Plans. For additional information, please refer to the MHSOAC's SMHI proposal:

http://www.dmh.ca.gov/MHSOAC/docs/StudentMentalHealthInitiative_091807.pdf

Funding: \$15 million per year for four years.

Purpose: California needs demonstration sites to model improved student mental health programs. State-level standards, technical assistance, information collection and reports will advance learning on needed program and policy improvements for future efforts funded through the MHSA or other sources.

State Level SMHI Activities will include Grants (approximately 20 grants for K-12 and 50 grants for Higher Education) addressing the following SMHI Key Elements:

- **Campus-Based Mental Health Programs** providing a continuum of prevention and early intervention services for students and, as appropriate their families, with specific emphasis on those groups that are traditionally unserved or underserved. These campus-based services may include: (1) Mental Health Promotion and Prevention Programs, (2) Early Intervention, (3) Peer to Peer Support Activities, (4) Suicide Prevention Programs, and (5) Referral and Linkage to other needed services.
- **Systems and Policy Development** that integrates a comprehensive system of campus-based mental health supports, including resource coordination, community collaboration, policy and program improvement, and capacity building.
- **Training** for Campus-based and County Mental Health Staff, Learning Support Staff, Classroom/Teaching Staff/Faculty, Administrators, Community Partners (including Parents), and Peer Leaders to raise awareness of issues of mental health and wellness on campuses and to improve capacity for effective prevention and early intervention programs.
- **Evaluation** to demonstrate the overall impact of the SMHI at the community, program/system and individual level, as well as its relationship with and impact on PEI. These outcomes could include efforts to reduce suicide, incarceration, school failure or dropout, unemployment, prolonged suffering, homelessness, and removal of children from homes (WIC Section 5840(d)).

Examples of Local Level Activities

- Conduct a comprehensive needs assessment of student mental health services and supports across school and mental health systems
- Convene a group, or use an existing body, to foster collaboration between county mental health and campuses in preparation for developing a campus-linked PEI Project and/or responding to the SMHI Request for Applications
- Create a school-linked PEI Project to address Children at Risk for School Failure as a means to enhance SMHI services, increase outreach, build capacity and lead to improve systems
- Create a campus-linked PEI Project to address First Onset of a Psychiatric Illness that involves collaboration with institutions of higher education (counseling center, disability services, health center) in your county

3. **Stigma and Discrimination Reduction**

The MHSOAC convened a Stigma and Discrimination Advisory Committee that produced a report in June 2007 recommending statewide “Consumer Empowerment and Personal Contact” and “External Influence” strategies, e.g. public awareness campaigns, and development of a comprehensive strategic plan to address stigma and discrimination. In collaboration with the MHSOAC, DMH will reconvene the Stigma and Discrimination Advisory Committee to develop a strategic plan and make recommendations on strategic directions, action plans, and next steps that can be considered for the Statewide Project. This strategic planning effort is set to begin in September 2008 and will be completed in January 2009. For further information, please view the June 2007 MHSOAC Stigma and Discrimination Advisory Committee report online at:

<http://www.dmh.ca.gov/MHSOAC/docs/StigmaAndDiscriminationReport07Jun12.pdf>

Funding: \$15 million per year for four years.

Purpose: As noted by the United States Surgeon General, “stigma is the most formidable obstacle to future progress in the arena of mental illness and health” (DHHS¹, 1999). Reducing stigma and discrimination against people living with mental illness is fundamental to achieving the MHSA's goals of increasing timely and early access to care, increasing employment and housing stability, reducing prolonged suffering, and reducing suicide. State-level and local strategies will be identified in California's first strategic plan to address stigma and discrimination, including approaches that will empower consumers and family members and influence others' attitudes and behaviors.

Key Strategies

- **Reduce stigma experienced by individuals** who have a mental illness, or a social, emotional, or behavioral issue
- **Reduce stigma experienced by parents or caregivers** of children, youth, and other family members with mental illness, or a social, emotional, or behavioral issue
- **Reduce stigma associated with seeking services and supports** for mental health issues
- **Reduce discrimination against individuals** living with mental illness or social, emotional, or behavioral issues

¹ U.S. Department of Health and Human Services (1999). Mental Health: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. Retrieved September 26, 2006 from <http://www.surgeongeneral.gov/library/mentalhealth/home.html>

- **Support and complement county level interventions** that address stigma and discrimination

Examples of Local Level Activities

- Provide client empowerment through training, mutual support and advocacy with existing or new peer self-help and self-advocacy organizations
- Develop consumer-driven advocacy and educational outreach programs
- Provide training to providers in the public mental health system as well as the primary care system about provider bias and reducing stigma and discrimination in treatment settings

If you have questions or need additional information about the three PEI Statewide Projects, please contact the following DMH staff:

Suicide Prevention	Cielo Avalos Sandra Black	Cielo.Avalos@dmh.ca.gov Sandra.Black@dmh.ca.gov	(916) 651-5769 (916) 651-1120
Student Mental Health Initiative	Michelle Lawson	Michelle.Lawson@dmh.ca.gov	(916) 651-0692
Stigma and Discrimination Reduction	Barbara Marquez Jennifer Turner	Barbara.Marquez@dmh.ca.gov Jennifer.Turner@dmh.ca.gov	(916) 654-1040 (916) 653-2969

Prevention and Early Intervention State-Administered Projects^{a/} Planning Estimates

Enclosure 2

	Fiscal Year				Total
	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	
Alameda	\$1,457,500	\$1,457,500	\$1,457,500	\$1,457,500	\$5,830,000
Alpine	\$25,000	\$25,000	\$25,000	\$25,000	\$100,000
Amador	\$31,600	\$31,600	\$31,600	\$31,600	\$126,400
Butte	\$218,800	\$218,800	\$218,800	\$218,800	\$875,200
Calaveras	\$41,300	\$41,300	\$41,300	\$41,300	\$165,200
Colusa	\$25,000	\$25,000	\$25,000	\$25,000	\$100,000
Contra Costa	\$917,200	\$917,200	\$917,200	\$917,200	\$3,668,800
Del Norte	\$25,300	\$25,300	\$25,300	\$25,300	\$101,200
El Dorado	\$145,200	\$145,200	\$145,200	\$145,200	\$580,800
Fresno	\$998,500	\$998,500	\$998,500	\$998,500	\$3,994,000
Glenn	\$27,100	\$27,100	\$27,100	\$27,100	\$108,400
Humboldt	\$125,700	\$125,700	\$125,700	\$125,700	\$502,800
Imperial	\$187,500	\$187,500	\$187,500	\$187,500	\$750,000
Inyo	\$25,000	\$25,000	\$25,000	\$25,000	\$100,000
Kern	\$855,900	\$855,900	\$855,900	\$855,900	\$3,423,600
Kings	\$150,000	\$150,000	\$150,000	\$150,000	\$600,000
Lake	\$59,200	\$59,200	\$59,200	\$59,200	\$236,800
Lassen	\$25,300	\$25,300	\$25,300	\$25,300	\$101,200
Los Angeles	\$11,678,400	\$11,678,400	\$11,678,400	\$11,678,400	\$46,713,600
Madera	\$162,400	\$162,400	\$162,400	\$162,400	\$649,600
Marin	\$222,400	\$222,400	\$222,400	\$222,400	\$889,600
Mariposa	\$25,000	\$25,000	\$25,000	\$25,000	\$100,000
Mendocino	\$82,000	\$82,000	\$82,000	\$82,000	\$328,000
Merced	\$283,200	\$283,200	\$283,200	\$283,200	\$1,132,800
Modoc	\$25,000	\$25,000	\$25,000	\$25,000	\$100,000
Mono	\$25,000	\$25,000	\$25,000	\$25,000	\$100,000
Monterey	\$456,600	\$456,600	\$456,600	\$456,600	\$1,826,400
Napa	\$121,100	\$121,100	\$121,100	\$121,100	\$484,400
Nevada	\$86,500	\$86,500	\$86,500	\$86,500	\$346,000
Orange	\$3,334,200	\$3,334,200	\$3,334,200	\$3,334,200	\$13,336,800
Placer	\$274,100	\$274,100	\$274,100	\$274,100	\$1,096,400
Plumas	\$25,000	\$25,000	\$25,000	\$25,000	\$100,000
Riverside	\$2,214,000	\$2,214,000	\$2,214,000	\$2,214,000	\$8,856,000
Sacramento	\$1,331,800	\$1,331,800	\$1,331,800	\$1,331,800	\$5,327,200
San Benito	\$55,400	\$55,400	\$55,400	\$55,400	\$221,600
San Bernardino	\$2,153,800	\$2,153,800	\$2,153,800	\$2,153,800	\$8,615,200
San Diego	\$3,376,700	\$3,376,700	\$3,376,700	\$3,376,700	\$13,506,800
San Francisco	\$755,100	\$755,100	\$755,100	\$755,100	\$3,020,400
San Joaquin	\$669,500	\$669,500	\$669,500	\$669,500	\$2,678,000
San Luis Obispo	\$258,000	\$258,000	\$258,000	\$258,000	\$1,032,000
San Mateo	\$652,700	\$652,700	\$652,700	\$652,700	\$2,610,800
Santa Barbara	\$452,200	\$452,200	\$452,200	\$452,200	\$1,808,800
Santa Clara	\$1,926,900	\$1,926,900	\$1,926,900	\$1,926,900	\$7,707,600
Santa Cruz	\$282,500	\$282,500	\$282,500	\$282,500	\$1,130,000
Shasta	\$176,100	\$176,100	\$176,100	\$176,100	\$704,400
Sierra	\$25,000	\$25,000	\$25,000	\$25,000	\$100,000
Siskiyou	\$35,800	\$35,800	\$35,800	\$35,800	\$143,200
Solano	\$401,100	\$401,100	\$401,100	\$401,100	\$1,604,400
Sonoma	\$439,700	\$439,700	\$439,700	\$439,700	\$1,758,800
Stanislaus	\$510,200	\$510,200	\$510,200	\$510,200	\$2,040,800
Sutter	\$82,300	\$82,300	\$82,300	\$82,300	\$329,200
Tehama	\$60,700	\$60,700	\$60,700	\$60,700	\$242,800
Trinity	\$25,000	\$25,000	\$25,000	\$25,000	\$100,000
Tulare	\$482,100	\$482,100	\$482,100	\$482,100	\$1,928,400
Tuolumne	\$48,300	\$48,300	\$48,300	\$48,300	\$193,200
Ventura	\$834,800	\$834,800	\$834,800	\$834,800	\$3,339,200
Yolo	\$208,200	\$208,200	\$208,200	\$208,200	\$832,800
Yuba	\$67,900	\$67,900	\$67,900	\$67,900	\$271,600
City of Berkeley	\$127,900	\$127,900	\$127,900	\$127,900	\$511,600
Tri-City	\$204,300	\$204,300	\$204,300	\$204,300	\$817,200
Total	\$40,000,000	\$40,000,000	\$40,000,000	\$40,000,000	\$160,000,000

a/ Projects include Suicide Prevention, Stigma and Discrimination Reduction, and Student Mental Health Initiative

Enclosure 3

SUPPLEMENTAL MHSA PEI STATEWIDE PROJECTS ASSIGNMENT AGREEMENT

____ (name of County¹)

____ (name of County) (the County) agrees to participate in the Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Statewide Projects funded from the PEI Component of the MHSA Three-Year Program and Expenditure Plan. The MHSA PEI Statewide Projects will be administered by the Department of Mental Health (DMH) in collaboration with the Mental Health Services Oversight and Accountability Commission (OAC) and the California Mental Health Directors Association (CMHDA).

The County agrees that upon its approval of this Assignment, in addition to any funds previously assigned, the following amounts will be transferred to DMH concurrent with the start of the State Fiscal Year (SFY) from which they are assigned subject to the effective conditions specified below:

\$ (specific funding amount) of the County's SFY 08/09 PEI Statewide Project Planning Estimate

\$ (specific funding amount) of the County's SFY 09/10 PEI Statewide Project Planning Estimate

\$ (specific funding amount) of the County's SFY 10/11 PEI Statewide Project Planning Estimate

\$ (specific funding amount) of the County's SFY 11/12 PEI Statewide Project Planning Estimate

Specifically, funds in the amount specified will be transferred from the Mental Health Services Fund Local Assistance portion of the DMH state budget, item 4440-001-3085 to the State Operations portion of the DMH state budget, item 4440-001-3085, Program 10, State Operations.

DMH will use these funds to administer three PEI Statewide Projects: Suicide Prevention, Student Mental Health Initiative, and Stigma and Discrimination Reduction.

Assignment shall be effective only upon:

- approval by DMH;
- a fully executed County MHSA Agreement with DMH; and
- appropriation of sufficient funds in the State Budget Act to fund the PEI Statewide Projects outlined above.

Approved for County (by signature)	Date:
Printed Name and Title:	

¹ "County" may be a county mental health program, two or more counties acting jointly, or a city-operated mental health program pursuant to Welfare & Institutions Code Section 5701.5.