

CityMatCH Conference

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PREVENTION AND EARLY INTERVENTION IN MENTAL HEALTH: LOS ANGELES COUNTY LESSONS LEARNED

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OVERVIEW

- ABC's of MHSA
- Prevention and Early Intervention (PEI) component of MHSA
- Planning Processes for PEI in L.A. Co.
- "Projects" of PEI
- EBP's/PP's/CDE's in Plan for Early Childhood



MENTAL HEALTH SERVICES ACT (MHSA)

- *CA Ballot initiative (Prop 63)*
- *"Millionaire's MH Tax"*



Mental Health Services Act (MHSA)

- First new funding for community based services since deinstitutionalization in late 60's in CA when funding was supposed to shift from institutions to communities in early 70's
- Opportunity to initiate **transformation of MH system**
- Approx \$1 billion annually
- For individuals without insurance or insufficient insurance
- Broad stakeholder process must be used for planning



MHSA (Prop. 63)

- Requires 2/3 vote by State legislature to amend or electorate majority
- Authored by former State Assembly Member Darrell Steinberg: *"This is the most important thing I've done in my political career."*
- Passed by voters in the General Election of November 2004.
- Became state law Jan. 1, 2005



Dedicated Funding Source

- The MHSA established a new 1% tax in California on personal income over \$1 million.
- Funds collected starting on January 1, 2005. Allocated to counties based on formulas developed by the California Department of Mental Health.
- Requires that MHSA funds create new, or complement existing, services and resources, not replace funding for current programs.



AB34 (Steinberg) (1999):
predecessor of MHSA

Outcomes

- Reduction in days of incarceration
- Reduction in days in hospital
- Reduction in days as homeless
- Increase in days in part-time employment
- Increase in days in full time employment



MHSA Opportunities

- System Transformation
 - Engagement of unserved and underserved communities
 - Real involvement of clients and families in every aspect of the mental health system
 - Increased and earlier access to services



VISION OF MHSA


- "...to create a state-of-the-art, culturally competent system that promotes recovery/wellness for adults and older adults with severe mental illness and resiliency for children with serious emotional disorders and their families..."

CA DMH VISION STATEMENT,
2005



GUIDING PRINCIPLES OF MHSA

- Consumer and family-driven
- Improved access
- Evidence based services
- Cultural competence
- Integrated services for co-occurring (MH & SA) conditions
- Developmentally responsive (children, TAY, adults, older adults)
- Community partnerships
- Reduction of negative outcomes of untreated MI
- Accountability (monitoring of outcomes)
- "Do whatever it takes" to help individuals/families live full, productive lives



Planning proceeds ... “in partnership with youth and their families...and individualized to the strengths of the child and family”...



General Outcomes

- A safe place to live
- Meaningful use of time (e.g., school, work, training)
- Supportive relationships with family, friends, and neighbors

Specific Outcomes

Reduction of:

- Suicide
- Incarceration
- School failure and dropout
- Unemployment
- Prolonged suffering
- Homelessness
- Removal of children from their homes

MHSA COMPONENTS

- PEI (20%)
- CSS (55%)
- WET
- CAP FAC & TECH
- INNOVATIONS
- (STATE ADMIN COMPONENTS)





COMMUNITY SERVICES AND SUPPORTS

- Evidence based approaches
- AB34 (defunct), ACT programs
- Wraparound services
- Client and family-driven services
- Peer support
- Wellness centers
- Peer managed services
- Intensive case management
- “Whatever it Takes” attitude



PREVENTION AND EARLY INTERVENTION

- Prevent conditions from becoming “severe and disabling”
- Educational outreach to primary care, employers, communities
- Early access and linkage
- Reduction in stigma
- Reduction in discrimination against clients



WORKFORCE, EDUCATION AND TRAINING

- Increase workforce
- Loan forgiveness programs
- Incentives for grad students commit to MH professions
- Incentives for grad students to commit to public MH sector
- Retrain current workforce to recovery model
- Include consumer and family perspectives in professional curricula
- Employ consumers and family members



INNOVATIONS

Programs that:

- Increase access to MH services for underserved
- Improve quality of services, better outcomes
- Promote interagency collaboration



COMMUNITY SERVICES AND SUPPORTS (CSS) for C&Y

First component of MHSA to be implemented



L.A. MHSA CSS Plan for Children and Youth with SED

- Juvenile Justice
- Residential Treatment
- School Based/IDEA
- Foster Care
- Birth to Five
- Children w/ Special Needs
- Homeless Youth
- Parent Support
- Respite Care
- Specialized Services for Transitional Age Youth



Children's Programs (0-15)

- More than 51% of CSS funding is for Full Service Partnership (FSP) activities
- FSP = "whatever it takes"
- Full Service Partnership -1,534 slots ("high end children") for children in or at risk of out-of-home placement; severe behavioral problems at school/community



FULL SERVICE PARTNERSHIP SERVICES (0-15, TAY)

- 24/7 clinic/field-based/in-home that include multi-disciplinary teams for crisis intervention & assessment
- Individualized
- Social/recreational/faith-based
- Engagement with ethnic minorities through schools/primary care clinics/shelters
- Wraparound
- Trauma specific services
- Evidence based practices
- Family support services: MH/SA services for caregivers

FSP Services (0-15, TAY) (cont'd)

- Transportation
- Interagency collaboration
- Respite
- In Probation halls/camps
- GLBTQI specific
- Services & Supports for caregivers/parents
- Temporary/permanent supportive housing
- Co-Occurring Disorders Services

PREVENTION & EARLY INTERVENTION





PREVENTION AND EARLY INTERVENTION VALUES

- Collaboration
- Reducing disparities
- Expanding services while improving other key systems in the community
- Leveraging other funds and resources
- Having a focus
- Making an impact



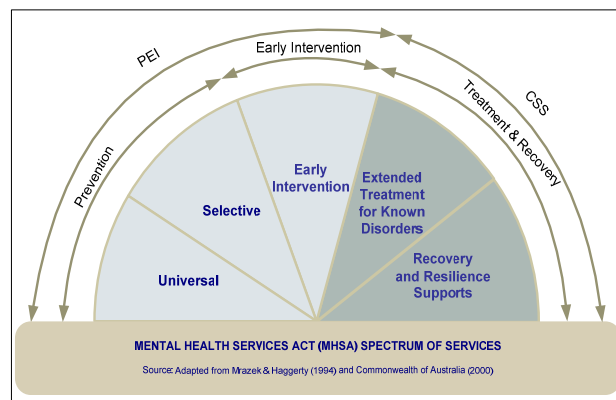
MISSION STATEMENT

To promote healthy communities...through education, prevention and early intervention programs...and help vulnerable people who are at risk of developing mental health problems

PEI Requirements

- Prevent mental illness from becoming severe and disabling
- Recognize the early signs of potentially severe and disabling mental illnesses
- Increase access and linkage to medically necessary mental health care
- Reduce stigma related to mental illness
- Reduce discrimination related to mental illness

MHSA Spectrum of Services





PREVENTION

- Services provided to individuals who *do not have any signs of a mental illness*
 - Universal: Provided to the general public or a whole population group that has not been identified on the basis of individual risk.
 - Selective: Provided to individuals or subgroups whose risk of developing mental illness is significantly higher than average.
- Prevents the development of mental illness
- Promotes and supports emotional well-being
- No time limits imposed



EARLY INTERVENTION

- Services for individuals with *minimal signs of mental illness*
- Short duration (less than 1 year*) and low intensity
 - * *except services for treatment of early signs of severe mental illness*
- Avoids need for more costly services
- Prevents mental health condition from worsening
- Supports return to well-being



Risk Factors in PEI

- Risk factors predispose individuals towards developing a disease or disorder (e.g. genetic factors)
- Some risk factors, such as lifestyle behaviors, can be altered with interventions (e.g. exposure to violence)
- Other risk factors are unchangeable (e.g. age and ethnicity)
- PEI programs target risk factors to attenuate their harmful effects through prevention and early intervention.



Protective Factors in PEI

- Protective Factors help us cope with stressors and stave off disease or mental illness.
- Some protective factors, such emotional coping skills, sociability, and family support can be altered with interventions (e.g. cognitive behavioral therapy)
- PEI programs target protective factors to increase stress resistance and promote an individual's wellness and social functioning.

PEI SERVICE CHARACTERISTICS

- Delivered in natural community settings, e.g., pre-school/school, refugee settlement center, primary care center, tribal center, home, wellness center, etc.
- Linkage with more intensive mental health services
- Distinct from *Community Services and Supports* component of MHS



STATE PEI KEY COMMUNITY MH NEEDS

- Disparities In Access to Mental Health Services
- Psycho-social Impact of Trauma
- At-risk Children, Youth, and Young Adults
- Stigma and Discrimination
- Suicide Risk



STATE PEI PRIORITY POPULATIONS

- Underserved cultural/ethnic populations
- Individuals with early signs of severe mental illness
- Children/youth in stressed families
- Trauma-exposed
- Children/youth at risk for school failure
- Children/youth at risk for entry to or in juvenile justice system



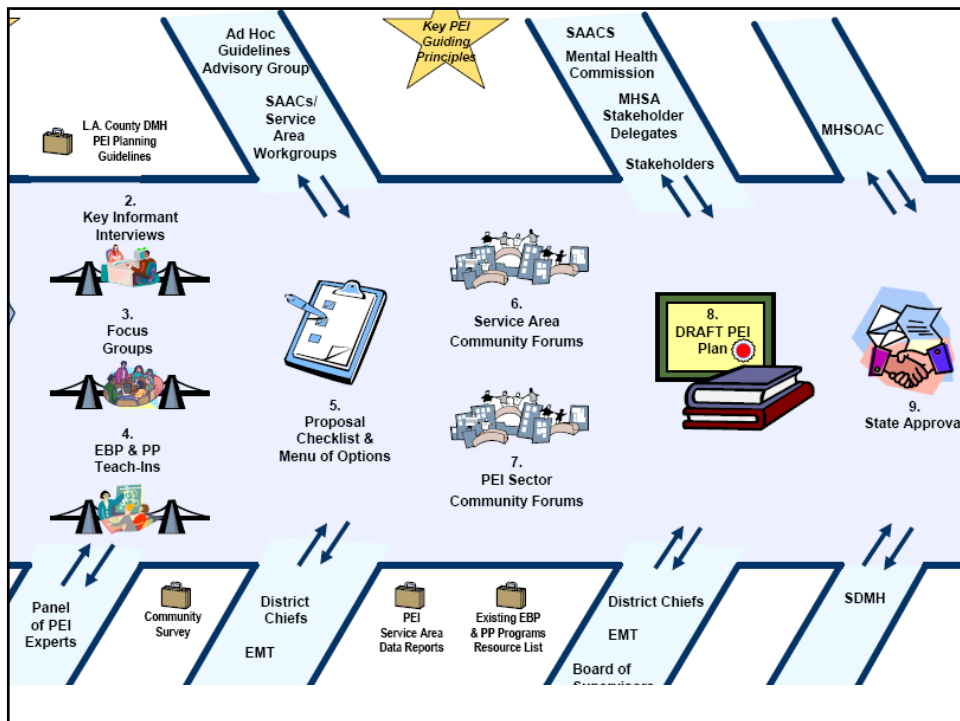
Age Distribution of Funds (in Los Angeles County)

- 65% of funding for children and youth ages birth to 25 years and their families
- 17.5% for adults ages 26 to 59 years
- 17.5% for older adults ages 60+



SECTORS

- REQUIRED
 - Underserved communities
 - Education
 - Individuals with mental illness and/or their families
 - Providers of mental health services
 - Health
 - Social services
 - Law enforcement
- RECOMMENDED
 - Community family resource centers
 - Employment
 - Media



DATA PROFILES OF VULNERABLE COMMUNITIES (Indicators of MH)

- Poverty rates
- Unemployment
- Safe place to play
- Child abuse statistics
- Domestic violence statistics
- School failure rates
- Suicide rates
- Homicide rates
- Language capability

KEY INFORMANT INTERVIEWS

- With key community leaders, gatekeepers, and others knowledgeable about their constituency
- English and other languages
- 54 total interviews



FOCUS GROUPS

- With community members to identify their concerns, issues, and recommendations for developing PEI strategies for priority populations
- 6-10 individuals per focus group
- 6-8 focus groups in each Service Area
- English and other relevant languages
- 65 total focus groups



COMMUNITY FORUMS

- To collaborate with a broad number of stakeholders to identify community mental health needs and priority populations specific to the Service Areas
- To develop strategies for PEI tailored to the Service Areas
- At least two half-day community forums with 6-8 breakout sessions in each of the Service Areas
- Interpreters and translated materials consistent with the needs of the Service Areas
- Countywide community forums for each of the required sectors and recommended partners
- 16 total CF's



PANEL OF PEI EXPERTS

- To complement efforts made by stakeholders and LACDMH in matching community needs with the recommended strategies
- Comprised of educators, researchers, service practitioners, and other individuals experienced in evidence-based and promising practices, as well as a range of other emerging approaches
- Assisted in development of *Resource Guide* EBP's and PP's



AD HOC STEERING COMMITTEE (AHSC) MEMBERSHIP

- 25 – 30 members
- Rep's from all age groups, incl. birth – 5 (6)
- Rep's from underserved communities (9)
- PEI sectors (12)
- District Chief (1) + SAAC Chair (1)
- One member may represent more than one category
- Established 9 Steering Committees



TASKS OF AHSC

- Review data: (1) data profiles of service area; (2) summary of Community forums (3) summary of focus groups; (4) summary of key informant interviews
- Prioritize populations
- Select sub-populations
- Attend EBP teach-ins
- Select EBP's, PP's (and CDE's)



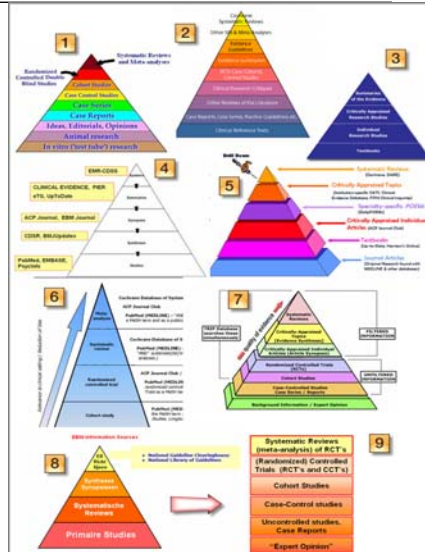
OTHER PEI PLANNING ACTIVITIES

- Established a database of 6500
- Conducted countywide survey on PEI priorities
- Conducted survey on EBP's/PP's currently being provided in L.A
- Established PEI website
- Conducted Roundtable for 300 community stakeholders
- Systematically expanded stakeholder groups beyond the traditional MH stakeholders to include education, law enforcement, social services, and health

- Provided 8 teach-ins on EBP's/PP's
- Provided an additional 120 community presentations
- Held 5 Supervisorial District forums
- Established 3 ad hoc advisory groups
- Engaged nearly 10,000 individuals
- Published list of 18 CDE's

EVIDENCE-BASED PRACTICE

- Practice evaluated
- Quantitative and qualitative data showing positive outcomes
- Expert/peer reviewed showing effectiveness
- Replication





PROMISING PRACTICE

- Minimal quantitative data showing positive outcomes
- Not yet replicated
- Minimal effectiveness data

Association of Maternal and Child Health
Programs



COMMUNITY-DEFINED EVIDENCE PRACTICE

- Identified by local unserved/underserved communities
- Demonstrated effectiveness in local communities
- Generally, does not have quantitative data in peer-reviewed literature

National Network to Eliminate Disparities Latino
Work Group



CDE REVIEW PROCESS

- Conducted by CIMH
- Intent was to expand the menu of options (practices/models) of the Resource Guide
- Collected applications of models
- Extended original deadline
- Criteria for selection of models applied and reviewed by CIMH
- Conclusion of the selection precluded SC consideration
- Criteria for CDE inclusion in PEI draft plan: SC placeholders, SC priority subpopulation considerations, SA allocation considerations



CRITERIA FOR CDE SELECTION

- Conceptual articulation sufficient for replicability
- Demonstrated effectiveness
- Targets a well-defined population
- Targets a priority population
- Specification of intended outcomes
- Specification of level of care
- Primary strategies



FUTURE TECHNICAL ASSISTANCE for UNIQUE PRACTICES

- Enhance effectiveness
- Enhance documented evidence of effectiveness
- Possible inclusion in Resource Guide



L.A. RESOURCE GUIDE REVIEW PROCESS

- Conducted by CIMH
- Reviewers included technical consultants from local/national academic centers and subcommittee of ad hoc advisory group (community stakeholders)
- Guidelines for inclusion of practices included: scientific support of effectiveness, replicability, and standardized outcome measures
- Resource Guide as a living document

COMMUNITY STAKEHOLDER INPUT



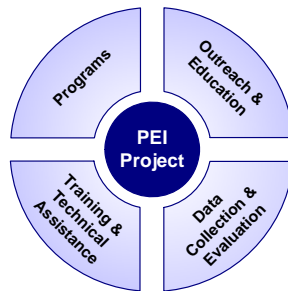
Snapshot of the Entire Plan

Los Angeles County Department of Mental Health - Mental Health Services Act Prevention and Early Intervention Plan									
PEI PROJECTS									
School-Based Services \$8,806,785 Outreach and Evaluation Training, Technical Assistance, and Consultation Data Collection, Outcomes Monitoring & Evaluation Psychological First Aid (PEI) (SA 7) Aggression Replacement Training (PEI) (SA 2) CBTIS Early Intervention (SA 4.4, 4.4H) Early Risers & Skills for Success (Early Interv. (SA 2.7) Families & Schools Together (Prevention) (SA 1.22.0) Multidimensional Family Therapy (PEI) (SA 4) Ongoing Building Prevention (PEI) (SA 4) Psychological First Aid (PEI) (SA 7) Why Try Program (PEI) (SA 7) CBTIS Early Interv. (PEI) (SA 4.4) Strengthening Families (PEI) (SA 4) Psychological First Aid (PEI) (SA 7)	Family Education and Support Services \$11,124,296 Outreach and Evaluation Training, Technical Assistance, and Consultation Data Collection, Outcomes Monitoring & Evaluation Incredible Years (PEI) (SA 4) Nurse-Family Partnership (PEI) (SA 4.8) Triple P (PEI) (SA 7) Caring for our Families (PEI) (SA 4.8) Incredible Years (PEI) (SA 4.8) Nurturing Parenting Program (PEI) (SA 7) Triple P (PEI) (SA 4) Nurse-Family Partnership (PEI) (SA 4.8) Mamas y Bebés (PEI) (SA 7)	At-Risk Family Services \$10,780,932 Outreach and Evaluation Training, Technical Assistance, and Consultation Data Collection, Outcomes Monitoring & Evaluation Child-Parent Psychotherapy (PEI) (SA 7) Incredible Years (PEI) (SA 4) Making Parenting a Pleasure (Prevention) (SA 2) Reflective Parenting Program (PEI) (SA 7) Triple P (PEI) (SA 4.8) UCLA TIES Transition Model (PEI) (SA 7) Brief Strategic Family Therapy (PEI) (SA 7) Incredible Years (PEI) (SA 4) PACT (PEI) (SA 2) Mamas y Bebés (PEI) (SA 7) Group CBT for Major Depression (PEI) (SA 9)	Trauma Recovery Services \$26,790,611 Outreach and Evaluation Training, Technical Assistance, and Consultation Data Collection, Outcomes Monitoring & Evaluation Child-Parent Psychotherapy (PEI) (SA 7) PACT (PEI) (SA 2) Trauma Focused CBT (PEI) (SA 4.8) Trauma Focused CBT (PEI) (SA 4.8) Trauma Focused CBT (PEI) (SA 4.8) Trauma Focused CBT (PEI) (SA 4.8) System Navigators (PEI) (SA 9) System Navigators (PEI) (SA 9) System Navigators (PEI) (SA 9) System Navigators (PEI) (SA 9)	Primary Care & Behavioral Health \$5,604,300 Outreach and Evaluation Training, Technical Assistance, and Consultation Data Collection, Outcomes Monitoring & Evaluation Inevitable Trauma (PEI) (SA 9) Triple P (PEI) (SA 7) Alternatives for Families (PEI) (SA 4.8) Inevitable Trauma (PEI) (SA 9) Triple P (PEI) (SA 7) Advice Line (PEI) (SA 9) Prevention and Early Treatment of Depression in Primary Care (PEI) (SA 9) Advice Line (PEI) (SA 9) IMPACT (PEI) (SA 9) IMPACT (PEI) (SA 9) Prevention and Early Treatment of Depression in Primary Care (PEI) (SA 9)	Early Care & Support for TAY \$9,017,928 Outreach and Evaluation Training, Technical Assistance, and Consultation Data Collection, Outcomes Monitoring & Evaluation Asian American Family Empowerment Network Program (PEI) (SA 3) Aggression Replacement Training (PEI) (SA 2) CAPPS (PEI) (SA 3.05, 3.0) EDDP (PEI) (SA 4.8) Group CBT for Major Depression (PEI) (SA 9) Interpersonal Psychotherapy for Depression (PEI) (SA 3.57) Multidimensional Family Therapy (PEI) (SA 4) Seeking Safety (PEI) (SA 4)	Juvenile Justice Services \$10,663,120 Outreach and Evaluation Training, Technical Assistance, and Consultation Data Collection, Outcomes Monitoring & Evaluation Aggression Replacement Training (PEI) (SA 2) CBTIS (PEI) (SA 4.4) Functional Family Therapy (PEI) (SA 4.8) HealthyHome (PEI) (SA 4.8) LIFE Program (PEI) (SA 4.7) Positive Decisions (PEI) (SA 4.8) Trauma Focused CBT (PEI) (SA 4.8) Aggression Replacement Training (PEI) (SA 2) CBTIS (PEI) (SA 4.4) Functional Family Therapy (PEI) (SA 4.8) LIFE Program (PEI) (SA 4.7) Multidimensional Family Therapy (PEI) (SA 4) Multidimensional Family Therapy (PEI) (SA 4) Polytrauma Therapy (PEI) (SA 9) Positive Decisions (PEI) (SA 4.8) Group CBT for Major Depression (PEI) (SA 9)	Early Care & Support for Older Adults \$9,026,860 Outreach and Evaluation Training, Technical Assistance, and Consultation Data Collection, Outcomes Monitoring & Evaluation CBT for Late Life Depression (PEI) (SA 2.3, 2.7) Gatekeeper Case-Retention Model (PEI) (SA 4.8) Live Well, Live Long, Stay in Mental Wellness (PEI) (SA 4.8) PEARLS (PEI) (SA 3.5) PATCH (PEI) (SA 4.8) Promotions de Santé (PEI) (SA 7)	Improving Access to Underserved Populations \$7,114,880 Outreach and Evaluation Training, Technical Assistance, and Consultation Data Collection, Outcomes Monitoring & Evaluation Nurse-Family Partnership (PEI) (SA 4.8) Nurturing Parenting Program (PEI) (SA 7) Nurturing Parenting Program (PEI) (SA 7) Group CBT for Major Depression (PEI) (SA 9) Prolonged Exposure for PTSD (PEI) (SA 9) Trauma Focused CBT (PEI) (SA 4.8)	American Indian Project \$990,000 Outreach and Evaluation Training, Technical Assistance, and Consultation Data Collection, Outcomes Monitoring & Evaluation American Indian Life Skills (PEI) (SA 4) Trauma Focused CBT-Honoring Children, Mending the Circle (PEI) (SA 4) American Indian Life Skills (PEI) (SA 4) Trauma Focused CBT-Honoring Children, Mending the Circle (PEI) (SA 4)

TYPE OF SERVICES
 PEI=Prevention & Early Intervention
 SA=Service Area

PEI PLAN ORGANIZATIONAL FORMAT

- *PROJECTS*: comprised of at least one priority population and at least a few programs; 10 projects were formulated
- Elements of each project: outreach and engagement activities, training and TA, data collection and ongoing monitoring



PEI PROJECTS

1. School-Based Services
2. Family Education and Support
3. At-Risk Family Services
4. Trauma Recovery Services
5. Primary Care and Behavioral Health Services
6. Early Care and Support for Transition Age Youth
7. Juvenile Justice Services
8. Early Care and Support for Older Adults
9. Improving Access for Underserved Populations
10. American Indian Project

#1 SCHOOL BASED SERVICES

- Enhance/strengthen protective factors and diminish impact of risk factors among children & families
- Provide services in order to support and achieve academic success
- Through various strategies including training for school personnel and MH staff to mitigate early signs of emotional and behavioral problems



OUTCOMES

- Improvement in interpersonal skills
- Reduction in aggressive behaviors
- Reduction in depressive, trauma symptoms
- Improvement in academic achievement
- Improvement in parenting skills
- Decrease in parental distress

Funding level: \$8,606,785

#2 FAMILY EDUCATION AND SUPPORT

- Teach and enhance competencies/skills among parents and caregivers
- Support protective factors and diminish impact of risk factors among families
- Using strategies involving training, education, groups and interactive methods



FE&S OUTCOMES

- More positive and nurturing parenting
- Decrease in harsh discipline
- Improvement in children's social competence
- Reduction in postpartum depression
- Reduced child abuse & neglect
- Reduced arrests of adolescents
- Reduced alcohol consumption by adolescents
- Reduced arrests of mothers of infants

Funding level: \$11,324,296

#3 AT RISK FAMILY SERVICES

- Provide training and support to families in order to avoid adverse outcomes, e.g. entry to child welfare and/or juvenile justice systems, out-of-home placement, hospitalization, substance abuse among children, and need for other intensive services
- Enhance family protective factors and diminish impact of family risk factors



ARFS OUTCOMES

- Improvement in family functioning
- Reductions in emotional/behavioral problems
- Decrease in aggressive behaviors
- Decrease in depressive symptoms
- Increase in parental self-esteem
- Decrease in parental stress

Funding level: \$10,780,932

#4 TRAUMA RECOVERY SERVICES

- Provide short-term services to individuals of all age groups and families who have been exposed to severe stress or psychological trauma
- Services will range from crisis and trauma focused interventions; to family, group and parental counseling



TRS OUTCOMES

- Decrease in maternal distress
- Reduction in early childhood, TAY, adult and older adult trauma symptoms
- Reduction in child behavioral problems
- Decrease in assaultive behavior toward a dating partner

Funding level: \$26,790,611

#5 PRIMARY CARE AND BEHAVIORAL HEALTH

- Increase and enhance capacity of primary care sector to provide effective treatments of minor mental health conditions
- Increase and enhance capacity of primary care providers to identify early signs of mental health conditions that are responsive to treatment
- Strategies will include consultation, training, TA



PC & BH OUTCOMES

- Improved parenting
- Decreased parental distress
- Reduction in behavioral problems of children
- Reduction of depressive symptoms in TAY, Adults, Older Adults

Funding level: \$5,604,300

#6 EARLY CARE AND SUPPORT FOR TAY

- Support resiliency in TAY
- Identify signs of depression in order to provide early intervention
- Identify early signs of severe mental illness
- Strategies include providing services on school-sites, youth centers; outreach & engagement of homeless and emancipated youth; training of school personnel



EC & SFT OUTCOMES

- Reduction in recidivism among
- Early identification of severe MI
- Reduction in depression
- Reduction in alcohol and cannabis use

Funding level: \$9,017,928

#7 JUVENILE JUSTICE SERVICES

- Enhance resiliency and strengthen protective factors, decrease impact of risk factors among youth in JJ or at risk of entry
- Identify mental health conditions as early as possible
- Strategies include providing services in Probation camps, community settings, and in home



JJS OUTCOMES

- Reduction in recidivism
 - Reduction in trauma symptoms in children, youth
 - Improved family functioning
 - Decrease in suicide attempts
 - Reduction in alcohol and substance use
 - Decrease in delinquent acts
- Funding level: \$10,663,120*

#8 EARLY CARE & SUPPORT FOR OLDER ADULTS

- Early identification of treatable mental health conditions
- Prevent & alleviate depression
- Provide early intervention
- Strategies involve family, caregivers and primary care providers



EC & SFOA OUTCOMES

- Reduction in depressive symptoms
- Improvement in life satisfaction
- Improvement in coping strategies
- Increased identification of mental health & social service needs

Funding level: \$9,026,660

#9 IMPROVING ACCESS FOR UNDERSERVED POPULATIONS

- Enhance and support resiliency in Veteran, LGBTQ, deaf/hard of hearing, and visually impaired groups of people
- Early identification of mental health conditions, especially depression
- Establish culturally responsive prevention & early intervention services to these groups



IAFUP OUTCOMES

- Reduction of depressive symptoms in TAY, adults and older adults
- Reduction in child abuse & neglect
- Reduction in trauma symptoms in children, TAY, adults & older adults
- Decrease in use of corporal punishment

Funding level: \$7,114,860

#10 American Indian

- Support and enhance resiliency
- Identify early signs of emotional and behavioral problems in children & youth
- Suicide prevention
- Strategies include outreach/engagement provision of services in community based settings



AI OUTCOMES

- Reduction in suicides in children, TAY
- Reduction in trauma symptoms in children, TAY

Funding level: \$990,000



B – 5 y.o.'s in STRESSED FAMILIES

- Children raised by grandparents/kin
- Parents with MH problems or other disabilities
- Families with teen parent(s)
- Impoverished families
- Parents with substance use problems
- Parents with poor parenting skills



TRAUMA EXPOSED INDIVIDUALS (B – 5)

- Victims of sexual/physical abuse
- Domestic violence
- Teen mothers in foster care
- Families with alcohol/drug abuse



UNDERSERVED CULTURAL POPULATIONS (B – 5)

- Children at risk of school failure
- Impoverished families
- Parents who have not acculturated
- Trauma exposed
- Immigrant and undocumented families



PROGRAMS FOR BIRTH - 5

- Psychological First Aid
- Incredible Years
- Nurse Family Partnership
- Triple P- Positive Parenting Program
- Child-Parent Psychotherapy
- Making Parenting a Pleasure
- Reflective Parenting Program
- UCLA Family Ties Program
- Parent Child Interactive Therapy
- Trauma Focused CBT
- Nurturing Parenting Program
- *Mamas Y Bebés*



PSYCHOLOGICAL FIRST AID

- Ages: 3 - teens
- Goal: targets children who have been exposed to natural and community disasters, school crisis or other trauma
- Outcome: resume normal functioning in school setting; decrease in trauma symptoms



CHILD-PARENT PSYCHOTHERAPY

- Ages: infant - 7 y.o., parent
- Targets: trauma exposed children
- Outcomes: restores a sense of mastery, security and growth in dyadic relationship and individuals



REFLECTIVE PARENTING PROGRAM

- Ages: b - 17
- Goal: targets families in which there is domestic violence, single parent families, immigrant families
- Outcome: strengthen parenting skills, improved family functioning



NURTURING PARENTING PROGRAM

- Ages: Parents with B - 5 y.o.'s
- Targets: substantiated cases of child abuse
- Outcomes: enhances parental knowledge base of child development; strengthens parenting skills; improves communication between parents and children



UCLA FAMILY TIES PROGRAM

- Ages b - teen
- Goal: to enhance family functioning in families in which there is a recent adopted child
- Outcome: Improved family functioning



PARENT CHILD INTERACTIVE THERAPY

- Ages: 3 - 6 y.o.'s, parents
- Targets children with externalizing problems
- Outcome: decrease in child behavior problems; decrease in child abuse reporting; enhanced parenting skills

INCREDIBLE YEARS

- Ages 2 – 10
- Goal: to enhance parenting skills
- Outcomes: improve parenting competences, fewer behavioral problems in children



TRIPLE P – POSITIVE PARENTING PROGRAM

- Ages birth – 18
- Goal: to improve parenting skills and provide family support
- Outcomes: decrease in behavioral problems in children; improvement in parenting skills and decrease parental stress



MAKING PARENTING A PLEASURE

- Ages birth – 8
- Goal: enhance parenting skills
- Outcomes: decrease in inappropriate discipline, parental stress, child abuse potential; increase in parental self-esteem



NURSE FAMILY PARTNERSHIP

- Ages: prenatal – 2
- Goal: Improve prenatal health of first pregnancy in low-income women and health of infant
- Outcomes: improved prenatal maternal health; reduced child abuse and neglect; reduced fewer injuries to infant; reduced arrests among mothers and adolescents



MAMAS Y BEBES

- Ages: Women during pregnancy
- Goal: prevent post-natal depression and improve parenting
- Outcomes: decrease post-partum depression; provide support to Latina mothers of infants; improve bonding with infant



TRAUMA-FOCUSED COGNITIVE BHAVIOR TREATMENT

- Ages 3 – 18
- Goal: decrease signs/sx related to trauma exposure
- Outcomes: decrease in child behavior problems, in sx of depression and trauma in child; improvement in social competence of child





ACCOUNTABILITY FRAMEWORK

- Demonstrate funds used are consistent with the MHSAs; efficient use and outcome-oriented
- Document progress toward meeting aims of PEI
- Inform both policy and practice re: PEI, i.e., ongoing Quality Improvement function
- Create a co-operative learning environment among stakeholders
- Objectivity
- Timeliness and feasibility
- Sustainable



EVALUATION COMPONENT

- Individual/family level
- System level
- Tracking of expenditures
- Semi-annual reporting
- On-site program reviews
- Survey participation
- Local evaluation



OTHER PEI FUNDED PROGRAMS

- Stigma and discrimination reduction
- Suicide prevention
- Student mental health initiative



PEI FUNDING FOR L.A. COUNTY

- \$14 million for planning
- \$99 million for FY 08 - 09 and 09 - 10



PEI Budget FY 2009-2010

Administrative Costs	\$10,681,925
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Program Costs

- | | |
|---------------------------|---------------|
| ▪ Countywide Populations | \$9,991,949 |
| ▪ Total for Service Areas | \$89,927,543 |
| ▪ 10% Operational Reserve | \$11,060,142 |
| Program Allocation Total | \$110,979,634 |
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Total Amount Requested	<u>\$121,661,559</u>
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Challenges

- Ensuring the process is inclusive in such a *large* county.
- Ensuring diverse representation
- Need for services exceeds resources
- The need for affordable, supportive housing is larger than existing supply.
- Sufficient numbers of trained mental health staff are not available today.



Challenges (cont'd)

- Staff re-education
- Caseloads
- Staff attitudes
- Worksite (clinic) culture



LESSONS LEARNED

- Enhance data profiles with more early childhood data
- Lengthen “teach-ins”
- Initiate review process of CDE’s earlier
- Clarify solicitation for CDE’s
- Leverage major fiscal resources more systematically
- Systematically apprise BOS
- Engender more trust

L.A. NOW READY TO ROLL!

