

# MHSA STEERING COMMITTEE MEETING

May 7, 2012



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## Local/State Updates

Mary Hale, Interim Behavioral Health Director

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## ACTION ITEM

- Due to organizational changes at the State, responsibility for determining which funds can be placed into prudent reserve has shifted to the local level
- Behavioral Health Services, in consultation with both County Council and our Fiscal Consultant, are in agreement that MHSA statutes do not prohibit placing Prevention and Early Intervention (PEI) Funds into the prudent reserve

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## ACTION ITEM

- It is proposed that approximately, \$11,343,034 of unspent PEI funds be placed in prudent reserve to ensure PEI programs will continue should there be a shortfall of MHSA revenue
- Behavioral Health Services requests that the Steering Committee approve placing the above amount in the prudent reserve

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## MHSA Update

Bonnie Birnbaum, MHSA Coordinator

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## Statewide Projects Update ANN COLLENTINE

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California Mental Health Services Authority  
(CalMHSA)



**Statewide PEI Initiatives Update**

May 7, 2012

Presented By:  
Ann Collentine, MPPA, Program Director, CalMHSA

Compassion. Action. Change.




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**CalMHSA PEI Statewide Projects Implementation**

- Year 1: Foundation & Setting the Stage for Success
- Year 2: Contract Management, Communication, Quality Improvement
- Year 3: Project Outcomes, Evaluation, Sustainability
- Year 4: Evidence of Impact

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**Foundation**

- Developed & released RFPs; Contractors approved by CalMHSA Board
- Negotiated & executed 25 contracts
- Developed invoicing, monitoring, communication processes
- Hired expertise in communication

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## Implementation is Underway

CalMHSA projects providing:

- Broadening mental health skills/knowledge/attitudes across initiatives
- New and/or expanded programs (e.g. training, awareness/understanding and service provision)
- Material and financial resources
- Cross-system collaboration, policies & protocols

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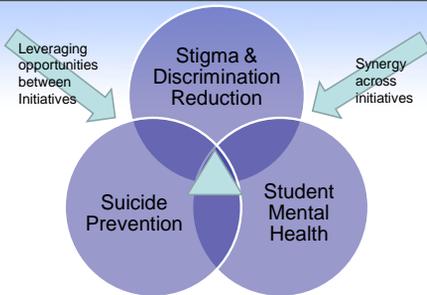
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## Statewide PEI Initiatives



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## Stigma & Discrimination Reduction



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## Student Mental Health Initiative- Current Efforts

### ➤K-12:

- Mental health training for educators
- SMH Policy Workgroup inaugural meeting May 2012
- State wide: 11 regional plans under review

### ➤Higher Education:

- CCC & CSU campus grants being solicited - require letter of support from county MH Department
- UC Faculty/Student Mental Health training conducted
- Systems collaboration: UC/CSU/CCC meeting quarterly

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## Student Mental Health Initiative- Efforts in Orange County

### • K-12 Highlights:

- Professional Development for Service Providers
- School climate survey pilot is underway
- Mental Health CADRE being developed

### • Higher Education Highlights:

- Review of proposals in process for CSU & soon for CCC's
- Clayton Chau sits on the CCC Chancellor's Advisory Board
- Suicide Prevention training for all 112 CA Community Colleges

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## Suicide Prevention



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## Year Four- Evidence of Impact

- Reduction in stigma and discrimination
- Improved student mental health
- Reduction in suicide

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## Statewide Initiative Values




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## CaIMHSA- We're here to answer questions

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 www.calmhsa.org

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# BREAK

Please return in 15 minutes

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## Subcommittee Co-Chairs Updates

Adults and Older Adults:  
Helen Cameron and Geoff Henderson

Children and Youth Services:  
Jim Harte

Prevention & Early Intervention:  
Chris Bieber and Daria Waetjen

Innovation and Workforce Education & Training:  
Denise Cuellar and William Gonzalez

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## COLLECTIVE SOLUTIONS: FAMILY-FOCUSED CRISIS MANAGEMENT



Gerry Aguirre  
Flor Yousefian Tehrani, MFT Intern  
Adriana Mejia, MFT Intern  
Health Care Agency/Behavioral Health Services



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## COLLECTIVE SOLUTIONS

**Collective Solutions** is a family-focused crisis management program funded by the Mental Health Services Act (MHSA).

Our program provides community-based supportive services to family members of persons ages 16 and older, newly or previously diagnosed with a mental illness. Collective Solutions works with families who identify experiencing a crisis situation as a result of the mental illness suffered by a loved one.



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## COLLECTIVE SOLUTIONS

**Collective Solutions** is a 16-week program that seeks to assist families in developing a plan of action in response to managing crisis situations related to mental illness suffered by a loved one, raise awareness about mental illness, and facilitate family communication.



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## GOALS

Reduce future crises and hospitalization

Facilitate positive communication

Increase linkage to mental health services

Educate families about mental illness

Create a community-based support network



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## STAFF

### 2 Master's Level Clinicians

- Receive ongoing training in crisis management
- Provide short-term therapeutic and group services
- Work closely with peer mentors in providing supportive and case management services

### Peer Mentors

- Trained in an evidence-based practice
- Offer supportive and case management services
- Assist families in developing an action plan for crisis management
- Co-facilitate support and discussion groups




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## SERVICES OFFERED



- Community-based Supportive Services
- Education, Outreach, & Engagement
- Linkage to mental health services within Orange County
- Case Management
- Short-term Counseling
- Support/Discussion Groups




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## SERVICES OFFERED

Collective Solutions began services on April 4, 2012

Currently accepting referrals:

- 4 referrals received within the first week of services

Language capacity:

- Spanish
- Farsi




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# IMPLEMENTATION PLAN

Phase I: Orientation

Phase II: Program Promotion

Phase III: Implementation of Program

Phase IV: Lessons Learned, Evaluation & Outcome

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## PHASE I: ORIENTATION

Program Manual Developed

- Program description
- Flowchart/Referral Process
- Brochure

Recruiting Peer Mentors

- In progress

Staff Trainings

- Evidence-based practice
- Conferences related to mental health, crisis

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## PHASE II: PROGRAM PROMOTION

**Collective Solutions** introduced to existing community programs to initiate future collaboration

**Goal:**

Notifying the community, specifically ethnic communities

Work with agencies to ensure families and their loved ones receive support/mental health services

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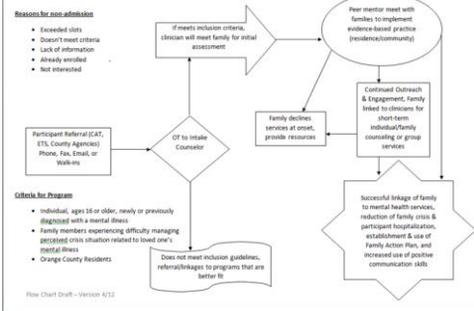
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## PHASE III: PROGRAM IMPLEMENTATION




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## PHASE IV: EVALUATION & OUTCOME

Overarching question for Innovation programs:

**Can a well-trained consumer/family member be an effective peer mentor in all clinical settings?**

Gathering data materials while providing services

Attempting to Answer:

- 1) Type and extent of mental health treatment being provided
- 2) Quality of life from the point of view of each family member
- 3) Participants' success in achieving good health and reduction of their symptoms
- 4) Satisfaction surveys to be administered to both participants and providers

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## ACTION STEPS

### Assessment Tools

- Pretest and 2 posttests (intake, 4 months, and 8 months)
- Patient Health Questionnaire (PHQ-9) to measure depression
- Generalized Anxiety Disorder Scale (GAD-7) to measure anxiety
- WHO Quality of Life (WHOQOL-BREF) to measure life satisfaction
- Program evaluation
- Staff evaluation

### Records Review

- Number of people seen
- Results of interactions
- Successful linkages to appropriate services
- Number of declined services




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## RESOURCES

### Crisis Response Services

**Centralized Assessment Team**  
(866) 830-6011

**Evaluation and Treatment Services**  
(714) 834-6900

**Suicide Prevention Center:**  
**Didi Hirsch**  
(866) 727-4747



### Support Services

**NAMI-OC**  
(714) 544-0791  
www.NAMIOC.org

**Warmline Network Services**  
(877) 910-9276

**St. Anselm's Peer Mentorship Program**  
(714) 537-0608

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## COLLECTIVE SOLUTIONS

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## Steering Committee Comments

Sharon Browning, Facilitator

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# Public Comments

Sharon Browning, Facilitator

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