

**CONSIDERATIONS FOR PROVIDERS
IN DEVELOPING COUNTY PROGRAM PROPOSALS
FOR THE MENTAL HEALTH SERVICES ACT (MHSA)
PREVENTION AND EARLY INTERVENTION (PEI) FUNDING**

1. The following page offers evidence-based intervention strategies that alcohol and other drug (AOD) prevention and treatment providers can advocate while engaged in their county's planning process.
2. *Collaboration* and *partnerships* are key criteria for funding decisions under the MHSA. As you review the suggested strategies, consider what local agencies or institutions you could partner with in order to better serve the community, as well as better impress the local mental health planners. The list in the letter accompanying this document provides several suggestions; also look into community centers, service organizations, various county welfare agencies, etc. for potential partners.
3. The MHSA has specified that 51% of the overall PEI Plan budget of county plans must be dedicated to those between the ages of birth through 25. Small counties with populations under 200,000 are excluded from this requirement.
4. Additionally, PEI interventions should be consistent with the needs of already identified MHSA PEI Priority Populations:
 - a. Underserved Cultural Populations
 - b. Individuals Experiencing Onset of Serious Psychiatric Illness
 - c. Children/Youth in Stressed Families
 - d. Trauma-Exposed
 - e. Children/Youth At-Risk for School Failure
 - f. Children and Youth at-risk of Juvenile Justice Involvement
5. PEI plan strategies should align with MHSA's identified *transformational values*:
 - a. Consumer- and family/caregiver-driven, with attention to underserved communities
 - b. Culturally and linguistically competent
 - c. Demonstrating system partnerships, community collaboration and integration, including with those community agencies not traditionally considered "mental health"
 - d. Focused on wellness, resiliency and recovery
 - e. Including evidence indicating effectiveness and demonstrated outcomes
6. The MHSA will not provide funds for maintaining existing programs. In those counties that already are implementing the strategies listed below, a proposal must be carefully developed to avoid being rejected due to "supplantation."
7. PEI programs are well suited to systems such as schools that could serve many people, especially youth, and offer –
 - a. Easy access to youth and children
 - b. The opportunity to serve many individuals
 - c. The ability to reach a highly diverse population
 - d. Potentially less embarrassing and/or stigmatizing contact and treatment.

SUGGESTED PREVENTION AND TREATMENT STRATEGIES FOR PROVIDERS

The strategies below are divided into those suitable for prevention providers and those suitable for treatment providers. In all cases, references for specific strategies are shown as:

- ❖ National Registry of Evidence-based Programs and Practices (NREPP) - <http://www.nrepp.samhsa.gov/find.asp>,
- ❖ MHSa Prevention and Early Intervention Program Draft Resource Materials, for complete listing see – http://www.dmh.ca.gov/mhsa/PEI_ResourceGuide.asp,
- ❖ or some other source, as indicated.

PEI STRATEGIES FOR AOD PREVENTION PROVIDERS

STUDENT ASSISTANCE PROGRAMS (SAPs) – For students in kindergarten through grade 12. SAP's provide education, prevention, early identification, intervention, referral and support services for individual students exhibiting at-risk behaviors in a team approach design. This strategy serves the indicated student population as the “consumers.” Teachers and administrators are viewed as “customers” that benefit from more co-operative students experiencing greater academic success.

- **PEI Connection** – Addresses multiple risk factors for mental illness, including alcohol, tobacco and other drug-related problem behaviors, such as substance abuse (SA), which often exacerbates mental illness. Additionally, SAP's work to reduce learning barriers and help ensure the academic success of students at-risk for developing mental illness, especially due to trauma and emotional turmoil.
- **Specific Programs and Practices (P&Ps)** – See below, under Youth Development.

YOUTH DEVELOPMENT – An ongoing process, usually in partnership with schools or civic organizations, that engages young people in building skills, attitudes, knowledge and experience to prepare youth for the present and future. It facilitates young people becoming fully capable and competent individuals.

- **PEI Connection** – This “universal” strategy serves all students. It helps build resiliency in students at-risk for mental illness, which reduces both juvenile justice involvement and school failure.
- **Specific P&Ps for both SAPs and Youth Development** – These two strategies use a variety of comprehensive programs and practices, depending on local partnerships, conditions and the students' individual needs. In implementing the PEI strategies, especially with the schools-based strategies, it is critical to collaborate with local governmental agencies and community organizations. The MHSa strongly emphasizes the importance of local collaboration. AOD service providers should start planning efforts by identifying and conferring with possible partners. Some useful P&Ps that can be applied or adapted to one or both strategies are the following:

- Leadership and Resiliency Program, MHSA
- Family Behavior Therapy, NREPP
- MyStrength.org, MHSA
- Cognitive-Behavioral Intervention for Trauma in School (CBITS), MHSA
- Lions Quest Skills for Adolescence, NREPP
- All Stars, MHSA
- Project Northland and Class Action, NREPP
- Reconnecting Youth, MHSA (Suicide Prevention)

The full MHSA list of “Resource Materials for Children and Youth At-Risk for School Failure”, available at: http://www.dmh.ca.gov/mhsa/PEI_ResourceGuide.asp. This list includes a specific reference for SAPs: <http://www.nasap.org/>. Additional model programs and practices related to school success are listed at the SAMHSA Model Programs website: <http://www.modelprograms.samhsa.gov/model.htm>.

MENTORING PROGRAMS – This strategy is particularly effective within the broader context of youth development. Mentoring is well suited for students deemed at-risk. Mentoring by older students or volunteer community members promotes general youth development, decreases AOD use and eases traumatic transitions into high school.

- **PEI Connection** – SA often exacerbates mental illness, academic and home-life challenges. Moreover, difficult school transitions may produce trauma. Youth development, however, increases general resiliency against mental illness.
- **Specific P&Ps** – Below are mentoring-specific P&Ps. See also Youth Development, for additional ideas.
 - Across Ages, MHSA
 - Students Targeted with Opportunities for Prevention (STOP), MHSA
 - Possibly usefulness: Project ALERT, NREPP
 - Friday Night Live, <http://www.fridaynightlive.org/Mentoring/Mentoring.htm>
 - Big Brothers, Big Sisters, http://www.ppv.org/ppv/publications/publications_description.asp?search_id=7&publication_id=111

PEI STRATEGIES FOR AOD TREATMENT PROVIDERS

DRUG COURT AND PROPOSITION 36 SUPPORT PROGRAMS – A comprehensive program that works with the families of individuals involved in drug courts or Proposition 36 drug treatment, where dependent children were removed or at-risk of removal from the home due to parental SA. Services include SA treatment, family skills training, counseling and case management. Clients access services through court referrals. The programs work with Child Protective Services (CPS) and treatment providers to support the basic needs of the parent(s) and family. Note: MHSA funds cannot be used to fund services for individuals incarcerated in state or federal prisons or for parolees. The funds, however, may be used for services to individuals who are not in either of these two categories.

In most cases, individuals in Drug Courts and Proposition 36 programs are undergoing treatment in lieu of incarceration and are diverted from incarceration and/or probation. Therefore, such individuals, as well as their immediate family members, would be eligible for MHSA-funded services.

- **PEI Connection** – Reduces the trauma of children at-risk of foster care by preventing or shortening foster placement through successful parental recovery and development of parenting skills. Due to domestic violence, and the criminal element associated with obtaining illicit drugs, trauma due to foster placement is prevalent in this population.
- **Specific P&Ps** – This strategy is modeled after Drug Courts for SA treatment, which are generally funded through the Drug Court or Proposition 36 monies. If appropriate, SA treatment for the uncharged parent or guardian could be funded through the MHSA. The comprehensive case management approach addresses particular *family* problems, including housing, transportation, employment and medical needs that extend beyond treatment. Please see the COD website for further documentation and outcomes information. Additionally, the following family support P&Ps are useful:
 - Focus on Families, MHSA
 - Parenting Wisely, MHSA
 - Behavioral Couples Therapy for Alcoholism and Drug Abuse, NREPP
 - Some facets of Forever Free, NREPP

HIRING OF MENTAL HEALTH STAFF AT AOD TREATMENT PROGRAMS – “No Wrong Door.”

Mental health staff would provide mental health services, including assessments. The mental health services would focus on trauma-exposed parents in SA treatment and their children, who are experiencing trauma-related mental health needs due to parents with an addictive disorder.

For some people, treatment for Post Traumatic Stress Disorder (PTSD) can last three to six months. If clients are experiencing other mental health problems in addition to PTSD, treatment for PTSD may last for one to two years or longer, and it is unlikely to qualify for PEI funding.

- **PEI Connection** – This strategy prevents the development of Serious Mental Illness (SMI), due to untreated mental illness. By assessing and administering early onset treatment to individuals experiencing PTSD, or other mental illnesses related violence or other trauma, SMI within this population will be decreased. It also reduces the trauma children experience while their parents’ undergo residential treatment and trauma caused by foster care placement due to parents SA and/or mental illness.
- According to the Treatment Improvement Protocol #36, *Substance Abuse Treatment for Persons with Child Abuse and Neglect Issues*, as many as 70% of women in SA treatment report childhood sexual abuse. Childhood sexual abuse leads to PTSD, a mental health condition that requires survivor treatment to achieve and maintain abstinence from alcohol and other drugs. Because most SA counselors are not trained or qualified to provide mental health treatment, and because county mental health offices do not routinely accept women considered low-risk in residential treatment, this strategy fills an unmet need among this population.

- Furthermore, the children of parents in SA treatment qualify, in multiple ways, as a priority population for MHSA PEI funds. California has over 300 AOD programs that serve pregnant and parenting women -- these programs serve over 30,000 women annually. Most programs, however, are not able to provide clients' children with mental health assessments and necessary therapeutic services.
- Therapeutic child interventions that address neglect, physical and sexual abuse, prenatal exposure to alcohol and other drugs is a best practice in programs that serve women and their dependent children. Numerous studies recommend therapeutic services for the children of women in SA treatment, including the Options for Recovery Pilot Project Final Report, TIP #36 and Tip #2, Pregnant Substance-Using Women.
- This strategy is directly based on the Vision Statement and Guiding Principles for Implementation of the Mental Health Services Act. The Act calls for integrated treatment for persons with dual diagnoses, particularly SMI and serious substance use disorders. Through a single individualized plan, as well as integrated screening and assessment, the Act provides entry to services at all points of the system.
- **Specific P&Ps –**
 - Seeking Safety, NREPP
 - Trauma-Focused Cognitive Behavioral Therapy (TFCBT), MHSA
 - Trauma Recovery and Empowerment Model (TREM), NREPP
 - Prolonged Exposure Therapy for PTSD, MHSA
 - Primary Care Screening – PTSD Checklist and Short Scale, MHSA

FAMILY COUNSELING FOR DOMESTIC VIOLENCE CLIENT'S AND FAMILY MEMBERS – Providing counseling to family members of individuals involved in court mandated domestic violence programs is a proactive strategy that mitigates trauma exposure. Research indicates that trauma, such as experiencing or exposure to domestic violence, is directly correlated with future development of SA and/or mental health issues.

- **PEI Connection –** AOD providers that provide domestic violence services could access MHSA PEI funding to provide family counseling to domestic violence clients' family members. These services would be provided as a preventive measure for family members at-risk of developing mental health and/or SA issues.
- **Specific P&Ps –** This strategy is modeled after the Trauma Recovery and Empowerment Model (TREM), an evidenced based practice that mitigates the severity of problems related to substance use, psychological problems/symptoms and trauma symptoms.
- See also the other non-therapist strategies under Hiring of Mental Health Staff at AOD Treatment Programs, **Specific P&Ps** for additional ideas.

HOUSING ASSISTANCE TO POST-TREATMENT CUSTODIAL PARENTS – Providers could offer housing assistance to homeless or unstably housed custodial parents upon exiting treatment.

- **PEI Connection** – AOD providers could access MHSA PEI funding as a preventative measure for children of homeless or unstably housed custodial parents. Approximately fifty percent of the adults in publicly funded SA treatment facilities are homeless or in unstable housing situations. Research indicates that children who experience homelessness, or have a parent who has experienced homelessness, are at greater risk for developing mental health or SA issues. Providing housing assistance to post-treatment parents mitigates the risk of these individuals’ children developing future mental health and/or SA issues. It also increases the parents’ likelihood of remaining clean and sober, which further mitigates their children’s risks.
- **Specific P&Ps** – This strategy is modeled after Critical Time Intervention (CTI), which is designed to prevent recurrent homelessness and other adverse outcomes among persons with mental illness and is a NREPP.

SUICIDE PREVENTION – Incorporates into AOD treatment suicide prevention training, including recognition of warning signs for suicide and suicide risks associated with prescription medications and other substances of abuse. Training should particularly focus on substance-using women and youth with early signs of mental illness or at-risk for developing mental illness. Funding could be used both to develop a curriculum and to train AOD treatment providers in the curriculum.

- **PEI Connection** – SA often exacerbates both mental illness and suicidal ideation. Many individuals in treatment suffer from co-occurring disorders. Although, their mental illnesses may not qualify as an SMI, they may be predisposed to suicide.
- **Specific P&Ps:**
 - Signs of Suicide (SOS), MHSA
 - Question, Persuade, Refer (QPR) Gatekeeper Training, MHSA
 - Applied Suicide Intervention Skills Training (ASIST), MHSA
 - Other Professional Development for AOD program staff, MHSA