



# MENTAL HEALTH SERVICES ACT STEERING COMMITTEE

October 3, 2011

Health Care  
Agency  
Behavioral  
Health Services



# WELCOME

**Sharon  
Browning,  
Facilitator**

# **LOCAL/STATE UPDATES**

**MARY HALE,  
CHIEF, BEHAVIORAL  
HEALTH OPERATIONS**

# **CALMHSA/ JPA UPDATE**

**ANN COLLENTINE,  
PROGRAM DIRECTOR**

# California Mental Health Services Authority (CalMHSA)

Orange County MHSA Steering Committee

October 3, 2011

Anaheim, California

Presented By: Ann Collentine, MPPA

Program Director, CalMHSA

# Today's Purpose

- Quick Background and Update on CalMHSA
- Update on CalMHSA funded PEI Statewide Projects and how does this Impact Orange County
- Current and Future Next Steps for CalMHSA
- Q and A and Discussion

# CalMHSA—On a Mission

## ***Mission***

The mission of CalMHSA is to provide member counties a flexible, efficient, & effective administrative/fiscal structure focused on collaborative partnerships & pooling efforts in:

- *Development & Implementation of Common Strategies & Program*
- *Fiscal Integrity, Protections, & Management of Collective Risk*
- *Accountability at State, Regional & Local Levels*

## ***Vision***

CalMHSA serves California Counties and Cities in the dynamic delivery of mental health and supportive services. A nationally recognized leader, CalMHSA inspires the service community through its commitment to results and values. Successful statewide and regional programs enable the voice of many to be heard.

## ***Purpose***

Promoting Efficiency, Effectiveness and Enterprise among Counties and Cities

# CalMHSA—JPA Agreement/Purpose

Counties join CalMHSA through a JPA Agreement that specifies their purpose is to jointly develop and fund mental health services and educational programs.

Such Programs May Include, But Are NOT Limited To, the Following:

- Addressing Suicide Prevention
- Ethnic/Cultural Outreach
- Stigma/Discrimination Reduction Related to Mental Illness
- Student Mental Health/Workforce Training and Education
- Training, Technical Assistance, and Capacity Building
- Provision of Necessary Administrative Services



# CalMHSA— Gaining Visibility & Taking Hold!

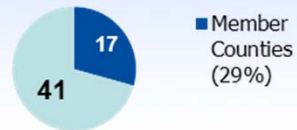


# CalMHSA—Membership

**July 2009**



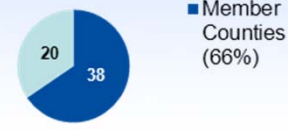
**July 2010**



**January 2011**



**July 2011**



**December 2011  
(goal)**



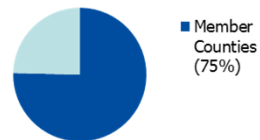
**Population  
Represented**



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# Current Board Members

- Butte (*Anne Robin*)
- Colusa (*William Cornelius*)
- Contra Costa (*Suzanne Tavano*)
- El Dorado (*Neda West*)
- Fresno (*Donna Taylor*)
- Glenn (*Scott Gruendl*)
- Humboldt (*Phillip Crandall*)
- Imperial (*Michael W. Horn*)
- Kern (*James A. Waterman*)
- Lake (*Kristy Kelly*)
- Lassen (*Ken Crandall*)
- Los Angeles (*Marvin Southard*)
- Madera (*Janice Melton*)
- Marin (*Bruce Gurganus*)
- Mariposa (*John Lawless*)
- Mendocino (*Stacey Cryer*)
- Modoc (*Karen Stockton*)
- Monterey (*Wayne Clark*)
- Napa (*Jaye Vanderhurst*)
- Orange (*Mark Refowitz*)
- Placer (*Maureen Bauman*)
- Riverside (*Jerry Wengerd*)
- Sacramento (*Mary Ann Bennett*)
- San Bernardino (*Allan Rawland*)
- San Diego (*Alfredo Aguirre*)
- San Francisco (*Jo Robinson*)
- San Luis Obispo (*Karen Baylor*)
- San Mateo (*Stephen Kaplan*)
- Santa Clara (*Nancy Pena*)
- Santa Cruz (*Leslie Tremaine*)
- Siskiyou (*Michael Noda*)
- Solano (*Halsey Simmons*)
- Sonoma (*Michael Kennedy*)
- Stanislaus (*Madelyn Schlaepfer*)
- Sutter (*Brad Luz*)
- Trinity (*Noel O'Neill*)
- Tuolumne (*Tracie Riggs*)
- Ventura (*Meloney Roy*)
- Yolo (*Kim Suderman*)
- Yuba (*Brad Luz*)

**40 Counties, 39 Members as of August 2011**

**(4 additional non-member counties have assigned funds )**

# Executive Committee

Wayne Clark, PhD, **President**

Maureen Bauman, LCSW, **Vice President**

Karen Baylor, PhD, LMFT, **Secretary**

Scott Gruendl, MPA, **Treasurer**

William Cornelius, PhD, **Superior Region**

Brad Luz, PhD, **Central Region**

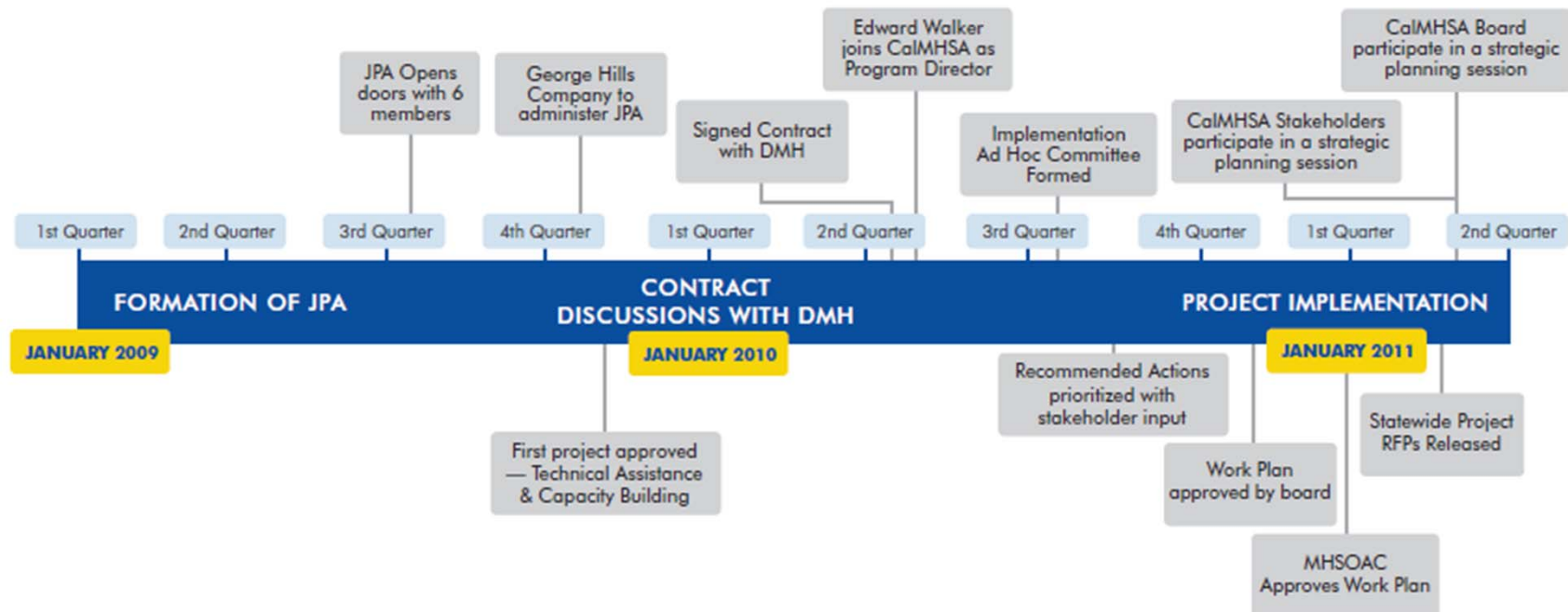
Michael Kennedy, MFT, **Bay Area Region**

Mark Refowitz, MSW, **Southern Region**

William Arroyo, MD, **Los Angeles**

# CalMHSA—Interest/Momentum Established

## CalMHSA Timeline



# Statewide PEI Programs

## **Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Statewide Programs:**

*In eight months, CalMHSA went from Implementation Work Plan approval to releasing Requests for Proposals, awarding contracts, and now is near completion of 25 contracts for the distribution and delivery of services of \$130 million in funds!*



# PEI Statewide Initiatives

- Three Initiative/Program Areas:
  - Suicide Prevention
  - Stigma and Discrimination Reduction
  - Student Mental Health
- Programs conclude June 30, 2014
- Statewide Evaluation

# Suicide Prevention – Approved Programs

Program		Provider
1	Suicide Prevention Network Program	Didi Hirsch Community Mental Health Services
2	Regional Local Suicide Prevention Capacity Building Program	
A	Ventura, San Bernardino, Riverside, Orange, San Diego, Imperial & Los Angeles	Didi Hirsch Community Mental Health Services
B	San Luis Obispo, Santa Barbara & Kern	Transitions Mental Health Association
C	Monterey & Santa Cruz	Family Services Agency of the Central Coast
D	Marin, Sonoma, Napa, Lake, Mendocino & Solano	Family Services Agency of Marin
E	San Francisco, Santa Clara, San Mateo & Contra Costa	San Francisco Suicide Prevention
F	Sacramento, El Dorado, Placer, Yolo, Sutter/Yuba, Amador, Butte, Colusa, Glenn, Trinity, Humboldt, Siskiyou , Tuolumne, Calaveras & Modoc	Institute on Aging Center
G	Fresno, Madera, Merced & Stanislaus	Kings View
3	Social Marketing	AdEase
4	Suicide Prevention Training Workforce Enhancement Program	LivingWorks



# Suicide Prevention – Program 1

## *Statewide Suicide Prevention Network Program*

- Build infrastructure for effective, long-term statewide suicide prevention.
- Provide culturally sensitive suicide prevention services to populations and regions that have not yet been reached.
- Assure use of best practices throughout the State - and beyond.
- Oversee coordinated statewide data collection to inform stakeholders, facilitate advocacy, and save lives.

**County Role:** Get involved in one of the 5 Regional Taskforces

# Suicide Prevention – Program 2

## ***Regional Local Suicide Prevention Capacity Building Program – Southern CA Deliverables***

- Expand bilingual services - Add Korean and Vietnamese language crisis line coverage during peak hours of operation 8:30PM to 4:30 AM and support a Public Awareness Campaign in Korean and Vietnamese to acquaint Vietnamese –by working with Korean Community Services and the Vietnamese Community of Orange County.
- Establish the Southern California Warmline Network (SCWN) and utilize Consumer Advisory Councils to improve service delivery and serve as an advisory body to the development of the Peer Run Warm Lines
- Add 11pm to 3am Shift to NAMI-OC Warmline
- Develop and implement a marketing strategy and plan unique to each county, based on the needs assessment information generated from each county.

# Suicide Prevention – Program 3

## ***Social Marketing***

- Implement a statewide broadcast and social media campaign to increase the general public's knowledge of risk factors, warning signs and resources.
- Implement media outreach and regional training forums to increase safe messaging and increase more positive and balanced news and media coverage on suicide.
- Develop an array of campaign materials (including bilingual material) for suicide prevention such as additional radio or TV commercials and/or editing and printing of the Out-of Home materials, (billboards, bus sides and bus shelters). Intended materials/products include brochures, posters, media kits, campaign tool kits, newsletters, fact sheets and/or research reports.
- Distribute targeted materials to those at elevated risk for suicide and in rural communities.
- Provide survivor support groups with sustainability training.

**County Tips for Involvement:** Participate in “Your Voice Counts Online Forums” which include workgroups to determine campaign priorities and products, help determine what “materials” from the campaign should be used in your county, help identify needed translation priorities, involve local high school students in the video contests, and outreach to survivor groups to participate in available sustainability trainings

# Suicide Prevention – Program 4

## ***Suicide Prevention Training Workforce Enhancement Program***

- Partner with National Suicide Prevention Lifeline (NS PL) certified CA Crisis Centers to assist the CalMHSA partnering counties in providing suicide prevention, suicide alertness and suicide intervention training.
- Will certify 192 Applied Suicide Intervention Skills Train the Trainers (ASIST) and 100 safeTalk Training for Trainers
- Target for trainings include - primary care providers, community clinics and health centers, first responders, licensed mental health and substance abuse treatment professionals, social workers and other staff in older adult programs, in-home support services and adult and child protective services, staff working in correctional facilities including probation and parole officers and administrators and faculty in K-12 and university settings.

# Suicide Prevention – Intended Outcomes

- Increase # of accredited suicide prevention programs/call lines
- Reduce disparities in the availability, accessibility and quality of services for age, gender, region and racial, ethnic and cultural groups that have been historically underserved
- Increase # of articles and air time that media devotes to suicide prevention and improve adherence to suicide reporting guidelines
- Increase # of informed individuals of warning signs and how to seek appropriate and available help
- Increase # of local suicide survivor groups that have access educational and relevant suicide prevention materials that are age, region, gender and culturally and linguistically appropriate.
- Provide statewide training for recognition and referral of suicide warning signs that are culturally competent and age appropriate.
- Improve delivery of services by integrating crisis intervention systems, including physical health, mental health, substance abuse, aging and long term care, social services, first responders and emergency hotlines

# Stigma & Discrimination Reduction (SDR) Approved Programs

Program	Provider
1 Strategies for a Supportive Environment Program	
1 Stigma Discrimination Consortium	California Network of Mental Health Clients
2 Social Marketing	Runyon, Saltzman & Einhorn
3 Capacity Building	United Advocates for Children & Families
2 Values, Practices and Policies Program	
1 Resource Development	Mental Health Association of San Francisco
2 Partnering with Media and the Entertainment Industry	Entertainment Industries Council, Inc
3 Promoting Integrated Health	Community Clinics Initiative
4 Promoting Mental Health in the Workplace	<i>No proposals submitted for this component</i>
5 Reducing Stigma and Discrimination in Mental Health and System Partners	National Alliance on Mental Health
3 Promising Practices Program	Mental Health Association of San Francisco
4 Advancing Policy to Eliminate Discrimination Program	Disability Rights California

# Stigma & Discrimination Reduction (SDR) Program 1

## Strategies for a Supportive Environment Program

### *Stigma and Discrimination Consortium:*

- Design and Implement Stigma and Discrimination Reduction Consortium (roughly 18 members from Law Enforcement to Individuals with Lived Experience)
- Act as a Depository and Dissemination Hub for Research and Data of SDR Campaigns and other Materials
- Assist in Maintaining a Resource Library for all interested members of the public
- Provide written recommendations and action plans to support smaller scaled efforts at local and regional levels



# Stigma & Discrimination Reduction – Program 1

## ***Strategies for a Supportive Environment Program***

### ***Social Marketing Strategic Approach:***

- ***Empowering a New Generation*** will combine existing and future communications into a holistic system of change that is effective at three levels: 1) Inoculating children age 11-13 against stigma 2) Empowering their maturation into informed new generations of youth age 14-24 who openly disclose and empathically support People with Mental Illness (PWMI) and 3) Utilizing a lifespan approach inclusive of racially, ethnically and culturally diverse populations, to normalize the broad recognition and urgent abatement of system-based prejudice across multiple levels of society and multiple public service environments.
- ***Addressing People With Power Over PWMI***, will leverage, amplify and extend the efforts of the statewide network focused on mental health issues – including all awardees within the statewide PEI programs, county PEI programs and MHSA, NAMI California, CAYEN and REMHDCO – to create a more robust communications infrastructure poised to reach Californians across the lifespan and within racially, ethnically and culturally diverse populations with stigma reduction messages.



# Stigma & Discrimination Reduction – Program 1

## ***Social Marketing Campaign Deliverables:***

- Collect baseline data, conduct focus groups and develop strategic plan which will include input from counties and stakeholders
- Develop campaign materials for print, radio, television, social media, etc., and train local communities on how to use materials
- Develop and launch *ReachOut Forums*, an online community that would be a safe, anonymous, peer-to-peer community for teens and young adults to discuss a range of social, health and mental health related issues
- Create a California-based pool of influential mom/dad bloggers that will “blog” to support campaign dissemination
- Develop a series of documentaries with CA Public TV and enhance with contact strategies using Speakers Bureaus across the state to present/use and launch documentary events. Promotional website, key media screenings and community events will increase impact
- Train and create a statewide database of campaign spokespeople who reflect the cultural, linguistic and geographic diversity of the state. Spokespeople will receive scholarships for their time
- Local efforts will be leveraged and speakers’ bureaus supported with stipends and other resources from the campaign

# Stigma & Discrimination Reduction – Program 1

## ***Social Marketing Campaign Deliverables of Special Note for Orange County:***

- A. *Anti-Stigma Artworks Network*** – In partnership with NAMI California, adapt and expand the Arts Network, (building upon the Artist in Residency Program in Orange and LA counties) to highlight visual and performing arts and showcase the talent of mental health consumers delivering anti-stigma messages through artwork and performances.
- B. *Asian Outreach Campaign*** - Targeted grassroots efforts will address low-income API youth and adults 25+ in their own native languages and through their own communication vehicles. The campaign will identify priority populations and geography in the state, e.g., the Hmong community in the Central Valley, the Vietnamese population in Orange County, the Chinese community in the San Francisco/Bay Area, etc.

# Stigma & Discrimination Reduction – Program 1

## Strategies for a Supportive Environment Program

### *Capacity Building:*

- Create a Network Advisory Committee to Operationalize a 12-Region Capacity Building Program
- Conduct a Needs Assessment, to identify gaps in local capacity to reduce stigma and discrimination and to build upon existing programs and efforts
- Develop and implement Community Contact Strategies throughout the state in a 12-region approach. Ensure that outreach is culturally and linguistically competent and include appropriately unique approaches to reach LGBTQ, Veterans and rural communities
- Develop a set of recommendations/ action plan for on-going sustainability of regional stigma and discrimination reduction leadership

# Stigma & Discrimination Reduction – Program 2

## ***Values, Practices and Policies Program***

***Resource Development*** - design instruments and assessment tools to evaluate existing SDR Training Programs (SDRTP) designed to capture best practices in training programs across California and establish a framework for evaluating and improving existing anti-stigma training programs.

***Partnering with the Entertainment Industry*** – develop, distribute, outreach and engage media makers and entertainment developers to reduce stigma by using accurate, sensitive and meaningful images and messages regarding mental illness, health and wellness. Message and distribution plan development will also access media via key entry points within specific, culturally diverse communities.

# Stigma & Discrimination Reduction – Program 2

## ***Values, Practices and Policies Program***

***Promoting Integrated Health*** – Conduct statewide needs assessment of levels of behavioral and physical health integration including attitudes and educational programs. Promote integration by dissemination integrated care practices by creating an one-stop shop website for technical assistance resources including A and Q on programmatic and administrative barriers to integration

***Reducing Stigma and Discrimination within Existing Mental Health and System Partners*** – NAMI-CA and their affiliates will use three programs (In Your Own Voice, Provider Education, and Parent and Teachers as Allies) to target stigma reduction and educational strategies at existing systems. Participating NAMI-CA affiliates will participate in a process to strengthen cultural and linguistic competencies

# Stigma & Discrimination Reduction – Program 3

## ***Promising Practices Program***

- Capture best practices in SDR training programs and Promising Practices Programs across California and establish a framework for evaluating and improving existing SDR/PP Programs
- Focus specifically on high need areas – such as best or promising practices for cultural and ethnic communities across the lifespan
- Design a clearinghouse where information on promising practices and best practices for SDR training programs (as well as crucial gaps) is readily accessible for use by staff and contractors, local stakeholders, county/state mental health departments/etc

# Stigma & Discrimination Reduction – Program 4

## ***Advancing Policy to Eliminate Discrimination Program***

- Disseminate through trainings, social media and websites fact sheets on legal topics that reduce stigma and discrimination and encourage provision of services in the community
- Develop training or other educational materials that are specific to identified target populations and train groups using outreach and training teams that include people with mental health challenges and their family members
- Identify and develop strategies to address laws and policies within the criminal justice system impeding efforts to effectively meet the needs of people with mental health challenges



# Stigma & Discrimination Reduction – Intended Outcomes

- Increased availability of age, gender, region and culture/language specific anti-stigma programs to create widespread understanding of mental health challenges and suicide risk and prevention.
- Measurable reduction in public stigma towards people with mental health challenges by employers, landlords, law enforcement, mental health and health care staff, and school and college personnel
- Measurable increase in understanding of mental health challenges and suicide risk and prevention strategies on the part of trained personnel, community gatekeepers and peer-to-peer support providers.



# Student Mental Health – Approved Programs

Program	Provider
California State University	California State University Office of the Chancellor
California Community Colleges	California Community Colleges Office of the Chancellor
University of California	Regents of the University of California
Statewide K-12	California Department of Education
Regional K-12	California County Superintendents Educational Services Association

# Student Mental Health – Program 1

## ***California State University***

- Electronic surveys administered to provide a comprehensive picture of student need, knowledge about, attitudes towards and utilization of mental health services, as well as perceived stigma related to mental health issues and treatment
- Development of a social marketing campaign focused on mental health and wellness, suicide prevention, and stigma reduction. Campaign will particularly target higher need students such as returning veterans, CSU disabled students and first-generation college students
- Development of curricular modules focused on developmental and adjustment issues relevant to CSU's diverse student population will be designed for use in first year experience or other relevant classes and extra-curricular settings

# Student Mental Health – Program 2

## ***California Community Colleges***

- Provide 12 California community colleges with mini-grants to develop and implement services that reflect local campus needs and priorities focusing on suicide prevention; faculty, staff and student training; and peer-to-peer resources.
- Provide statewide online suicide prevention gatekeeper training for faculty and staff using evidence-based programs developed specifically for use by colleges and universities.
- Expand and enhance training for faculty and staff on the mental health needs of student veterans, based on trainings recently piloted at three California community colleges.

# Student Mental Health – Program 3

## ***University of California***

- Implement training programs that broadly reach faculty, staff and students to skill build about student safety, suicide prevention, strategies to reduce stigma and discrimination.
- Implement a “recognizing and responding to students in distress” manual and guidelines to all faculty, staff, and administrators
- Support Peer to Peer Programs on Campus and improve the current “Red Folder” emergency protocols to include strategies related to mental health distress
- Increase and improve suicide prevention screening
- Monitor the effectiveness of campus programs and, if necessary, make appropriate adjustments in order to make programs and services sustainable post grant funding.

# Student Mental Health – Program 4

## ***Statewide K-12***

- Organize the Student Mental Health Policy Workgroup to conduct an assessment of current capacity in student mental health, develop a student mental health resource directory, and generate policy recommendations that will favorably impact student mental health.
- Develop a California specific “Educators Guide to Recognizing Mental Health Disorders.”
- Work with other Program Partners to identify and implement joint initiatives to leverage project activities and points of engagement.

# Student Mental Health – Program 5

## ***Regional K-12***

- Improve cross-system collaboration and county plans and protocols for prevention and early intervention student mental health services thereby reducing resource and structural barriers for accessing these services.
- Create an online clearinghouse of age appropriate, culturally relevant, evidence-based resources, information and best practices for prevention of student mental health issues in K-8.
- Establish a sustainable infrastructure statewide to support K-8 schools with school-based student mental health focused programs with trained staff that can provide technical assistance on prevention program development and implementation.

# Student Mental Health - Outcomes

- Improved relationships between school systems, foster care systems and county mental health departments
- Increased access to and awareness of services, increased linkages with community resources
- Increased collaboration among the higher education to improve student mental health
- Increased identification of early signs of mental illness
- Increased school attendance, or performance
- Reduced incidents of suicide or suicide attempts
- Reduced stigma and discrimination

# PEI Statewide Evaluation

Invests up to \$10 million to implement a complex multi-phase evaluation of all programs individual and collective impact to capitalize on the unique statewide investment in Student Mental Health, Suicide Prevention and Stigma and Discrimination Reduction.

To evaluate if the strategies of PEI Statewide Projects are effective in

- Preventing Suicides
- Improving Student Mental Health and
- Reducing Mental Health Stigma and Discrimination



# PEI Statewide Evaluation

Key objectives include:

- Establishing baselines and community indicators
- Conducting thorough program evaluations
- Identifying innovative programs for replication
- Promoting continuous quality improvement efforts

# PEI Statewide Evaluation

## Statewide Evaluation Experts (SEE):

- CalMHSA will select/ recruit experts to support and guide PEI Statewide Projects Evaluation efforts
- SEE members are encouraged to join the review team for RFSQ
- SEE members will liaison with CalMHSA program partners, as needed, to ensure support and success in evaluation

# Any Questions about the Content and Roll-Out of PEI Statewide Projects?

# Finance Summary

<b>Implementation Plan Budget</b> (from January 27, 2011 MHSOAC approved Work Plan)
<b>\$129,399,879</b>
<b>Program Funds Received 9/20/2011</b>
<b>\$135,716,145</b>
<b>Program Funds Receivable as of 9/20/2011</b>
<b>\$375,680</b>
<b>Program Dollars Expended through 9/20/2011</b>
<b>\$1,500,000</b>
<b>Planning Dollars Expended Since 7/1/2009</b>
<b>\$2,243,437</b>
<b>Total Program Funds Assigned</b>
<b>\$136,090,825</b>

# Strategic Goals for the Future

- Respond to the needs of counties on a statewide, regional or local basis in an era of governance being brought “closer to the people” to implement Governor Brown’s goal of *“providing services more efficiently at less cost ...committed to more integrated, outcome-based programs at the local level.”*
- Provide flexibility in administrative and fiscal services capacity and as a governmental entity with private sector nimbleness.

Examples include:

- Apply for federal and foundation funds
- Pooled purchasing and risk management
- Contract management
- Simplifying counties abilities to contract together

# Current Objectives

1. Obtain membership from all 58 counties by December 31, 2011
2. Execute and demonstrate results from the PEI statewide programs by June 30, 2014
3. Seek to fulfill the recent recommendation from the California Mental Health Directors Association (CMHDA) that CalMHSA is “best positioned” to administer statewide programs include Federal Programs like PATH and SAMHSA, as well as MHSA statewide programs; such as Suicide Prevention, Workforce Education and Training Programs and Stigma and Discrimination Reduction Programs
4. Collaborate with CMHDA and the CA Institute for Mental Health (CIMH) on the development of a 5-Year Business Plan to address the needs and concerns of counties

# CalMHSA — We're Here to Answer Questions

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# **MHSA UPDATE**

**BONNIE BIRNBAUM,  
MHSA COORDINATOR**



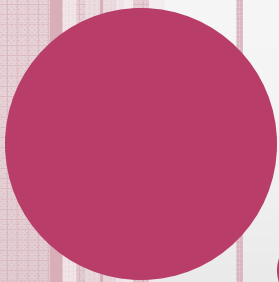
# BREAK

Sharon  
Browning,  
Facilitator

# **PRESENTATION: “CONNECT THE TOTS”**

**AZAHAR LOPEZ,  
SERVICE CHIEF II**

Prevention  
and  
Intervention



# **CONNECT THE TOTS**

**Orange County Health Care Agency**

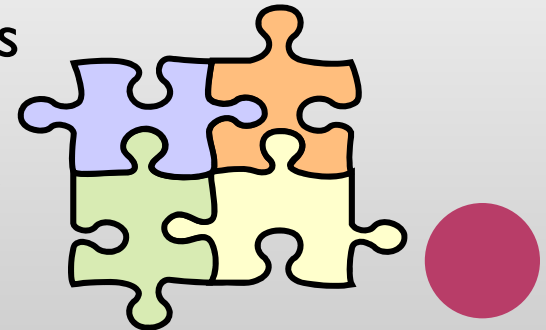
**Behavioral Health Services**

**Prevention and Intervention Division**

**October 3, 2011**

# EARLY CHILDHOOD MENTAL HEALTH SCHOOL READINESS

- **Connect the Tots** is a Prevention/Early Intervention (PEI) program designed to reduce risk factors for emotional disturbance in young children (0-6) and their families, thereby promoting school readiness and academic success.
- The program places a priority on **homeless** families and those “**at risk**” of homelessness and in transitional living situations. However, all underserved families needing services to prepare their children for school and to mitigate mental health or behavior problems may receive services.



# EVIDENCE BASED

- Triple P (Positive Parenting Program)
  - Staff utilize the principles of Triple P and help families develop more nurturing relationships with their children.
- Bridges for Literacy
  - Staff promote the use of the “Bridges” to show parents how to be their kid’s “first teacher” (Rossenkoetter and Barton, 2002).



## ELIGIBILITY

- Resident of Orange County, age 0-6
- At risk for homelessness or homeless
- Presents “risk factors” for mental health problems and/or academic failure
- Able to benefit from prevention/early intervention
  - Severe pervasive developmental disorder/impairment are referred to longer term more suitable resources



## SERVICE DELIVERY

- Community workshops (supports our system wide impact goals)
  - County-wide workshops to promote positive parenting practices and tools to manage behavior problems and promote academic success/literacy
    - Open to all interested community members
    - Outreach opportunities
    - Education of community partners/building partnerships
- Individual Participation (supports our individual impact goals)
  - Eligible families enroll into services, which are provided at the home by an inter-disciplinary team
    - Home/community based
    - Evidence based and outcome driven

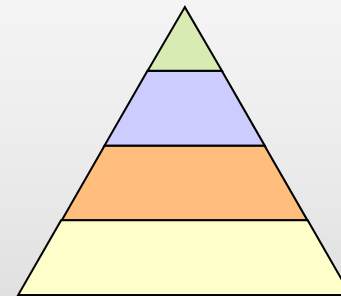


# CONNECT THE TOTS

## WORKS IN CULTURALLY DIVERSE TEAMS

### Nurse

- Nursing Assessments
- Developmental Milestones
- Health screenings
- Dental Health
- Nutrition
- PPP



Food Pyramid





# CONNECT THE TOTS TEAM

## Behavior Specialist

- Parent support
- Case management
- Behavior Modification
- “Parents as teachers”
- Role modeling
- Learning
- PPP



# CONNECT THE TOTS TEAMS

## Mental Health Professionals

- Early mental health intervention
- Early childhood mental health
  - Including assessment
- Parent support
- Communication
- Coping skills
- Development
- PPP



## PARTNERSHIPS AND COLLABORATIONS

- Orange County Department of Education
- Hope School in Orange, CA
- Help Me Grow
- The Valencia Inn and the Evergreen
- Anaheim Collaborative for Motel Families



## OTHER OUTREACH OPPORTUNITIES

- Resource providers Forums
- Help Me grow connection café
- Resource Fairs
- P&I Division wide events
  - Family celebration
  - Wellness events
- Families and Communities Together
  - Symposium



# CONNECT THE TOTS IN ACTION









They even  
work on  
Weekends





## REFERRAL SOURCES

- Self Referral
- Human Options
- Children's Bureau
- Help Me Grow
- Social Services Agency
- Tustin FRC
- OCHCA/PSASA/ACT
- OCPPW
- Oak View Pre-school
- Western Youth Services
- Family Support Network
- La Habra FRC
- Magnolia School District
- HCA/Foster Care
- Westminster FRC
- CAPC
- Child Abuse Prevention
- Delhi Center
- Head Start
- Matt Kline Head Start
- Orangewood Foundation





## REFERRAL SOURCES... CONTINUED

- Anaheim FRC
- CFS/SFS
- Cypress School District
- Family Resource Centers
- Kinship Support/SSA
- OCCAPC
- OCHCA/PSASI
- Orange Children and Parents Together
- Santa Ana College ECEC
- Valencia Inn Motel
- AH FRC
- Centennial Educational Center
- Corbin FRC
- Diamond Pre-School
- ECSOC
- Family Center
- Fullerton School District
- Garden Grove USD
- HCA/PHCN
- Health Access Central
- Health Access West
- Illumination Foundation



## REFERRAL SOURCES...CONTINUED

- Marshall Pre-school
- MSD/SR
- OASU
- OC Head Start
- OC Health Care Agency
- OCPT
- OC Child Abuse Center
- Orange Unified School District
- OV FRC
- PHCN
- SV Unified School District
- UCI Medical Center
- Westminster Unified School
- WIC
- OC Department of Ed



# MEASURING SUCCESS

- PRE and POST tests of tools are used to understand the family's needs and areas to work on
  - ASQ-SE
    - Ages and Stages Questionnaire-Social Emotional
      - Widely used in the field of early childhood mental health
      - Identifies areas of concerns in a child's social/emotional development
  - ECBI
    - Eyberg Child Behavior Inventory
    - Used by Triple P to identify behavioral problems and severity of problems in young children
  - Parenting Scales
    - Triple P based tools that measures a parent's style in disciplining his/her child



## OUTPUT    CONNECT THE TOTS

- In FY 2010/11, Connect the Tots received multiple referrals
- **164** accepted the program and were evaluated
- **93** families (**125** children and **105** adults) enrolled into the program
- **277** persons attended **21** workshops by Connect the Tots
- **938** Field visits to enrolled families



## CASE STORY

## 4 YEAR, 7 MONTH BOY

- **Team findings:** **Behavior:** mental health problems in the family, serious tantrums (up to 45 mins), didn't listen, talked back, cursed, ignored parent, ran around the home and in public. Home was cluttered and too stimulating for the child. There was no structure at the home. **Medically:** child had development problems as a baby (weak lower body and abnormal head growth rate). Child and mother were obese. **Mental health:** 2 visits by MH professional and determined that child's behavior was due to parenting situation and not the result of a mental health condition.



## 4 YEARS, 7 MONTHS OLD BOY

### ○ **What the team did:**

1. MH professional: Addressed aggression, challenging adults and following directions
2. Nurse: Gave education on healthier eating/nutrition, exercise, safety, development and resources in the community
3. Behavior specialist: Helped parent implement Positive Parenting and Structure— behavior charts, consequences, reinforcements, rewards, quality time, activity books and pre-academic activities, de-cluttering the environment, rules posted on the wall, Triple P principles (planned ignoring, physical re-direction, eye contact, teaching, etc).



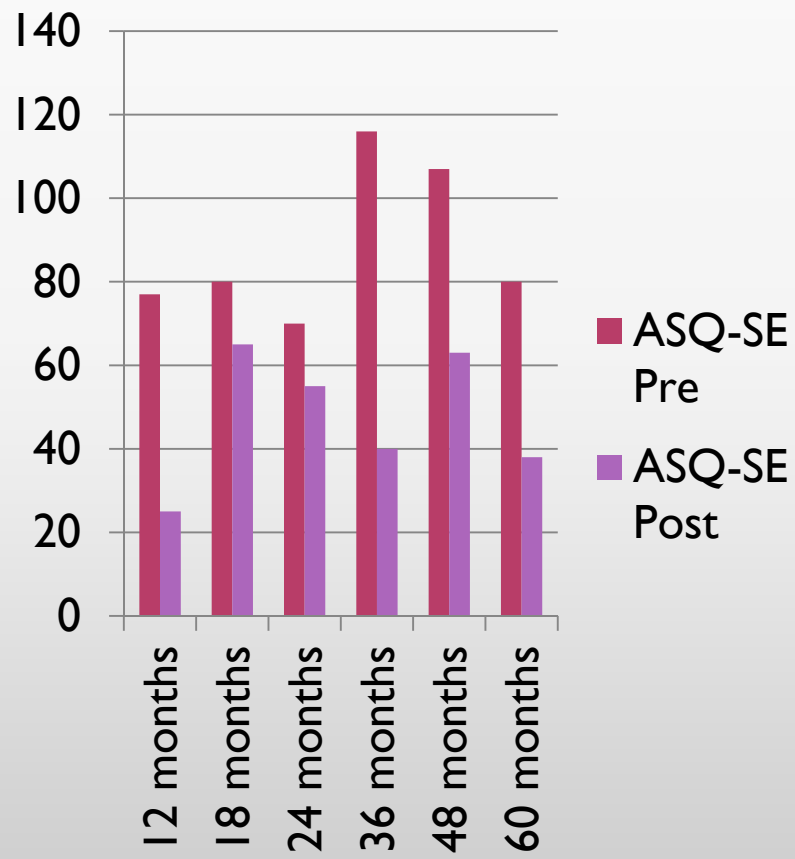
## 4 YEARS, 7 MONTHS OLD BOY

- **Progress made: (5 month case)**
- Discipline needs explained and assessment completed
- Eating 3 vegetables (0 before), both walking more, mother lost 30+ lbs, child enrolled at YMCA for exercise & healthier snacks
- Mother able to give consequences, firm/neutral, gets up from her chair, communicates with the child and asks questions.
- Mom created an environment for learning (de-cluttered), gives praise/positive reinforcement, has routine (schedule) and Bridges.
- **As a result:** no tantrums, behavior problems eliminated, no access to alcohol, no more inappropriate TV, increased supervision, mom got a job, more interest in each other, child became respectful, began doing pre-academic activities (shapes, colors, reading, describing things, etc)
- Mother got the tools to identify what was needed and to make it happen. Mother became involved in every aspect.

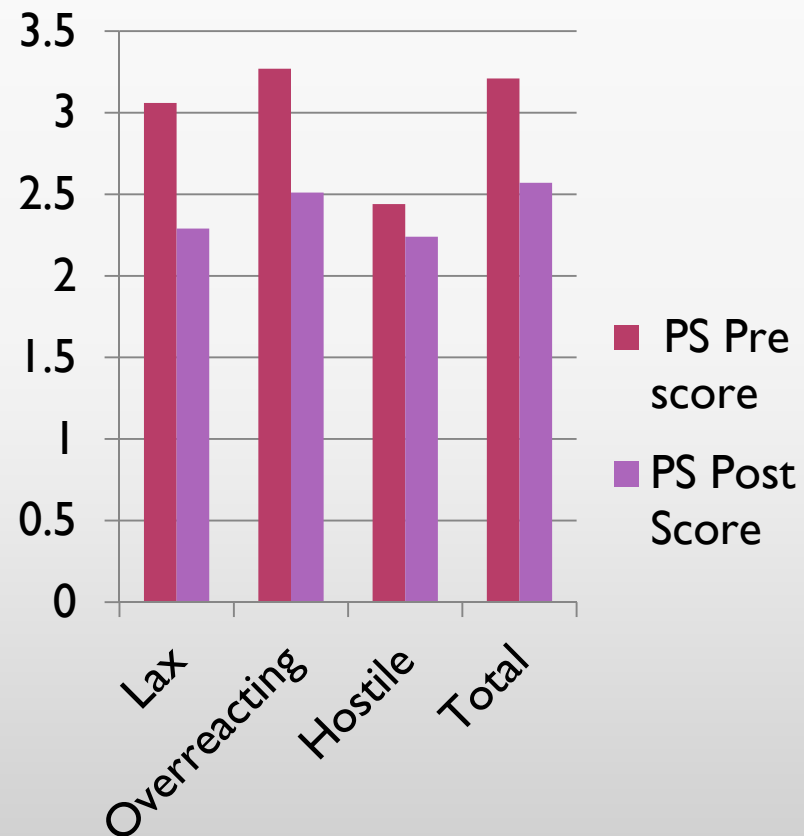


## OUTCOME DATA OBTAINED – 10 MONTHS

### ASQ-SE averages



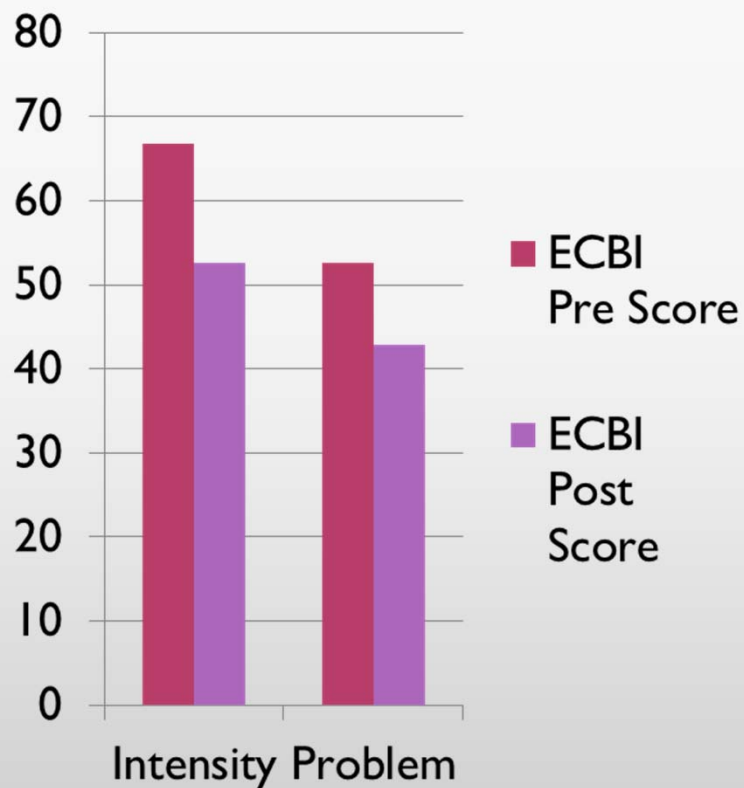
### Parenting Scales averages





## OUTCOME DATA – 10 MONTHS PERIOD

### ECBI Averages



### Overall findings

- Program is particularly good at helping parents create structure and routines and being less reactive toward their kids
- Children's behaviors are less of a problem for parents after participation
- Children's social emotional development is overwhelmingly improved

## WHERE DO WE GO FROM HERE?

- Connect the Tots is in high demand
- Program name is becoming more recognizable in the community
- We will continue to grow and expand

## QUESTIONS?



# PREVENTION AND EARLY INTERVENTION

## *Connect the Tots*

*1200 N. Main Suite 300*

*Santa Ana, CA 92701*

*(714) 480-4678*



# **PRESENTATION:**

## **RECOVERY EDUCATION INSTITUTE (REI)**

Recovery  
Education  
Institute  
(REI)

# The Recovery Education Institute

## 2010/2011 Report

Presentation By

Nicole Demedenko Lehman, MSW

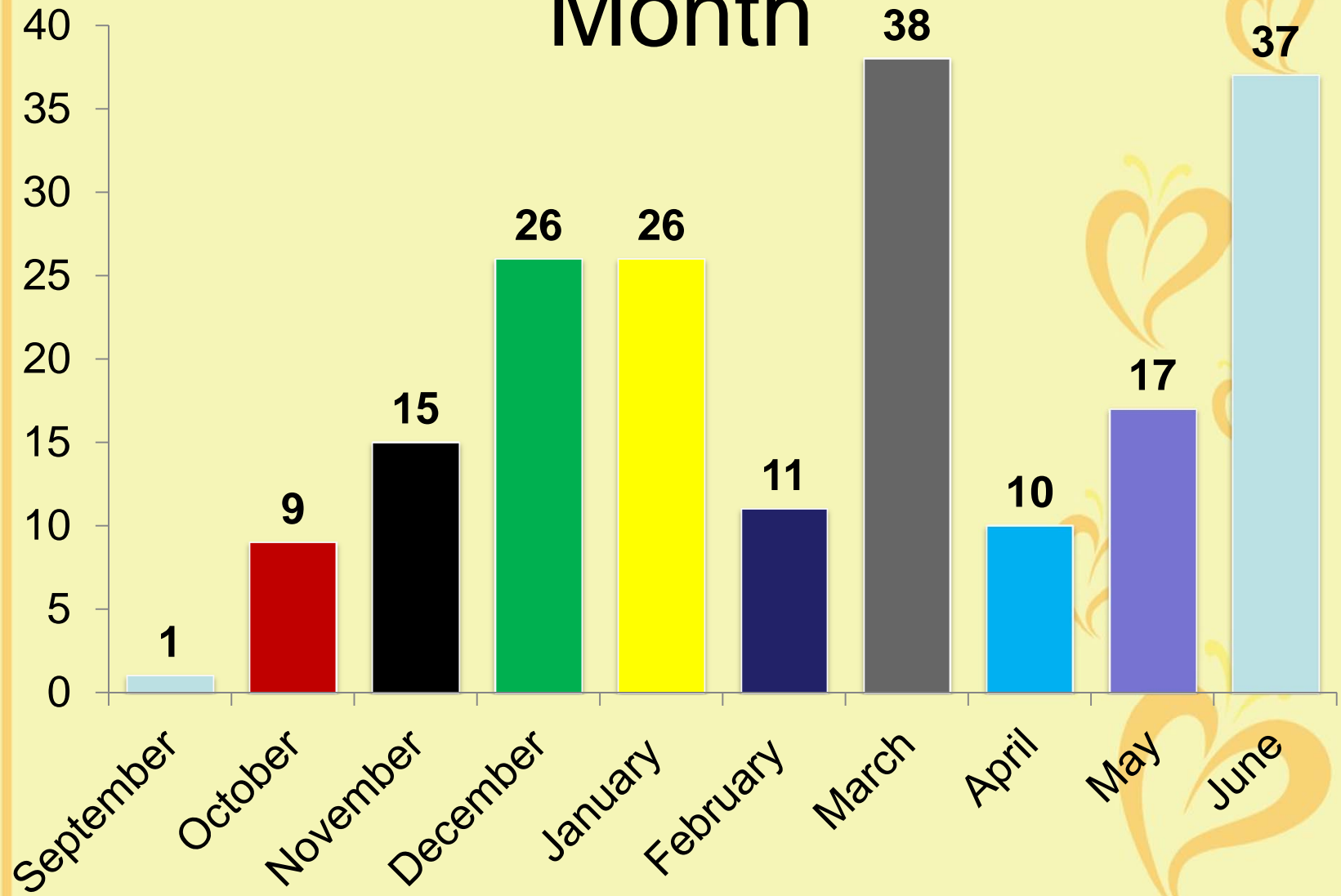


# Training Services

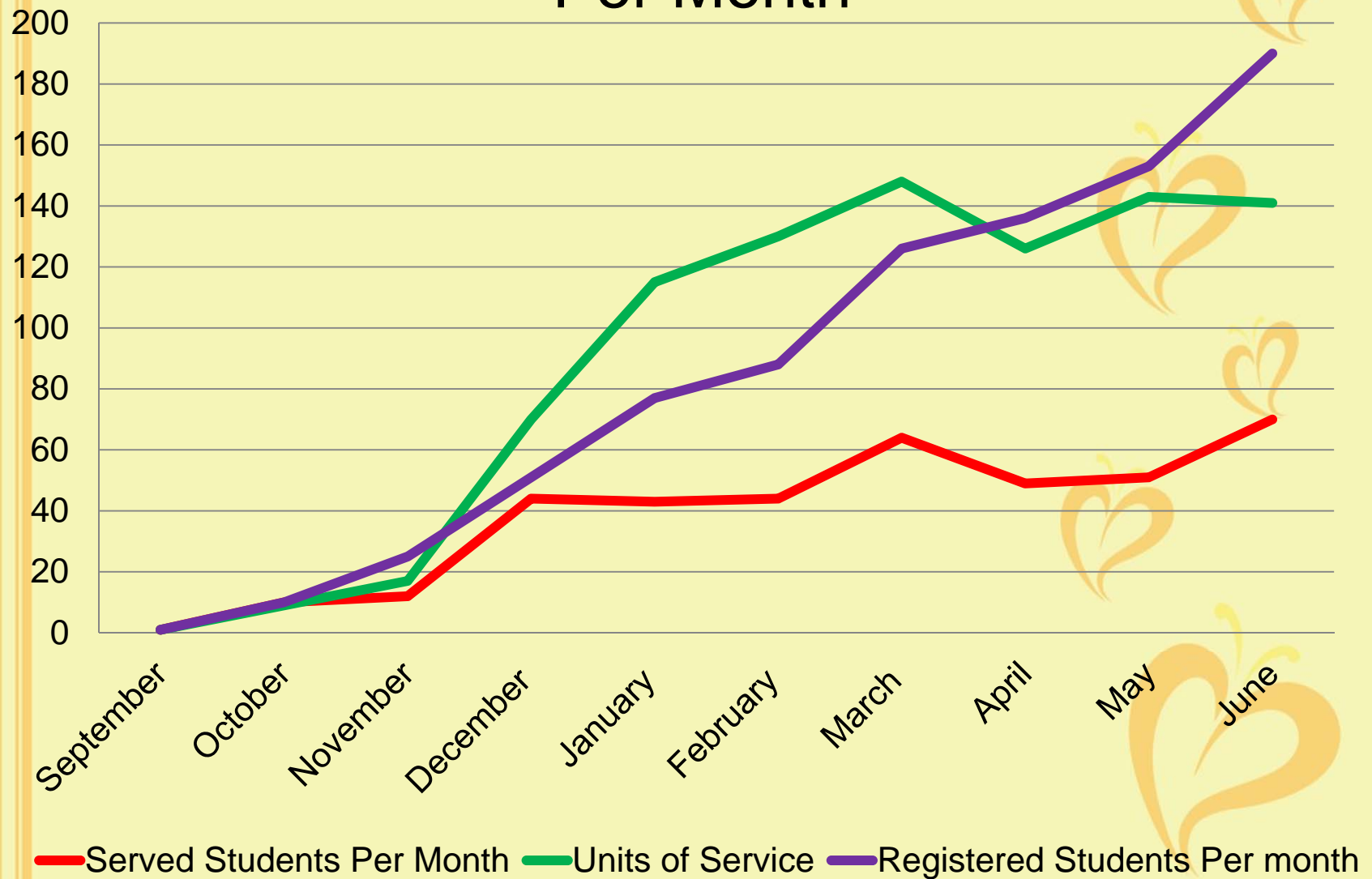
Total Registered Students	<b>190</b>
Student Advisements	<b>74</b>
Workshops	<b>238</b>
Pre-Vocational	<b>69</b>
Extended Education	<b>9</b>
Units of Service Provided	<b>900</b>

*Units of Services includes all workshops, prevocational and extended education services provided to students , including duplicated attendees.*

# Students Registered by Month



## Registered Students Per Month, Units of Service & Number of Uniquely Served Students Per Month

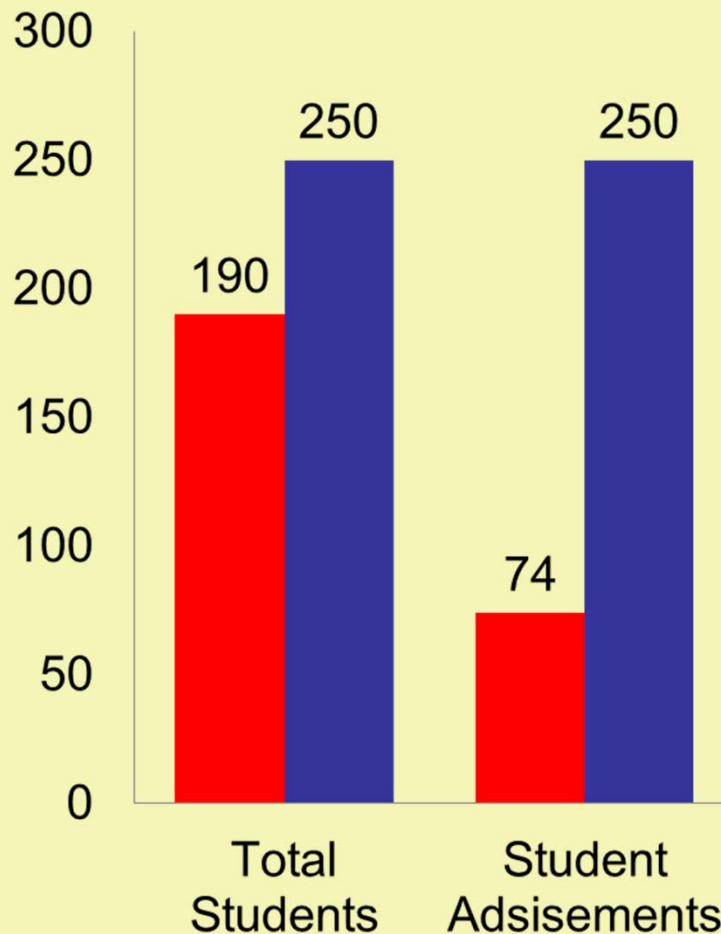




# Completed Training Services vs. Contract Services



# Students Serviced



The Recovery Education Institute faced several challenges this year, including the necessity to teach off site.

Despite this set back and nearly a 3 month delayed opening, 190 of 250 students registered.

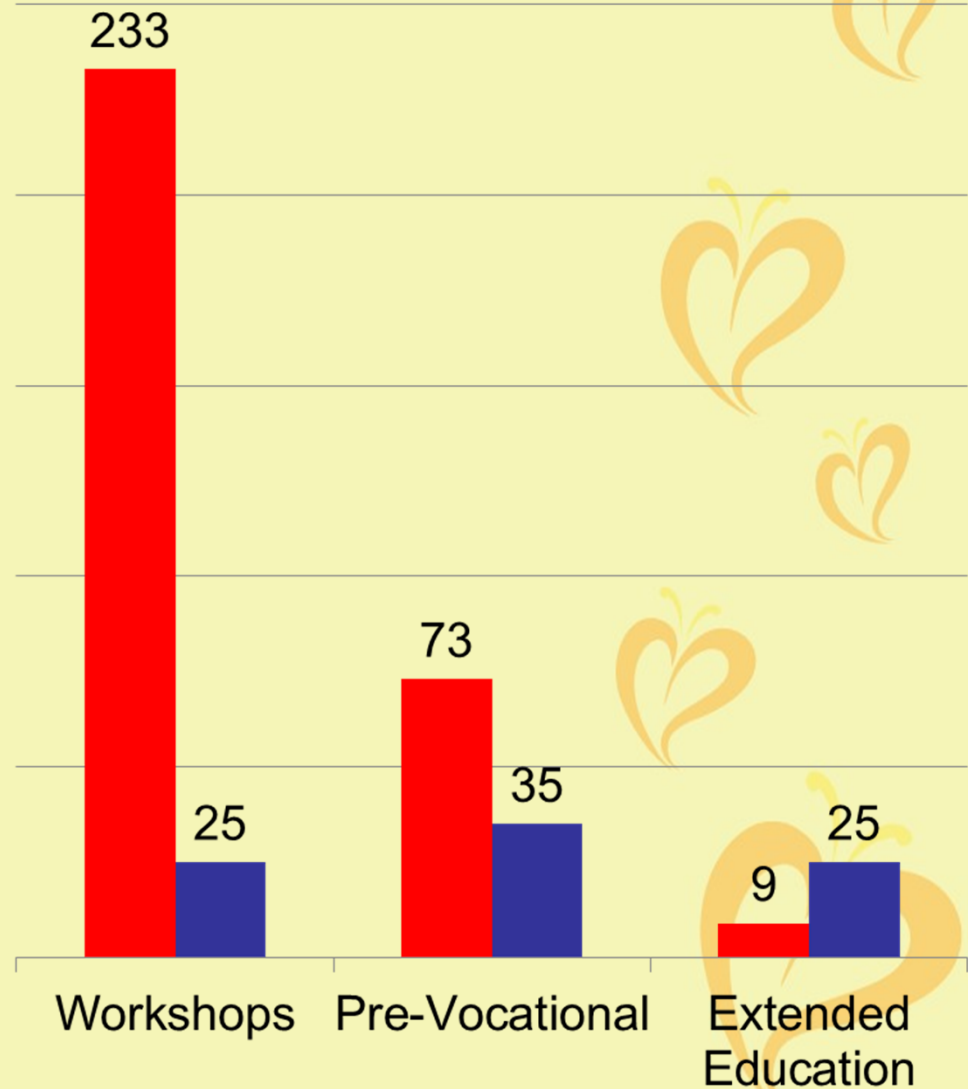
The low number of student advisements is primarily due, again, to the fact that services were offered off site.

## Services Provided

Workshops provided included Wellness Recovery Action Plan (WRAP, Wellness Empowerment Life and Living (WELL) and Self Managing Wellness.

Pre-Vocational included Basic Computing, Advocacy for Positive Outcomes and My Life by Pictures.

Our Extended Education workshops were developed through college based material from South Mountain Community College in Arizona and were rolled out in May 2011.

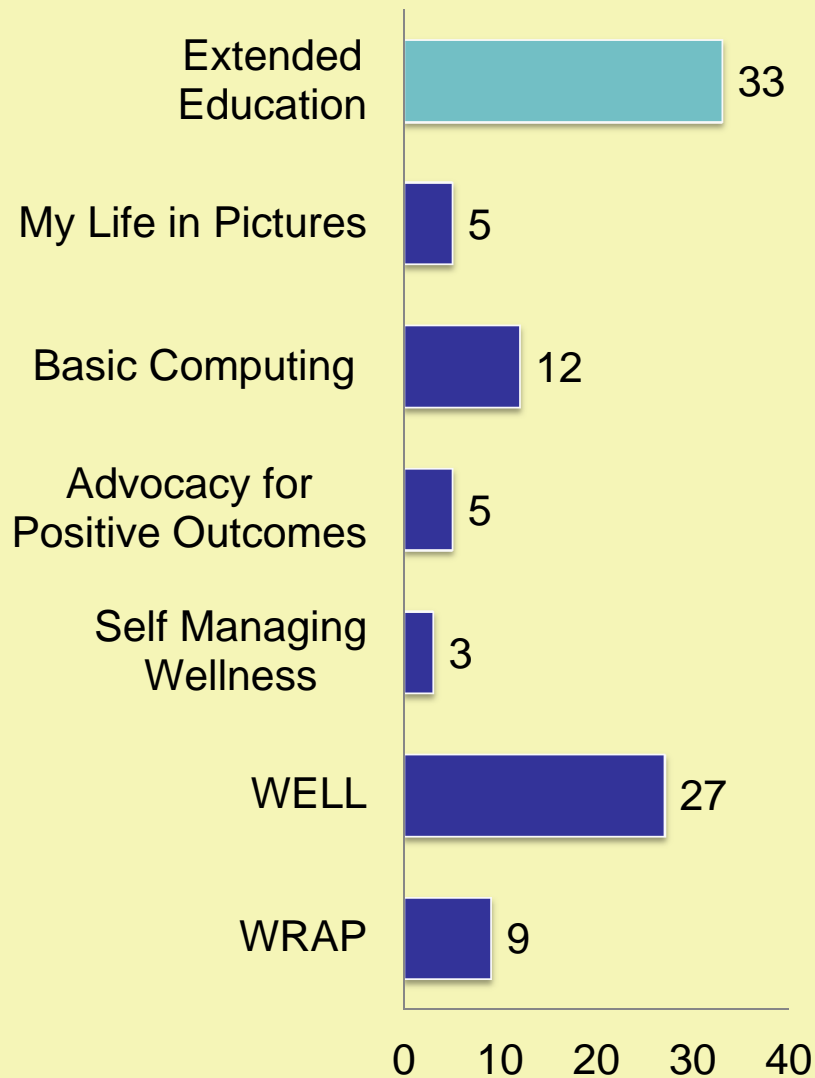


# College Credits

The Recovery Education Institute has been working this year with Alliant University to gain accreditation for several of our classes, along with non accredited certification.

We will also continue to develop relationships with local community colleges and education centers.

## Graduates/Course Completions

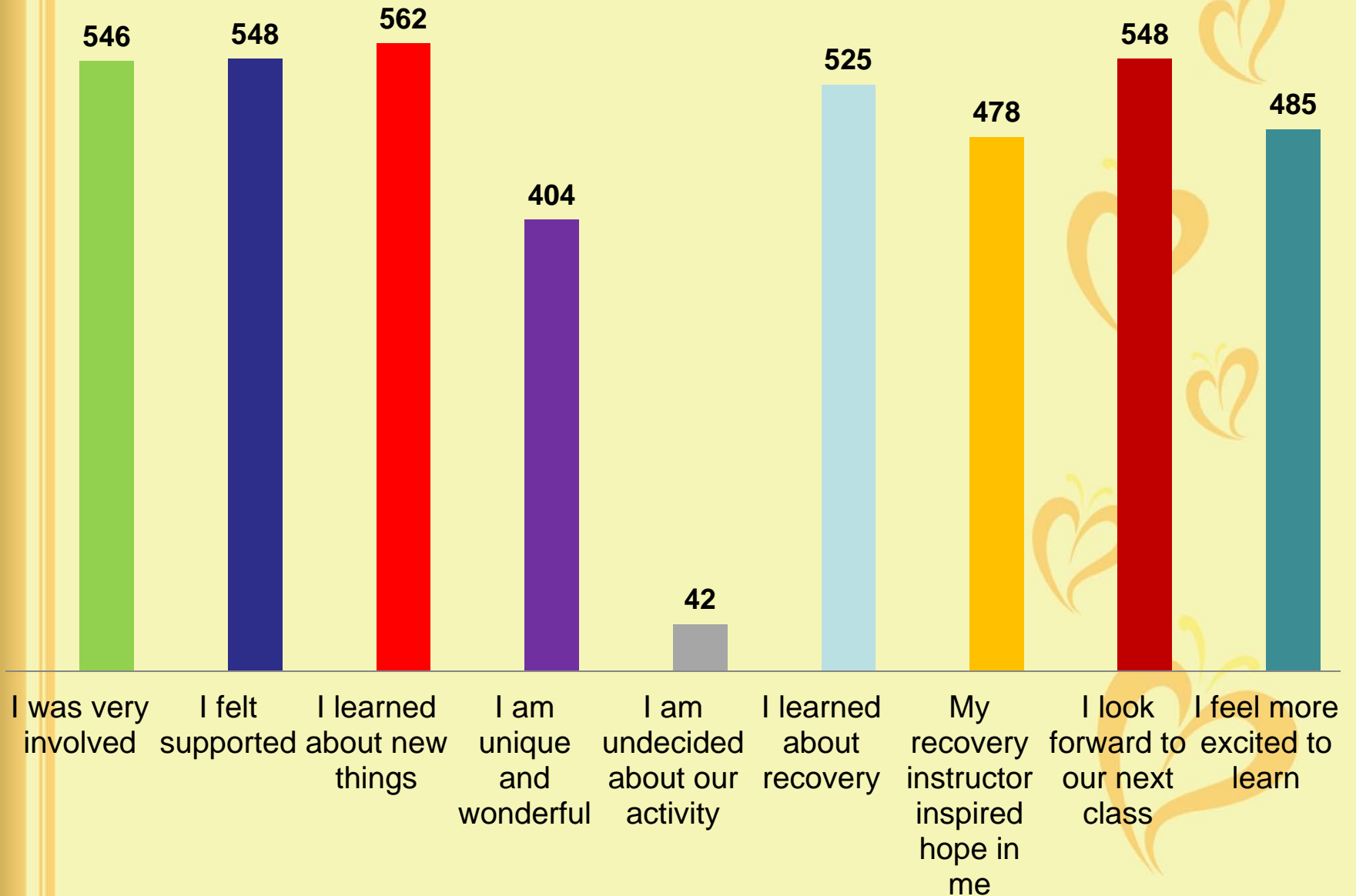


Graduates are defined as individuals who completed all sessions in a workshop or class. Each class has a respective number of sessions.

Combined there were a total of **61** certifications.

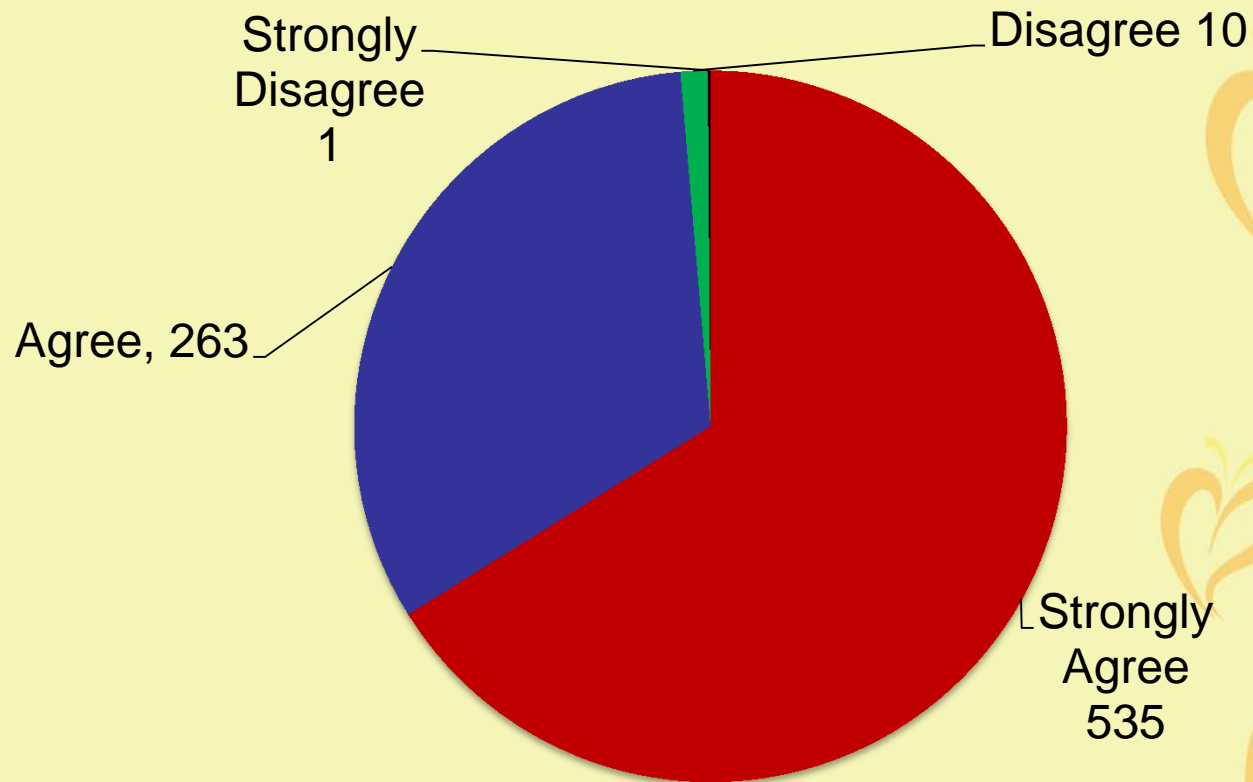
This graduation status is a separate model for our extended education classes, which are 1 session and are from 1.5 to 2 hours long. For these sessions we have had a total of **33** participants.

## Student Feedback



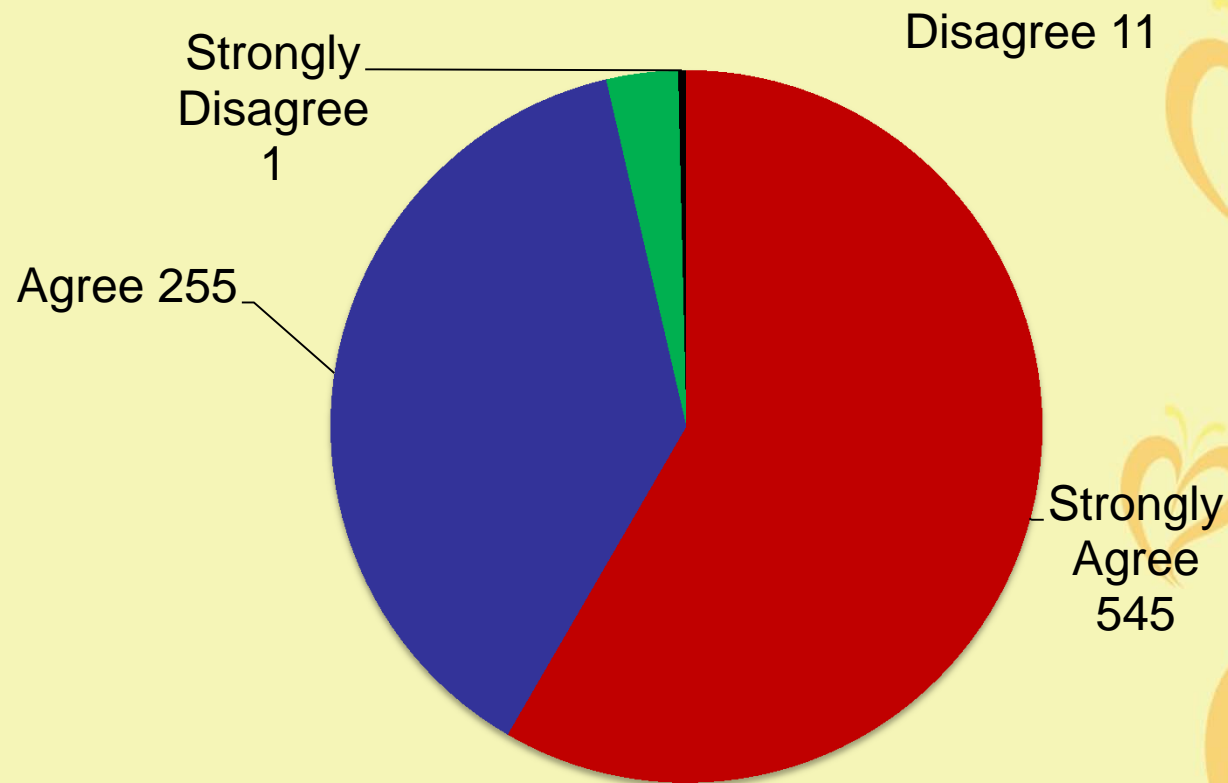
# Student Feedback

**I believe in my ability to learn**



# Student Feedback

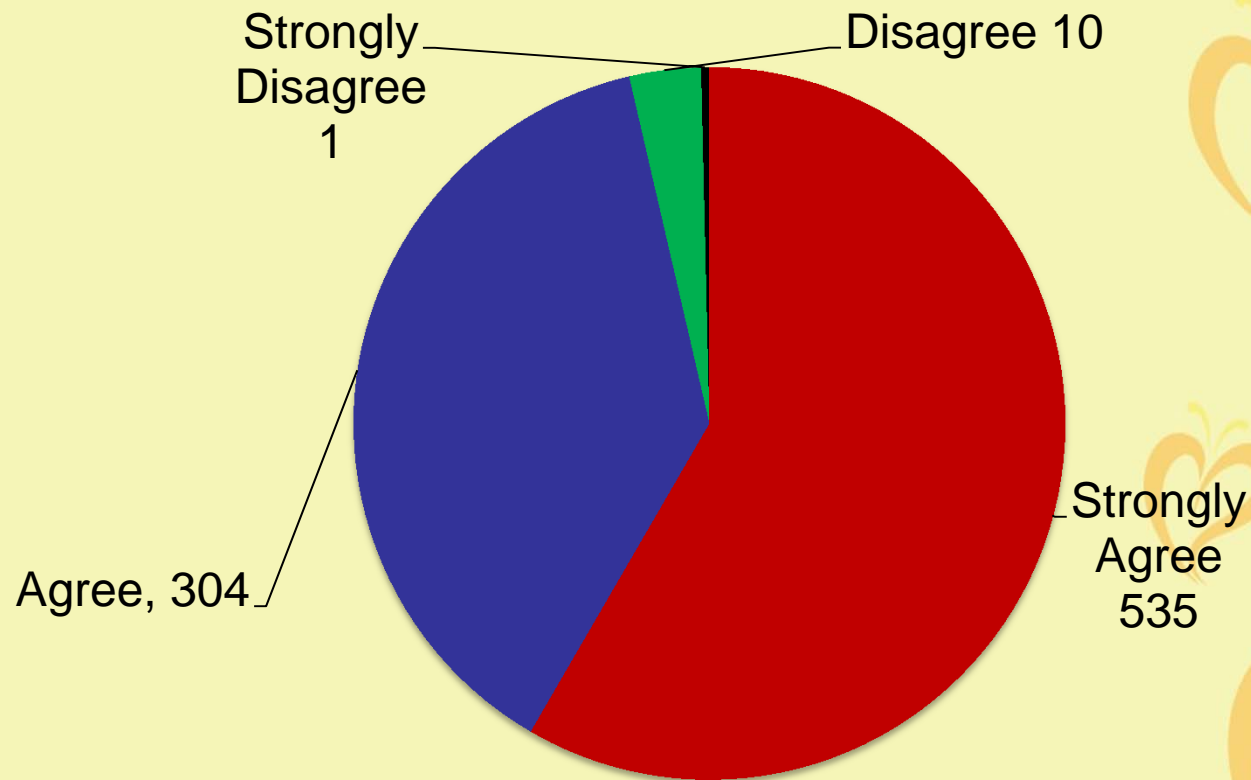
**This was a positive experience for me**





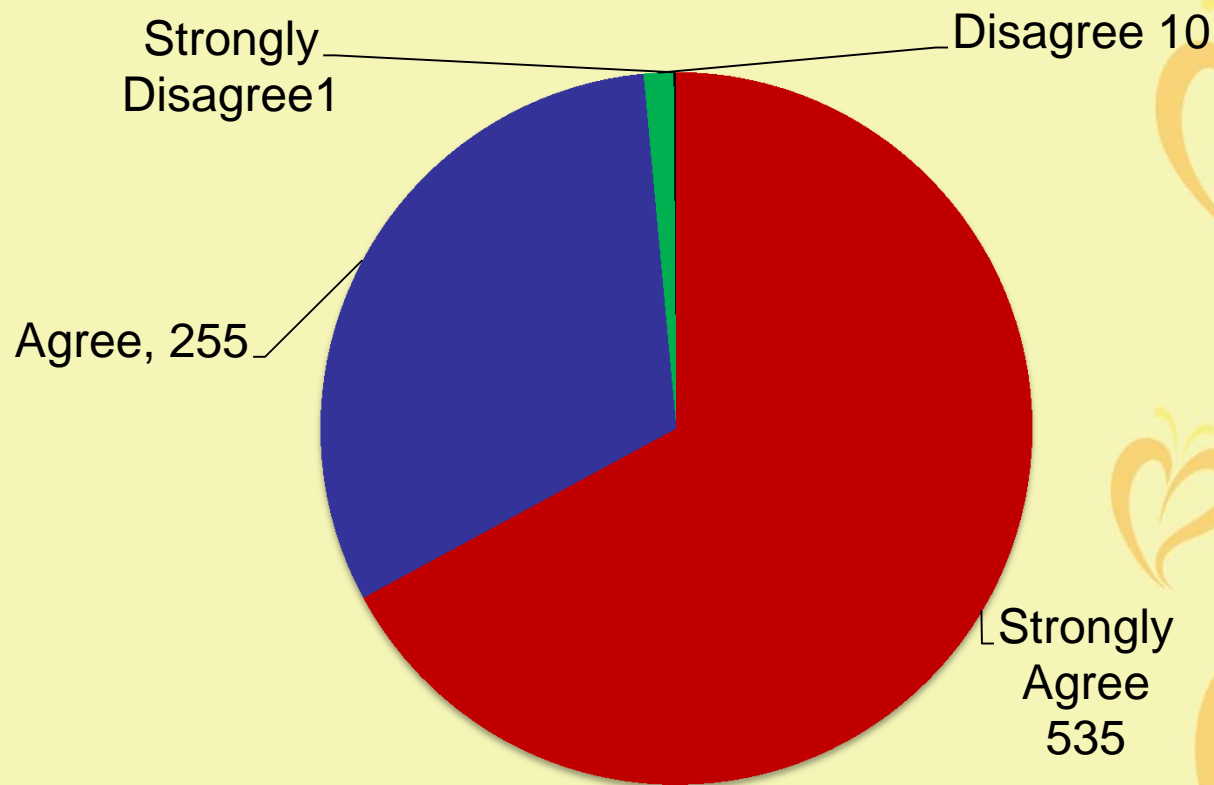
# Student Feedback

**I believe I can recover**



# Student Feedback

**These classes are helping me**



# Total Services Yearend Summary

- Total workshops/pre-vocational/extended education: 316
  - Workshops delivered exceeded the contractual amount by 8 times
  - Pre vocational workshops delivered exceeded the contractual amount by 2 times
- Number of locations services offered: 14
- Units of feedback received: 850
- In addition to English services were provided in Spanish and Vietnamese
- Materials/curriculum were translated into Spanish, Vietnamese, Farsi and Korean

# Total Services Yearend Summary

- 2010/2011- First day of Operation September 20<sup>th</sup>, 2010
- Total of 190 registered students as of 6/30/11
- REI services were offered at AMHS in Fullerton, Anaheim, Santa Ana, Westminster, Westminster APU & Mission Viejo, Goodwill Employment Works Garden Grove & Mission Viejo, Diamond Apartments with Jamboree Housing, Pacific Clinics, The Wellness Center, MECCA and the Center of Excellence.
- Additional collaboration with NAMI OC (website positing of our events and class schedules)

R e c o v e r y

Thank you



# **STEERING COMMITTEE MEMBER**

## **COMMENTS/QUESTIONS**

**Sharon  
Browning**  
Facilitator

# PUBLIC COMMENTS

**Sharon  
Browning**

Facilitator

# MEETING ADJOURNED

Next meeting:

Monday, November 7, 2011

Downtown Community  
Center, Anaheim

Visit MHSA online:

<http://www.ochealthinfo.com/mhsa/index.htm>