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The Framework for Mental Health Investment

Overview

Mental health services have been under funded from the start due to stigma, discrimination and an historical lack of effective treatment models. To exasperate this, States have cut $4.35 billion in public mental health spending from 2009 to 2012.[1]

While the Affordable Care Act, coupled with the Mental Health Parity and Addiction Equity Act of 2008, provide enormous potential and opportunity, we need to acknowledge that access to full mental health treatment and supports is a substantial barrier.

I offer a $10 billion framework for investment in mental health services and supports focusing on three key areas:

1. Prevention and Early Intervention;
2. School Based Health Centers; and
3. Mental health treatment services and supports to treat the whole person—*"whatever it takes".*

These proposals are grounded in principles and approaches proven in their effectiveness and are in full implementation in California through our Mental Health Services Act, enacted through Proposition 63 of 2004. The Mental Health Services Act has served as a catalyst for transforming California's mental health system and has served as a key financing stream to attract and draw other federal funds, private foundation support, and local funding.

This $10 billion federal investment to States would have an immediate effect in our local communities and would considerably rebalance the paradigm towards one of providing assistance, and fostering recovery and resiliency

Invest in Prevention and Early Intervention Programs ($1.2 billion)

One of the most ground-breaking elements of California's Mental Health Services Act is a requirement that 20 percent of funds allocated to counties be spent on Prevention and Early Intervention (PEI) programs. Both universal and selective approaches to prevention and early intervention efforts are

[1] Source: National Association of State Mental Health Directors

used, including population-based approaches, and people identified as having the greatest risk based on specific symptoms or signs.
Over $1.3 billion in Mental Health Services Act funds have been invested across California for these programs since their inception. This unprecedented investment is not currently found in other States.

The overall purpose of PEI is to prevent mental illnesses from becoming severe and disabling. It requires an approach to prevention and early intervention that is integrated, accessible, culturally competent, strength-based, effective, and that targets investments with the aim of avoiding costs (in human suffering and resources) for treatment services.

California currently has 421 PEI programs in local communities throughout the State. These programs are especially critical to meeting local needs in ethnically and culturally diverse communities where there can be increased stigma associated with mental illness. Two specific PEI local programs are highlighted below.

Sacramento County: Early Detection and Intervention for Prevention of Psychosis.

Cutting edge programs around the world have demonstrated that it is possible to identify and reduce early symptoms of psychosis, significantly improving immediate and long-term outcomes.

Sacramento' program is a nationally recognized program that identifies and treats youth and young adults (ages 12 to 25) at high risk of, or experiencing the initial onset of, psychosis (within the first year), especially schizophrenia.

In addition to comprehensive clinical assessment, evidence-based treatment, case management and medication management, this program provides family support including multi-family groups, supported education and employment, as well as peer support and socialization. An education and outreach component helps educate community members, including primary health care providers, about early warning signs and how to connect people to effective, timely help.

Since its establishment in 2005 the program has screened over 1,300 clients and has effectively managed care. This program is currently part of a national evaluation funded by the Robert Wood Johnson Foundation.

Sacramento is one of a number of counties that are using Mental Health Services Act funds to implement evidence-based programs that identify people experiencing the first indications of possible psychosis and provide state-of-the-art treatment and supports as early as possible.

Monterey County: Mitigating Juvenile Justice Involvement

Youth in California's juvenile justice system are two to four times more likely to be in need of mental health care than California youth overall.

An estimated 70 percent of youth in the juvenile justice system meet Diagnosis and Statistical Manual criteria for one or more mental health disorders. A number of California counties are using PEI approaches to address the mental health needs of these children.

Monterey's program is designed to increase prevention, education, and early intervention to reduce barriers that keep individuals from seeking and accessing mental health services.

One component, the Youth Diversion Program is a partnership between local law enforcement, schools and the Behavioral Health Department. Youth with significant mental health issues who commit misdemeanor crimes are referred as an alternative to juvenile hall. Participants receive intensive counseling, substance use assistance, and linkage to other treatment services.

Program outcomes include reduce juvenile justice involvement for participating youth, increased and earlier access to mental health treatment, reduced disparities in access to mental health treatment, and improved family functioning.

Overall Trends in Prevention and Early Intervention: A key aspect of the PEI programs in California is that they are integrated into local communities and are part of an overall approach to mitigating illness and facilitating early access to needed treatment services.

Based upon a current assessment, the following trends in California are as follow:[2]

- 100% of counties have a program for at-risk children, youth, and young adults
- 95% of counties have a program addressing school failures or dropouts
- 86% of counties have a program to address mental health, as well as substance abuse.
- 86% of counties have a program to address the stigma of mental illness
- 78% of counties have a program to address the impact of trauma
- 76% of counties have a program related to reducing incarcerations
- 76% of counties have a program related to reducing suicide
- 76% of counties have a program to increase access to mental health services

Statewide PEI Initiatives[3]: California also operates three state-wide focused initiatives:

i. Stigma and discrimination reduction;
ii. Suicide prevention; and
iii. Student mental health.

These initiatives utilize a universal public health approach to prevention as well as focused approaches in underserved populations.

The University of California's Student Mental Health Program is an excellent example of this state-wide focused approach. In 2007, the University of California identified student mental health as a top priority. Using Mental Health Services Act funds as a catalyst, efforts include:

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[2] Prevention and Early Intervention: Trends Report 2011, Mental Health Services Oversight and Accountability Commission
[3] http://CalMHSA.org/programs/pei-statewide-projects/

i. Reducing the stigma that prevents students from seeking services;
ii. Providing training to faculty and staff to recognize and respond to signs of distress; and
iii. Increasing direct mental health services.

An innovative approach in this program is an anonymous depression screening program. An online Stress and Depression Questionnaire is emailed to about 200 students at a time who are then invited to answer the questions anonymously.

Campus psychologists review the materials and respond to the student within 24 to 48 hours. The student can choose to engage in a rapport with the psychologist online until he or she feels comfortable seeking services in person.

According to the American Foundation for Suicide Prevention, students who exchanged online messages with a clinically designed interactive depression screening program, such as this is, were three times more likely to enter treatment.

All of the above examples utilize approaches which have been demonstrated to be effective. There are many of these programs nationwide that can be employed on a more comprehensive scale.

A federal investment of $1.2 billion could be used to tailor approaches that work in our diverse communities. These efforts could be used in tandem with other federal grants in effect through SAMSHA and HRSA.

Fund School-Based Health Centers for Increased Mental Health Services ($800 million)

Mental health problems are common among children and adolescents. An estimated 25 percent of children experience a mental health disorder annually, including developmental disorders, anxiety, depression, trauma, and eating disorders. Half of all lifetime cases of mental and substance use disorders begin by age 14 and three fourths by age 24.

Mental health disorders can greatly affect children and adolescents' functioning in many areas, including at school, in the home and in communities.

Schools, in partnership with community-based mental health organizations, are among the largest providers of mental health services to children. Schools serve as a setting in which early mental health problems are often first identified. School sites offer the opportunity to identify youth at-risk for mental health problems and to provide linkage to services and supports.

However, K-12 schools often lack the resources to address the needs of students requiring more involved and intensive services. Partnerships and collaborative efforts are needed to provide expanded access to services and supports.

There are over 1,900 School-Based Health Centers (K through 12) nationwide (44 States and the District of Columbia) which are often operated as a partnership between the school and a community health center, local health department or hospital. Typically services include primary medical care, mental health, substance abuse counseling, dental/oral care, health education and promotion, nutrition management and case management.

The Affordable Care Act provides $200 million (one-time only) for infrastructure development, including construction, renovation, and equipment grants to improve delivery and support expansion of services at the Centers. Several rounds of these grants have been allocated nationally which will increase the capacity of School-Based Health Centers to serve well over 600,000 more patients.

Most School-Based Health Centers rely on funding from state (76 percent) and/or local government for their operations. About half also receive some support from private foundations. Only 23 percent of School-Based Health Centers receive federal funds under the Public Health Services Act (Section 330), and the vast majority of them are *not* eligible for funding under the federal Affordable Care Act (Section 10503 one-time federal grants).

In California, Mental Health Services Act Funds (Proposition 63) are used by counties to provide a variety of mental health-related services through School Districts and selected School-Based Health Centers. Here are two examples:

Rural Shasta County: *Shasta Community Health Center, a federally qualified health center, has a satellite community clinic on the campus of the Happy Valley School District.*

They receive $254,000 annually to support two psychiatrists at its main campus in Redding to provide child-telepsychiatry and support services. The primary care team at the Happy Valley School site is linked to the Redding site. California is successfully using telepsychiatry to serve rural and other underserved communities throughout the State.

Los Angeles County: *School Based Health Centers have been growing rapidly in Los Angeles County since the mid-1980's, operated by community health centers, hospitals, school districts and others. Each employs various staffing models and diverse services contingent upon local needs and resources available.*

However, only 10 percent of the County's 80 school districts have a School Based Health Center. In clinics that offer mental health services as part of their array, as many as 40 percent of all visits were mental health related. Mental health services received in this setting have shown to improve users' health-related quality of life and to be more efficacious than those provided in community settings.

Los Angeles County has recently allocated about $2.8 million in Mental Health Services Act Funds across 2011-12 and 2012-13 to help support 16 Integrated School Based Health Centers, including early intervention and treatment services. These Centers utilize multiple funding sources and some have partnered with Federally Qualified Health Centers to have access to enhanced Medicaid (Medi-Cal in California) reimbursement and a broader array of services.

Federal funds now need to be invested for building capacity for a continuum of mental health services, such as early and periodic screening, behavioral interventions and supports, counseling, help with crisis management, and medication services. Such federal grant funds could be structured to require a level of matching funds from either the public or private sector, including foundations, to leverage resources and encourage the integration of mental health services with health and substance use services. This approach would offer many benefits, including the following:

- Expands access to early screening for health and mental health wellness;
- Combats stigma by offering students, and where applicable their families, an acceptable, accessible and confidential way to ask for and receive mental health assistance;
- Provides the ability to have a care team approach for patient-centered/family-centered care that includes a focus on emotional, social, and developmental support and supporting parent's decision-making strengths.
- Provides for a positive and constructive learning environment at the school site for all students.
- Offers a natural linkage with other Prevention and Early Intervention projects being operated through Schools.

Mental Health Treatment Services & Supports: "What Ever It Takes" ($8 billion)

The nation is on the cusp of full implementation of the Affordable Care Act which when fully implemented, will provide access to coverage for an estimated 32 million Americans who are now uninsured. Of these, it is estimated that 6 to 10 million will have *untreated* mental illness or addiction.

While the Affordable Care Act, coupled with the Mental Health Parity and Addiction Equity Act of 2008, provide enormous potential and opportunity, we need to acknowledge that access to mental health treatment services and supports is a substantial barrier. Due to stigma and discrimination, these services have been under funded from the start, and are often fragmented and poorly coordinated with physical health services.

To exasperate this, States have cut $4.35 billion in public mental health spending from 2009 to 2012, according to the National Association of State Mental Health Program Directors. Due to the fiscal crisis, federal funding for these purposes has also dwindled with the potential for additional reductions as the federal debt ceiling debate ensues.

The time is *now* for a federal investment specifically focused on mental health and addiction treatment services and supports. This is imperative for our nation and the ultimate success of the Affordable Care Act. Statistic after statistic reinforces the cost-benefit ratio for early treatment for mental illness and addiction ranging from 1:2 to 1:10 – meaning $1 in investment yields $2 to $10 in savings in health costs, juvenile justice costs, educational costs, and lost productivity. Our children, our families, our nation needs immediate investment in human capital.

A client-focused model of service is necessary to deliver services in a culturally competent manner with a focus on recovery, wellness, outcomes and accountability. The "Full Service Partnership" program in California meets this need.

Over 65 percent of California's Mental Health Services Act's ongoing funds are designated for community services and supports to serve individuals with severe mental illness or serious emotional

disturbance. The Full Service Partnership program is a key component of this effort along with funds used to cover gaps in systems of care needs for supportive services, such as transportation, vocational training, and crisis intervention.

Full Service Partnerships are designed to serve Californians in all phases of the life cycle, from children to older adults, and provide intensive "whatever it takes" services. This directive includes meeting both the service and quality-of-life needs of clients and the social outcomes and services needs of California. This can include getting a safe place to live, a job, help in school, physical health care, clothing, food, or treatment when a mental illness and a substance use disorder are combined (co-occurring disorder). This "whatever it takes" approach to help people on their path to recovery and wellness is provided by a team 24 hours a day, 7 days a week.

The Full Service Partnership program is administered at the local level by county mental health departments in partnership with local service providers. A comprehensive "tool kit"[4] for each segment articulates core principles, components and implementation strategies to facilitate a consistent approach throughout the State. Mental Health Services Act funds are used to leverage local government funds, federal Medicaid dollars, private foundation monies, and other federal grants.

A recent comprehensive evaluation by the University of California at Los Angeles Center for Healthier Children, Youth and Families[5] recognized both the efficacy of the innovative service model for individuals receiving assistance, as well as the cost savings and cost avoidance that society realizes because services have been provided. Reductions in psychiatric hospitalization, emergency room visits, chronic homelessness, incarceration are highlighted in the evaluation. Further, they state that: "Overall, these results suggest a very positive treatment outcome, and return on investment, for Full Service Partnership clients."

Federal funds, in addition to the Affordable Care Act Medicaid expansion funding and grants, are needed to supplement treatment services and supports, including "whatever it takes" (i.e., supportive housing, peer counseling, intensive home-based treatment, more extensive rehabilitation services, respite services for families, crisis intervention teams for police), that are *not* supported through the Medicaid Program or existing federal grants. California's Full Service Partnership can serve the nation as a model for integration of a continuum of health, mental health and substance use services and funding streams.

These federal funds could target specific outcome measures, certain unserved or under-served populations, and/or specific access to services barriers. They could be used as an incentive and added component to the Medicaid expansion as provided under the Affordable Care Act. State contributions in the form of public or private funding could be required to encourage a strong partnership.

An immediate and strong infusion of federal support is necessary in order to rebalance the paradigm of severe underfunding of mental health and substance use services. An $8 billion investment would serve as a strong beginning to revitalize and recognize the need for more comprehensive mental health and substance use services and supports.

[4] http://www.cimh.org/services/mhsa/learning/publications-DVD/toolkit.aspx
[5] http://mhsoac.ca.gov/Meetings/docs/Meetings/2012/Nov/OAC_111512_Tab4_MHSA_CostOffset_Report_FSP.pdf

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(January 2013)

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http://mhsoac.ca.gov/Meetings/docs/Meetings/2012/Nov/OAC_111512_Tab4_MHSA_CostOffset_Report_FSP.pdf

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"Evaluation Brief: Summary and Synthesis of Findings on CSS Consumer Outcomes," UCLA Center for Healthier Children, Youth and Families, May 2, 2011.
http://www.mhsoac.ca.gov/Evaluations/docs/Report_PII_Deliverable_3A.pdf

Prevention and Early Intervention (PEI)
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http://www.mhsoac.ca.gov/Evaluations/docs/MHSOAC_PEI_Report_2011.pdf

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"Evaluation Brief: Summary and Synthesis of Findings on MHSA Values," UCLA Center for Healthier Children, Youth and Families, December 29, 2011.
http://www.mhsoac.ca.gov/Evaluations/docs/Del3B_Phase-II_MHSA-ValuesReport.pdf

Analysis of MHSA Expenditures
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Participatory Research
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http://www.mhsoac.ca.gov/Evaluations/docs/Eval_PriorityIndicators_IndividualCountyReport_SmallCounties_Rev_121912.pdf