

MHSA Core Principles & Focal Populations

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December 18, 2013



MHSA Core Principles

- ❑ Client/Family Driven
- ❑ Cultural Competence
- ❑ Community Collaboration
- ❑ Service Integration
- ❑ Focus on Recovery, Wellness & Resilience

Client Driven

- » “Client Driven” means the client has the primary decision-making role in identifying his/her needs, preferences and strengths and a shared decision-making role in determining the services and supports that are most effective and helpful for him/her.
- » Client driven programs/services use clients’ input as the main factor for planning, policies, procedures, service delivery, evaluation and the definition and determination of outcomes.

(California Code of Regulations (CCR), Title 9, Div. 1, Section 3200.050)

Family Driven

- » “Family Driven” means that families of children and youth with serious emotional disturbance have a primary decision-making role in the care of their own children, including the identification of needs, preferences and strengths, and a shared decision-making role in determining the services and supports that would be most effective and helpful for their children.
- » Family driven programs/services use the input of families as the main factor for planning, policies, procedures, service delivery, evaluation and the definition and determination of outcomes.

(CCR, Title 9, Div. 1, Section 3200.120)

Cultural Competence

- » “Cultural Competence” means incorporating and working to achieve each of the goals listed below into all aspects of policy-making, program design, administration and service delivery.
- » Each system and program is assessed for the strengths and weaknesses of its proficiency to achieve these goals. The infrastructure of a service, program or system is transformed, and new protocol and procedure are developed, as necessary to achieve these goals.

Cultural Competence (cont.)

1. Equal access to services of equal quality is provided, without disparities among racial/ethnic, cultural, and linguistic populations or communities.
2. Treatment interventions and outreach services effectively engage and retain individuals of diverse racial/ethnic, cultural, and linguistic populations.
3. Disparities in services are identified and measured, strategies and programs are developed and implemented, and adjustments are made to existing programs to eliminate these disparities.

Cultural Competence (cont.)

4. An understanding of the diverse belief systems concerning mental illness, health, healing and wellness that exist among different racial/ethnic, cultural, and linguistic groups is incorporated into policy, program planning, and service delivery.
5. An understanding of the impact historical bias, racism, and other forms of discrimination have upon each racial/ethnic, cultural, and linguistic population or community is incorporated into policy, program planning, and service delivery.
6. An understanding of the impact bias, racism, and other forms of discrimination have on the mental health of each individual served is incorporated into service delivery.

Cultural Competence (cont.)

7. Services and supports utilize the strengths and forms of healing that are unique to an individual's racial/ethnic, cultural, and linguistic population or community.
8. Staff, contractors, and other individuals who deliver services are trained to understand and effectively address the needs and values of the particular racial/ethnic, cultural, and/or linguistic population or community that they serve.
9. Strategies are developed and implemented to promote equal opportunities for administrators, service providers, and others involved in service delivery who share the diverse racial/ethnic, cultural, and linguistic characteristics of individuals with serious mental illness/emotional disturbance in the community.

Community Collaboration

- » “Community Collaboration” means a process by which clients and/or families receiving services, other community members, agencies, organizations, and businesses work together to share information and resources in order to fulfill a shared vision and goals.

(CCR, Title 9, Div. 1, Section 3200.070.)

Service Integration

- » “Integrated Service Experience” means the client, and when appropriate the client’s family, accesses a full range of services provided by multiple agencies, programs and funding sources in a comprehensive and coordinated manner.

(CCR, Title 9, Div. 1, Section 3200.190)

Focus on Recovery, Wellness & Resilience

» Recovery

- > “Planning of services shall be consistent with the philosophy, principles, and practices of the Recovery Vision for mental health consumers.”
- > “To promote concepts key to the recovery for individuals who have mental illness: hope, personal empowerment, respect, social connections, self-responsibility, and self-determination.”

(MHSA Section 7, and WIC Section 5813, D)

Focus on Recovery, Wellness & Resilience (cont.)

- » Recovery is an organizing principle for mental health services, programs, and supports that is based on consumer values of hope, choice, respect, cultural sensitivity, achieving meaningful roles, self-determination, acceptance, and healing.
- » For recovery to take place, the culture of mental health care must shift to one that is based on self-determination and partnership of mental health clients in the system of care itself and community life including meaningful activity and gainful employment.”

(LACDMH Recovery Model Policy as cited in Culturally Constructed Formulations of Wellness, Resilience and Recovery, 2010)

Focus on Recovery, Wellness & Resilience (cont.)

- » “Wellness is the optimal state of health of individuals and groups. There are two focal concerns: the realization of the fullest potential of an individual physically, psychologically, socially, spiritually and economically, and the fulfillment of one’s role expectations in the family, community, place of worship, workplace and other settings.”

(World Health Organization as cited in Culturally Constructed Formulations of Wellness, Resilience and Recovery, 2010)

Focus on Recovery, Wellness & Resilience (cont.)

- » In UREP's earlier work (2010), culturally relevant definitions of wellness included:
 - > "Overall wellness is being balanced in body, mind, and spirit, with connections to culture, spirituality, and community." (American Indian Adult/Older Adult Focus group)
 - > "Wellness is having a good balance of mind, body and spirit and having the skills to live a productive life through self-reliance and connection to others." (AAA Children and Family focus group)
 - > "Wellness is having a perfect concordance between mind and body and living happily in key life areas: relationships, finances, community status, education, employment, family, physical fitness and spirituality." (EE/ME Adult/Older Adult Focus Group)

Focus on Recovery, Wellness & Resilience (cont.)

» Resilience

> Resilience is defined as the ability to recover from or adjust easily to significant challenges such as misfortune or change.

(LACDMH, Glossary of Terms)

Unserved & Underserved

Unserved

- » “Unserved” means those individuals who may have serious mental illness and/or serious emotional disturbance and are not receiving mental health services. Individuals who may have had only emergency or crisis-oriented contact with and/or services from the County may be considered unserved.

(CCR, Title 9, Div. 1, Section 3200.310)

Underserved

- » “Underserved” means clients of any age who have been diagnosed with a serious mental illness and/or serious emotional disturbance and are receiving some services, but are not provided the necessary or appropriate opportunities to support their recovery, wellness and/or resilience.
- » When appropriate, it includes clients whose family members are not receiving sufficient services to support the client’s recovery, wellness and/or resilience.

Underserved (cont.)

- » These clients include, but are not limited to:
 - > Those who are so poorly served that they are at risk of homelessness, institutionalization, incarceration, out-of-home placement or other serious consequences;

Underserved (cont.)

- » Members of ethnic/racial, cultural, and linguistic populations that do not have access to mental health programs due to barriers such as:
 - > Poor identification of their mental health need
 - > Poor engagement and outreach
 - > Limited language access, and lack of culturally competent services
 - > Those in rural areas, Native American rancherias and/or reservations who are not receiving sufficient services

(CCR, Title 9, Div. 1, Section 3200.300)

Focal Population FSP Programs

Children-From the Regulations

- » Seriously emotionally disturbed children or adolescents.
- » “Seriously emotionally disturbed children or adolescents” means minors under the age of 18 years who have a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, which results in behavior inappropriate to the child's age according to expected developmental norms. Members of this target population shall meet one or more of the following criteria.

Children-From the Regulations (cont.)

- » As a result of the mental disorder, the child has substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or ability to function in the community; and either of the following occur:
 - > The child is at risk of removal from home or has already been removed from the home.
 - > The mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment.

Children-From the Regulations (cont.)

- » The child displays one of the following: psychotic features, risk of suicide or risk of violence due to a mental disorder.
- » The child meets special education eligibility requirements under Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code.

(WIC. CODE § 5600.3)

Children - LA County FSP

Focal Population

- » Children with a Serious Emotional Disturbance (SED) who meet one or more of the following:
 - > 0-5 year old who:
 - > Is at high risk of expulsion from pre-school
 - > Is involved with or at high risk of being detained by DCFS
 - > Has a parent/caregiver with SED or Serious Mental Illness (SMI), or who has a substance abuse disorder or co-occurring disorder
 - > Child/youth who:
 - > Has been removed or is at risk of removal from home by DCFS
 - > Is in transition to a less restrictive placement
 - > Child/youth who is experiencing the following at school:
 - > Suspension or expulsion
 - > Violent behaviors
 - > Drug possession or use
 - > Suicidal and/or homicidal ideation
 - > Child/youth who is involved with Probation, is on psychotropic medication, and is transitioning back into a less structured home/community setting.

TAY- From the Regulations

- » Transition Age Youth (TAY) are considered unserved or underserved and:
 - > Homeless or at risk of being homeless
 - > Aging out of the child and youth mental health system
 - > Aging out of the child welfare systems
 - > Aging out of the juvenile justice system
 - > Involved in the criminal justice system
 - > At risk of involuntary hospitalization or institutionalization
 - > Have experienced a first episode of serious mental illness

TAY- LA County FSP Focal Population

- » Age 16-25 with SED or SMI and:
 - > Youth aging out of child mental health, welfare or juvenile justice system
 - > Youth leaving long term institutional care (level 12-14 group home, CTF, IMD, Jail, State Hospital, Probation Camps)
 - > Youth experiencing first psychotic break
 - > Youth with a co-occurring substance abuse disorder in addition to meeting one of the criteria above
 - > Homeless, at risk of homelessness or chronically homeless

Adults

- » In addition to being eligible for FSP, must meet one of the following two criteria:
 1. They are unserved and at risk of one of the following:
 - a. Homelessness
 - b. Involvement in the criminal justice system
 - c. Frequent users of hospital and/or emergency room services as primary source for mental health treatment
 2. They are underserved and at risk of one of the following:
 - a. Homelessness
 - b. Involvement in the criminal justice system
 - c. Institutionalization

Adults - LA County FSP Focal Population

- » Age 26-59 with a serious mental illness and:
 - > Homeless or chronically homeless (HUD definition)
 - > Transitioning out of incarceration in county jail
 - > Discharging from an institutional setting such as an IMD, State Hospital, psychiatric emergency room, Mental Health Urgent Care Center, Psychiatric Hospital
 - > Living with family members without who support the individual would be at imminent risk of homelessness, jail or institutionalization

Older Adults

» In addition to FSP eligibility, must meet the criteria in either 1 or 2:

1. They are unserved and one of the following:

- a. Experiencing a reduction in personal and/or community functioning
- b. Homeless
- c. At risk of becoming homeless
- d. At risk of becoming institutionalized
- e. At risk of out-of-home care
- f. At risk of becoming frequent users of hospital and/or emergency room services as the primary source for mental health treatment

Older Adults (cont.)

2. They are underserved and at risk of one of the following:
 - a. Homelessness
 - b. Institutionalization
 - c. Nursing home or out-of-home care
 - d. At risk of becoming frequent users of hospital and/or emergency room services as the primary source for mental health treatment
 - e. Involvement in the criminal justice system

(WIC Section 3620.05)

Older Adult – LA County FSP

Focal Population

- » Age 60 and above with a serious mental illness and:
 - > Homeless or chronically homeless (HUD definition)
 - > Transitioning from incarceration in county jail
 - > In a psychiatric hospital
 - > At imminent risk of homelessness
 - > At risk of going to jail (multiple interactions with law enforcement for 6+ months)
 - > Imminent risk for placement in a Skilled Nursing Facility (SNF) or nursing home, or release from a SNF
 - > Presence of one of the following co-occurring disorders – substance abuse, developmental disorder, medical disorder or cognitive disorder
 - > Recurrent history or is at risk of abuse or self-neglect
 - > Serious risk of suicide