PROPOSITION 63

The Mental Health Services Act

FROM *Promise* TO *Practice:*

Mental Health Models that Work for Children and Youth

A toolkit by

FIGHT CRIME: INVEST IN KIDS *California*

FIGHT CRIME: INVEST IN KIDS CALIFORNIA

Mental Health: A Matter of Public Health and Public Safety

As many as three million children, or 20 percent of California's youth, will experience a mental health disorder in any given year. Children and youth involved in the juvenile justice and child welfare systems have been shown to have an even greater prevalence of mental health disorders, which often go untreated. Up to 97 percent of youth, for example, in the California Youth Authority have mental health problems. As many as 70 percent of all foster care children in California will develop mental health problems.

Research shows a correlation between untreated mental illness, substance abuse and juvenile delinquency. Research also shows that there are specific treatment models that not only restore young people to good health, but also prevent future harmful or criminal behavior.

Fight Crime: Invest in Kids *California*

Fight Crime: Invest in Kids *California* is a bipartisan, anti-crime organization led by more than 300 sheriffs, police chiefs, district attorneys and victims of violence. It is part of Fight Crime: Invest in Kids, a national non-profit organization representing more than 2,000 law enforcement leaders and victims of violence, headquartered in Washington, D.C.

The mission of Fight Crime: Invest in Kids is to take a hard-nosed look at the research and promote public investments that steer children and youth toward productive, crime-free lives. The organization is supported solely by private donations from foundations, individuals and corporations, and receives no funds from federal, state or local government.

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"Adopting a program means implementing with fidelity the program principles, and ensures similar outcomes to those already achieved elsewhere. Adapting a program, i.e., making adjustments from the prescribed program, often results in little or no positive outcomes. Implementing an evidence-based practice requires planning, training, supervision, infrastructure supports and agency commitment."

Bill Carter, Deputy Director,
California Institute of
Mental Health

"I run the largest mental health facility in the country [the L.A. county jail] and I know proven treatment can help troubled youth stay in school, at home and out of trouble. It's just common sense that we take the opportunity provided by Proposition 63 to make California a better, safer place."

Sheriff Lee Baca,
Los Angeles County

Identifying Potential Programs for Proposition 63 Funding

THIS TOOLKIT HIGHLIGHTS effective prevention and intervention strategies for children, from birth to young adulthood, with an emphasis on meeting the mental health and related needs of children and youth in the foster care and juvenile justice systems. It is not meant to address all youth mental health issues and treatment models. Rather, our goal is to emphasize what we consider to be the most effective, and most promising, family- and community-based treatment models that improve mental health and related outcomes for children and youth living within, or returning to, those families and communities.

We divide specific prevention and intervention strategies into three categories:

PROVEN: We use this term to identify those exemplary, research-based programs that have been evaluated using strong research designs that consistently produced reliable results. These programs were reviewed by one or more widely recognized evaluation efforts such as University of Colorado's Blueprints for Violence Prevention, Substance Abuse and Mental Health Services Administration, or the Office of Juvenile Justice and Delinquency Prevention (please see Data Sources section for complete organization listings and web sites). Those reviewers have found that these programs have demonstrated measurable positive outcomes for those served, ranging from improved educational outcomes to reductions in criminal activity or recidivism. By carefully implementing these programs as designed, counties can be assured of achieving compelling results.

PROMISING: Promising programs show effective results, but may not have been studied using as rigorous of research designs, or may not have been replicated to confirm their effectiveness, to the same extent as Proven programs. If these programs are adopted, efforts should be taken to monitor outcomes to ensure that the programs are delivering strong results locally.

EMERGING: Emerging programs show encouraging preliminary results, or serve populations underserved by other programs, but have not yet been extensively studied or reviewed by a widely recognized research entity. If these programs or practices are adopted, they should be phased in and implemented in such a way that continuing and effective tests can be designed to ensure that these programs are delivering strong results locally for those served, when compared to populations served either by alternative programs or no programs.

To help answer implementation questions, the toolkit includes local contacts for some of the agencies implementing featured programs. Space and time constraints prevented us from listing many effective models and useful contacts. We will periodically update this toolkit, including additional programs and resources, on our website: www.fightcrime.org/ca.

The goal of Fight Crime: Invest in Kids *California* in producing this toolkit is to provide a starting point for counties committed to transforming their own mental health approaches to serving children and youth.

What is Proposition 63, the Mental Health Services Act?

ENACTED IN NOVEMBER 2004, Proposition 63, also known as the Mental Health Services Act (MHSA), provides funding for the expansion of mental health services for adults, children, and youth. This new funding will be generated by an additional 1 percent tax on individuals' taxable income over $1 million, and it is estimated that by 2006-07, MHSA will raise over $700 million annually, a figure that is estimated to increase by 7 percent each year. The expansion of county mental health services will also result in the receipt of additional federal funds for mental health services under matching programs like Medi-Cal, bringing the annual revenue to an estimated $1 billion. Moreover, as noted by Stuart Oppenheim, Executive Director of the Child and Family Policy Institute of California, "By meeting the mental health needs of children in the foster care system, there is an opportunity to receive matching federal funds through Title IV-E."

"By meeting the mental health needs of kids in the foster care system, there is an opportunity to receive matching federal funds through Title IV-E."

Stuart Oppenheim, Executive Director, Child and Family Policy Institute of California

The goal of the MHSA authors is a complete transformation to a new system that emphasizes prevention and early intervention. As noted by Rusty Selix, Executive Director of the California Council of Community Mental Health Agencies and Mental Health Association in California, and co-author of the MHSA, "The MHSA is not increased funding for the old mental health system that we have known for the past decades. Instead, it is a complete transformation to a new system. We must move from fail first to help first, give everyone the right care at the right time in the right place."

"The MHSA is not increased funding for the old mental health system that we have known for the past decades. Instead, it is a complete transformation to a new system. We must move from fail first to help first, give everyone the right care at the right time in the right place."

Rusty Selix, Executive Director, California Council of Community Mental Health Agencies, and Mental Health Association in California

The MHSA creates the Mental Health Services Oversight and Accountability Commission to oversee certain categories of funding, including prevention and early intervention programs, innovation programs, and the Children's System of Care. Overall, MHSA revenues must be used to provide:

1. **SERVICES FOR CHILDREN** with severe mental illness through the existing Children's System of Care model;
2. **SERVICES FOR ADULTS AND SENIORS** with severe mental illness through the existing Adult and Older Adult System of Care model;
3. **INNOVATIVE PROGRAMS**;
4. **PREVENTION AND EARLY INTERVENTION PROGRAMS** designed to prevent mental illness from becoming severe and disabling;
5. **EDUCATION AND TRAINING PROGRAMS** to address the shortage of qualified mental health service providers;
6. **CAPITAL FACILITIES AND TECHNOLOGY** needed to provide mental health services; and
7. **PRUDENT RESERVES.**

THE COUNTY PLANNING PROCESS

The MHSA requires that each county employ a collaborative community-driven process to identify the county's greatest unmet mental health needs and to seek funds for programs that will fill in those gaps. Each county mental health program shall prepare and submit a three-year plan, which will be updated at least annually and approved by the State Department of Mental Health (DMH) after review and comment by the Oversight and Accountability Commission.

Proposal guidelines and deadlines for each expenditure category will be posted periodically on the DMH website. DMH will evaluate the counties' planned expenditures and determine (1) the extent to which each county has the capacity to serve the proposed number of children, adults and seniors; (2) the extent of the unmet need; and (3) the amount of available funds. DMH will then provide each county with an allocation from the funds available. DMH will give greater weight to a county or population that has been significantly underserved.

The best resource for understanding how Proposition 63 will be implemented is the official website of the Department of Mental Health, which regularly updates relevant information about guidelines and timelines for counties seeking funding.

The DMH website is www.dmh.cahwnet.gov/MHSA

Nurse Family Partnership (NFP)

PURPOSE

To reduce child abuse and neglect, thus preventing resulting mental health and behavioral problems.

TARGET POPULATION

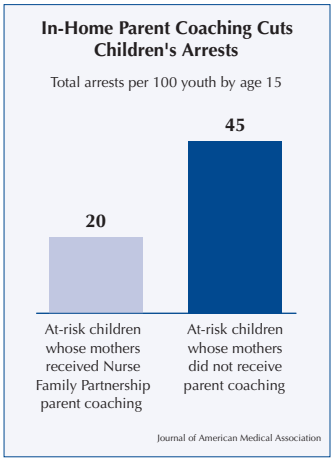
Nurse Family Partnership (NFP) is a child abuse and neglect prevention program in which specially trained public health nurses regularly visit first-time, low-income mothers. The goal of the program is to improve both maternal and child health while reducing the risk of child abuse and neglect. The nurses help mothers promote healthy emotional development of their baby, establish a positive relationship with their child, and build self-efficacy as an adult and parent. The mothers are also screened for depression and substance abuse and are provided general health advice as well as assistance with educational and vocational goals.

DURATION OF THE PROGRAM AND COST OF PARTICIPATION

The length of the program is two and a half years, beginning when the mother is near the 20th week of pregnancy and ending when the child is 2 years old. The total cost of the program per family is approximately $9,100 for the full treatment period.

EVALUATION STATUS

Studies show this program is one of the most effective strategies to prevent crime and reduce child abuse while improving infant and maternal health. NFP is a Blueprints for Violence Prevention* proven program and successfully prevents the onset of a series of mental health, health, and social problems both in the children and their mothers. Rigorous studies of the program have found that it reduces child abuse by 80 percent, and home-visited mothers have only one-third as many arrests compared to those left out of the program. Furthermore, children of mothers randomly left out of the program had twice as many arrests by the age of 15 as the children of mothers in the program. The program has been successfully implemented in urban, rural, and various ethnic communities.



COST-BENEFIT ANALYSIS

According to a study by the Rand Corporation, NFP saves $4 for every $1 invested. Recently, a Washington State Institute for Public Policy analysis concluded that the program generates a net savings of nearly $17,200 per participant, with two-thirds of the savings coming from reduced crime.

*The Center for the Study and Prevention of Violence at the University of Colorado has identified violence-prevention and intervention programs that meet a strict scientific standard of program effectiveness.

CONTACT INFORMATION *for* NFP

FRESNO COUNTY

Department of Health
Carol Henry, Supervisor
(559) 445-3542
chenry@co.fresno.ca.us

KERN COUNTY

Department of Public Health
Janet Goon, Supervisor
(661) 868-1200
goonj@co.kern.ca.us

LOS ANGELES COUNTY

Department of Health Services
Cindy Chow, Supervisor
(213) 639-6432
cchow@ladhs.org

ORANGE COUNTY

Health Care Agency
Amy Marrero, Supervisor
(714) 834-8218
amarrero@ochca.com

RIVERSIDE COUNTY

Community Health Agency, Department of Public Health
Angie Camacho, Supervisor
(951) 358-5517
acamacho@co.riverside.ca.us

SACRAMENTO COUNTY

Department of Health
Amelia Baker, Supervisor
(916) 875-2062
bakerm@saccounty.net

SAN DIEGO COUNTY

Department of Health
Gaby Kuperman, Supervisor
(619) 401-3710
gaby.kuperman@sdcounty.ca.gov

SAN LUIS OBISPO COUNTY

Public Health Department
Irene Vega, Supervisor
(805) 781-5535
ivega@co.slo.ca.us

SANTA CLARA COUNTY

Public Health Department, Santa Clara Valley Health and Hospital
Grace Meregillano, Supervisor
(408) 874-5009
grace.meregillano@hhs.co.santa-clara.ca.us

The Incredible Years (IYS)

PURPOSE

To prevent aggressive behavior among children through the use of parent, child and teacher training.

TARGET POPULATION

The Incredible Years (IYS) is a parent-based program aimed at increasing social and emotional competence of children and reducing juvenile antisocial behavior. IYS is targeted at children aged 2 to 8 years who are at risk for conduct problems, or those that are displaying aggressive behaviors. The program consists of three components–parent, child and teacher training, each emphasizing different aspects to improve the child's behavior. Parents receive training to help strengthen their parenting skills, while the children receive training that improves their emotional literacy and teaches them anger management and interpersonal problem-solving skills. Teachers are also trained on how to work with behavior problems and problem-solving in the classroom.

DURATION OF THE PROGRAM AND COST OF PARTICIPATION

Depending on the type of training, the program can consist of 18 to 22 weekly two-hour sessions for the children and 12 to 14 weekly two-hour sessions for the parents. The cost ranges from $975 to $1,300, plus the cost of materials and technical assistance.

EVALUATION STATUS

IYS is a Blueprints for Violence Prevention* proven program. Studies indicate that when both parent training and child training are offered, 95 percent of the children show a significant reduction in behavioral problems. When only child training is offered, there is a 74 percent reduction in behavioral problems, and when only parent training is offered, there is a 60 percent reduction in behavioral problems. This program is successful with children from various ethnic and racial groups and from diverse socioeconomic backgrounds. It is also successful with males and females.

COST-BENEFIT ANALYSIS

While there is no rigorous cost-benefit analysis available for IYS, the program is effective in reducing behavioral problems, thereby reducing the cost of high-end intervention services later in the child's life.

CONTACT INFORMATION *for* IYS

The program is currently operated in several sites across California, including sites in:

SAN DIEGO, FRESNO, HUMBOLDT, AND DEL NORTE COUNTIES

Specific information for a particular program can be obtained at:

California Institute of Mental Health
Bill Carter, Deputy Director
(916) 556-3480 x 130
bcarter@cimh.org

PROGRAM DEVELOPER

Incredible Years
Lisa St. George, Administrative Director
Seattle, WA
Toll-free phone: (888) 506-3562
Phone and fax: (206) 285-7565
incredibleyears@seanet.com

*The Center for the Study and Prevention of Violence at the University of Colorado has identified violence-prevention and intervention programs that meet a strict scientific standard of program effectiveness.

Multidimensional Treatment Foster Care (MTFC)

PURPOSE

To reduce delinquency and multiple placements among youth in the child welfare and juvenile justice systems by placing them with specially trained families.

TARGET POPULATION

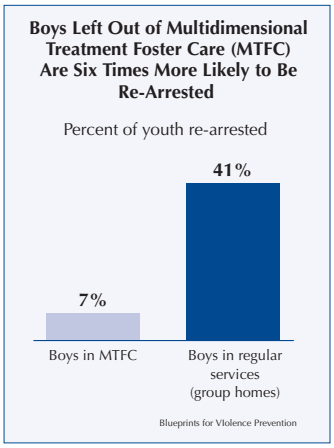
Multidimensional Treatment Foster Care (MTFC) is designed to provide a supervised, therapeutic living environment for youth with chronic delinquency and antisocial behavior. The program is aimed at keeping mentally-troubled youth in supportive home environments and out of residential placements or juvenile justice facilities. MTFC places participating youth with families from the community who are recruited and trained to set clear expectations, rules, and limits with follow-through on consequences. Youth are not permitted to have unsupervised free time, and their peer interactions are closely monitored. The youth's biological (or adoptive) families also receive family therapy and are trained regarding the program structure. The program is targeted towards youth aged 11 to 18 years.

DURATION OF THE PROGRAM AND COST OF PARTICIPATION

The average length of the program per child is four to six months. Foster parents receive 20 hours of pre-service training and have access to program staff back-up and support 24 hours a day, seven days a week. Aftercare services are available to the foster family as long as needed, typically for a year. The cost per participant is approximately $2,500 (above the cost of group home care).

EVALUATION STATUS

MTFC is a Blueprints for Violence Prevention* proven program. Studies have found that youth randomly assigned to the program averaged half as many new arrests as youth placed in group homes. Furthermore, six times as many youth in MTFC as youth in the group homes had successfully avoided any new arrests. MTFC has been implemented in a variety of rural and urban settings, as well as with African-American, Hispanic/Latino, and White males and females.



COST-BENEFIT ANALYSIS

According to a Washington State Institute for Public Policy analysis, the program saves nearly $11 for every $1 invested. The net savings from MTFC is nearly $24,300 per participant.

*The Center for the Study and Prevention of Violence at the University of Colorado has identified violence-prevention and intervention programs that meet a strict scientific standard of program effectiveness.

CONTACT INFORMATION *for* MTFC

MTFC is currently operating in several counties across the state. Further information can be obtained at:

California Institute of Mental Health
Bill Carter, Deputy Director
(916) 556-3480 x 130
bcarter@cimh.org

HUMBOLDT COUNTY
also serving youth in the child welfare system

Department of Health and Human Services
Lance Morton, Director,
Mental Health Branch
(707) 268-2990
lmorton@co.humboldt.ca.us

Jovonne Price, Program Director
(707) 268-2867
jprice@co.humboldt.ca.us

KERN COUNTY
also serving children in the child welfare system

Children's System of Care
Marsha Greenstein, Unit Supervisor
(661) 868-8319
MGreenstein@co.kern.ca.us

SACRAMENTO COUNTY
also serving children in the child welfare system (including preschool-aged children)

River Oak Center for Children
Lynn Thull, Chief Operating Officer
(916) 609-5100
lthull@riveroak.org

SAN DIEGO COUNTY

Walden Family Services
Heather Berberet, Clinical Director
(619) 584-5777
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PROGRAM DEVELOPER

TFC Consultants, Inc.
Gerard Bouwman
Eugene, OR
(541) 343-2388
gerardb@mtfc.com

Functional Family Therapy (FFT)

PURPOSE

To reduce antisocial behavior among at-risk, delinquent and transitioning youth through intensive family therapy.

TARGET POPULATION

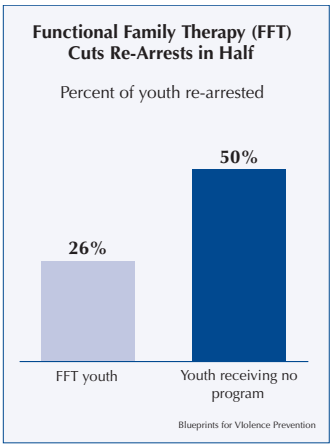
Functional Family Therapy (FFT) is an intervention program targeting at-risk youth with a history of delinquency and youth transitioning from the juvenile justice system back into the community. The program aims to motivate youth and their families to change their negative behaviors by uncovering and building upon the families' strengths. FFT therapists work with the youth, parents and siblings in the home or other community settings. FFT is targeted towards youth aged 11 to 18 years with a history of delinquency, violence, substance abuse, conduct disorder, or other behavioral disorders.

DURATION OF THE PROGRAM AND COST OF PARTICIPATION

FFT is a short-term intervention program usually lasting three months and providing eight to 12 one-hour family therapy sessions for mild cases, and 26 to 30 hours of therapy for families in greater need. The cost per family is approximately $2,100.

EVALUATION STATUS

FFT is a Blueprints for Violence Prevention* proven program. Youth in carefully implemented and supervised programs were half as likely to be re-arrested as youth whose families were not in FFT. Studies also show that youth who receive family therapy are one-fourth as likely to be incarcerated, in psychiatric placement, or placed in foster care as those who received alternative therapeutic treatment. Some initial data also indicate that the program has a positive impact on siblings of those served. The program has been found to be effective in different multicultural settings.



COST-BENEFIT ANALYSIS

When FFT is implemented with a competent therapist, it yields over $13 in benefits per $1 invested. The net savings from FFT is nearly $26,200.

*The Center for the Study and Prevention of Violence at the University of Colorado has identified violence-prevention and intervention programs that meet a strict scientific standard of program effectiveness.

CONTACT INFORMATION *for* FFT

California Institute of Mental Health
Bill Carter, Deputy Director
(916) 556-3480 x 130
bcarter@cimh.org

KERN COUNTY

Children's System of Care
Marsha Greenstein, Unit Supervisor
(661) 868-8319
MGreenstein@co.kern.ca.us

PROGRAM DEVELOPER

FFT
Holly DeMaranville, Communications Coordinator
Seattle, WA
(206) 369-5894
hollyfft@comcast.net

Multisystemic Therapy (MST)

PURPOSE

To reduce antisocial behavior among violent or substance-abusing youth through family and community involvement.

TARGET POPULATION

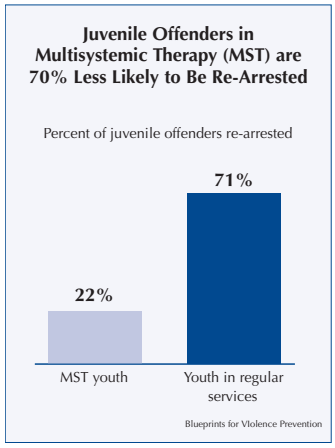
Multisystemic Therapy (MST) is an intensive, family- and community-based treatment model aimed at helping youth and their families understand the root causes of the youth's antisocial behavior and make the necessary personal and family improvements to bring about long-term positive behavior change. The program uses techniques from cognitive, behavioral and family therapies and also focuses on improving parenting skills and developing informal support networks. The program targets 12- to 17-year-olds who are chronic delinquent, violent or substance-abusing youth and are at a high risk for out-of-home placement.

DURATION OF THE PROGRAM AND COST OF PARTICIPATION

The program provides 60 hours of intensive services, usually over a four-month period. The therapists are available 24 hours a day, and services are often provided on weekends and evenings. The cost per participant is approximately $5,900.

EVALUATION STATUS

MST is a Blueprints for Violence Prevention proven program* and has been shown to reduce re-arrest by as much as 70 percent for youth in carefully implemented and supervised programs, compared to those receiving individual therapy. The program has also reduced out-of-home placements by up to 64 percent. Studies have found an overall improvement in family functioning and a significant reduction in mental health problems of serious juvenile offenders. The program has been proven effective with males and females, as well as with Whites and African-Americans.



COST-BENEFIT ANALYSIS

According to a Washington State Institute for Public Policy analysis, the program saves nearly $2.70 for every $1 invested. The net savings from MST is nearly $9,300 per participant.

*The Center for the Study and Prevention of Violence at the University of Colorado has identified violence-prevention and intervention programs that meet a strict scientific standard of program effectiveness.

CONTACT INFORMATION *for* MST

LOS ANGELES COUNTY

San Fernando Valley Community Mental Health Center, Inc.
Barbara Sullivan-Paradise,
MST Therapist
(818) 908-4990
bparadise@sfvcmhc.org

SACRAMENTO COUNTY

River Oak Center for Children
Stephanie Parmely,
Program Services Manager
(916) 471-1427
sparmely@riveroak.org

SAN DIEGO COUNTY

San Diego Unified School District
Betty Plewak, Lead Clinician
(858) 573-2237
bplewak@sandi.net

PROGRAM DEVELOPER

MST Services
Marshall Swenson,
Manager of Program Development
Mt. Pleasant, SC
(843) 856-8226
marshall.swenson@mstservices.com

Parent-Child Interaction Therapy (PCIT)

PURPOSE

To reduce aggressive and oppositional behavior among children through increased parental involvement in the presence of a therapist.

TARGET POPULATION

Parent-Child Interaction Therapy (PCIT) is an intervention program for children aged 2 to 8 years who display behavioral or emotional problems. The program consists of two components: the "Relationship Enhancement" component and the "Discipline" component. Parents are taught to decrease negative aspects of their relationship with their children while strengthening their constructive skills. Parents are given specific skills and practice them during the therapy sessions. Therapists observe interactions between the child and parent and coach the parent accordingly. PCIT is usually delivered in a university clinic-based setting, but is being adapted for community mental health agencies, in-home delivery, and school-based services.

DURATION OF THE PROGRAM AND COST OF PARTICIPATION

The program lasts 10 to 14 weeks and includes a one-hour individual intake session with the parents, as well as training and therapy sessions. Children usually participate in the intake session and 10 one-hour therapy sessions. The cost per participant is approximately $1,300.

EVALUATION STATUS

According to the Office of Juvenile Justice and Delinquency Prevention (OJJDP), PCIT is a Level 2 (Risk Prevention) promising program. There are over 30 studies supporting the effectiveness of PCIT with many different populations. Studies indicate that preschool children in the program showed significant improvement in behavior compared to those on waiting lists. The program has also shown to be effective in reducing child abuse since the therapy targets both the child and the parent. One study out of the University of Oklahoma found that the re-referral rate for physical abuse was 30 percent lower for parents that participated in PCIT than for those that did not.

COST-BENEFIT ANALYSIS

According to a Washington State Institute for Public Policy analysis, the program saves nearly $3.70 for every $1 invested. The net savings from PCIT is nearly $3,400 per participant.

CONTACT INFORMATION *for* PCIT

There are currently 43 PCIT sites operating around California in several counties including San Diego, Los Angeles, Sacramento, San Mateo, Fresno, and Orange Counties. Further information can be obtained at:

University of California, Davis Medical Center
Alissa Porter, PCIT Training Coordinator
(916) 734-6610
alissa.porter@ucdmc.ucdavis.edu

Cognitive Behavioral Therapy (CBT)

PURPOSE

To reduce negative behaviors among children and youth, particularly those suffering from depression or trauma caused by sexual abuse or exposure to violence, by providing them with positive coping skills.

TARGET POPULATION

Cognitive behavioral therapy (CBT) is a treatment program that focuses on changing an individual's thoughts (cognitive patterns) in order to change his or her behavior and emotional state. CBT can be employed in situations where there is a pattern of unwanted behavior accompanied by distress and impairment. The program is a treatment option for a number of mental disorders, including affective (mood) disorders, personality disorders such as conduct disorders, substance abuse, and post-traumatic stress disorder (PTSD).

CBT has been particularly successful when working with child victims of sexual abuse. Cognitive Behavioral Therapy for Child Sexual Abuse (CBT-CSA) is a treatment approach designed to help children and adolescents who have suffered sexual abuse overcome post-traumatic stress disorder, depression, and other behavioral and emotional difficulties. The program is designed for children and adolescents aged 3 to 18 years old who have experienced sexual abuse and are exhibiting post-traumatic stress, depression, and other abuse-related difficulties. CBT-CSA helps the children gradually process the traumatic event, develop healthy coping skills, and teaches them personal body safety skills. The program can be implemented in private and/or public clinics.

CBT has also been implemented with children who are exposed to violence and suffer from PTSD and depression. A program called Cognitive Behavioral Intervention for Trauma in Schools (CBITS) uses principles of CBT to help children cope with violence, reduce anxiety and solve real-life problems.

DURATION OF THE PROGRAM AND COST OF PARTICIPATION

Depending on the particular mental disorder being treated, CBT can last 12 to 16 sessions over a period of 12 weeks. In CBT-CSA, the treatment program consists of parallel sessions with the child and his or her non-offending parent(s), as well as joint parent-child sessions in the later stages of therapy. The average cost per participant varies from $800 to $1,200.

EVALUATION STATUS

Studies indicate that CBT is effective in dealing with a variety of disorders. CBT-CSA has been especially effective in helping victims of child sexual abuse and has been designated as a model program by the Substance Abuse and Mental Health Services Administration and the U.S. Department of Health and Human Services. Randomized controlled trials of CBT-CSA done by the University of Medicine and Dentistry of

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CONTACT INFORMATION *for* CBT

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bcarter@cimh.org

LOS ANGELES COUNTY

CBITS
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marleen.wong@lausd.net

PROGRAM DEVELOPER

CBT-CSA
University of Medicine and Dentistry of New Jersey
Donna Fails, Administrator
Center for Children's Support
Stratford, NJ
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failsdg@umdnj.edu

New Jersey found a 63 percent reduction in the child's PSTD symptoms as well as a 41 percent reduction in the child's depression levels. The program has also shown significant reductions of behavior problems. The program has been used successfully with African-American, Hispanic/Latino, and White children from all socioeconomic backgrounds as well as in rural and urban settings. A three-month follow-up study of CBITS found that 86 percent of children in the program reported fewer PTSD symptoms and 67 percent reported less depression compared to a wait-listed group that received program treatment later in the year.

COST-BENEFIT ANALYSIS

While there is no rigorous cost-benefit analysis available for CBT, the program can be implemented for a variety of mental health disorders including substance abuse and behavioral problems, thus saving taxpayers costly, high-end intervention services.

Aggression Replacement Training (ART)

PURPOSE

To reduce aggressive behavior among children and youth by teaching them constructive, nonviolent skills.

TARGET POPULATION

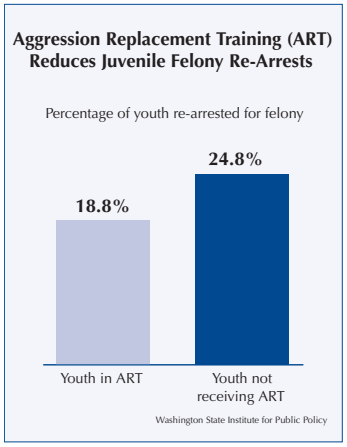
Aggression Replacement Training (ART) is aimed at reducing aggressive behavior among children and youth. The program is targeted at a wide range of children and youth from ages 3 to 18 years and is administered by teachers or school counselors. The program consists of three components: "skillstreaming," "anger control training," and "moral reasoning training." ART is designed to help participants with their interpersonal skills, anger control, and moral reasoning and social problem-solving skills. The program uses various elements of cognitive behavioral training and aims to arm the youth with nonviolent, constructive skills to use in school, at home and in their community. ART has been implemented in school, delinquency, and mental health settings.

DURATION OF THE PROGRAM AND COST OF PARTICIPATION

The program typically lasts for 10 weeks where the youth participates in three one-hour sessions per week, one for each component of the program. The cost per participant is approximately $800.

EVALUATION STATUS

The U.S. Department of Education's Expert Panel on Safe, Disciplined & Drug Free Schools has recognized ART as a promising program, and the U.S. Department of Justice has designated it a model program. In an 18-month follow-up study conducted by the Washington State Institute for Public Policy, there was a 24 percent reduction in felony recidivism among participants in carefully implemented and supervised programs compared to the control group.



COST-BENEFIT ANALYSIS

According to a Washington State Institute for Public Policy analysis, the program saves nearly $21 for every $1 invested. The net savings from ART is nearly $14,900 per participant.

CONTACT INFORMATION *for* ART

ART is currently operating in several counties across the state. Further information can be obtained at:

California Institute of Mental Health
Bill Carter, Deputy Director
(916) 556-3480 x 130
bcarter@cimh.org

PROGRAM DEVELOPER

United States Center for Aggression Replacement Training
Robert Oliver
Erie, PA
(814) 874-6016
roliver@uscart.org

The First Place Fund for Youth

Emancipation Services for Youth Transitioning Out of Foster Care

CONTACT INFORMATION *for* FIRST PLACE FUND

First Place Fund for Youth
Amy Lemley, Executive Director
(510) 272-0979
amylemley@firstplacefund.org

The First Place Fund for Youth is a nonprofit organization in Oakland, California, founded to support youth in their transition from foster care to a successful adulthood. First Place offers two programs. Its Supported Housing Program provides homeless emancipated foster youth with safe, affordable housing and a wide range of support services. Its Emancipation Specialist program provides weekly therapeutic case management for youth in foster care. The Emancipation Specialists are trained clinicians who deliver therapeutic case management services in nontraditional settings (e.g., coffee houses). Youth are referred to the program through a local collaborative headed by the Alameda County Office of Education and including the county's probation and child welfare departments, and group home providers. Funding for the program is provided through a state Foster Youth Services Grant, and some federal Title I funding.

The Emancipation Specialist program works with youth who are within two years of aging out of foster care, living in group homes and at high risk of homelessness after discharge. They have histories of mental health issues, multiple placements, academic non-achievement, and substance abuse or gang involvement. Most begin the program at age 17, and the average length of stay is about one year (although it can range from about three months to two years).

The Emancipation Specialists' approach is to deliver mental health services in the context of planning for the transition out of the foster care system. The Specialists take into account the psychological needs of the youth in helping them develop plans and community linkages in the areas of education, housing, and employment. Through weekly case-management meetings over coffee and sandwiches, or at recreational events such as ball games, Emancipation Specialists obtain over a 95 percent attendance rate. A preliminary evaluation of program participants shows improvements in educational outcomes and decreases in the number of probation/court actions brought against participating youth. In the most recently completed academic year, 70 percent of youth receiving Emancipation Specialist services achieved a positive outcome, as compared to 55 percent of the general population of former foster youth and 40 percent of "high-risk" foster youth who have comparable placement histories.

"The most important part of our job is to help our youth experience an authentic, supportive relationship in the midst of this chaotic period of their life. It is through this relationship that our youth are able to get the support they need to move on to the next stage in their lives."

Amy Lemley, Executive Director,
First Place Fund for Youth

Juvenile Mental Health Court (JMHC)

Juvenile Mental Health Courts (JMHC) aim to improve youth mental health and reduce recidivism through a specialized juvenile court process that identifies juvenile offenders with mental health problems and provides them with needed treatment and case management. The program is voluntary and requires consent by the youth, parent and assigned counsel. In addition, to qualify for the program the youth must have a biologically-based brain disorder, so not all offenders with mental health problems qualify. The aim of the JMHC is to protect public safety while also preventing youth whose mental health problems may have contributed to their delinquency from being recycled through a juvenile justice system that is ill-equipped to rehabilitate them. A multi-disciplinary team of staff from probation, the County Department of Mental Health, the District Attorney's Office, and the Public Defender's Office decides which youth to refer to the JMHC. Participating youth undergo a comprehensive mental health assessment, receive mental health treatment from community providers, gain access to other health and educational resources as needed, have frequent face-to-face meetings with Deputy Probation Officers, and make repeated court appearances.

The length of the program varies since it is individualized to meet the needs of each youth. Outcome data from the Santa Clara JMHC's first year shows that none of the 43 participating youth has committed new law violations and only 7 percent have committed probation violations since the program began. Personnel involved with the Santa Clara court note that the program benefits include decreased recidivism, fewer unnecessary detentions, and expedited processing of the court's caseload, all of which are likely to result in substantial savings. There are currently three counties across California that run JMHC: Santa Clara, Los Angeles, and Ventura Counties.

Primary Intervention Program (PIP)

Primary Intervention Program (PIP) is a school-based prevention and early intervention program aimed at enhancing the social and emotional development of young children and preventing the development of serious mental health problems, substance abuse, academic failure, and delinquent behavior. PIP targets students in grades K-3 who have mild-to-moderate school adjustment problems and may also be at risk of out-of-home placement. The program identifies children early through a systematic screening process and refers them to "child aides" who help students overcome behaviors that may interfere with learning. PIP does not provide treatment to children with more serious mental health problems, but instead refers them to appropriate mental health providers.

PIP usually lasts approximately 12 weeks, and child aides spend 30-45 minutes per week with the child in a specially equipped activity room on the school campus. The average cost per participant is $500. In 1999, the U.S. Surgeon General featured PIP as one of five "exemplary" mental health programs for children. Several evaluation studies indicate teachers and child aides detected significant improvements in children's grades, achievement test scores, and adjustment ratings.

Contact Information *for* JMHC

SANTA CLARA COUNTY

District Attorney's Office
Kurt Kumli, Chief Assistant District Attorney
(408) 792-2772
KKumli@da.sccgov.org

Contact Information *for* PIP

There are currently 61 sites in 18 counties operating across California.

California Department of Mental Health
Robin Mandella, EMHI Program Coordinator
(916) 654-2131
Robin.Mandella@dmh.ca.gov

Jacqui Naud, EMHI Program Analyst
(916) 654-2996
Jacqueline.Naud@dmh.ca.gov

Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Napa, Nevada, Plumas, Shasta, Sierra, Siskiyou, Sutter, Sonoma, Tehama, Trinity, And Yuba Counties

Scott Lindstrom, Technical Assistance Consultant
(530) 891-3000 x 162
slindstr@chicousd.org

Alpine, Amador, Calaveras, El Dorado, Fresno, Inyo, Kings, Madera, Mariposa, Merced, Mono, Placer, Sacramento, San Joaquin, Stanislaus, Tulare, Tuolumne, and Yolo Counties

Debbie Wong, Technical Assistance Consultant
(916) 688-1921
dwongoka@egusd.net

Alameda, Contra Costa, Marin, San Francisco, San Mateo, Santa Clara, Santa Cruz, and Solano Counties

Spence Rundberg, Technical Assistance Consultant
(707) 747-8300 x 1235
Rundberg@benicia.k12.ca.us

continues on page 16

CONTACT INFORMATION FOR PIP *(continued)*

Kern, Monterey, Orange, San Benito, San Bernardino, San Luis Obispo, Santa Barbara, and Ventura Counties

Paul Teuber, Technical Assistance Consultant
(916) 686-4638

pteuber@egusd.net

LOS ANGELES COUNTY

Sandy Maeshiro, Technical Assistance Consultant
(310) 830-5351
smaeshir@lausd.k12.ca.us

IMPERIAL, RIVERSIDE, AND SAN DIEGO COUNTIES

Sharon Jahn, Technical Assistance Consultant
(760) 294-1653
sjahn@cox.net

CONTACT INFORMATION *for* SFC

Currently, SFC is only implemented in Contra Costa County.

Contra Costa County Employment and Human Services Department
Danna Fabella, Director,
Children and Family Services
(925) 313-1583
dfabella@ehsd.cc.county.us

National Abandoned Infants Assistance Resource Center
Amy Price, Associate Director
(510) 643-8383
amyprice@berkeley.edu

CONTACT INFORMATION *for* STOP

Fresno County Probation Department
Phil Kader, Probation Services Manager
(559) 494-3288
PKader@co.fresno.ca.us

Shared Family Care (SFC)

Shared Family Care (SFC) is a program that provides an alternative to foster care by placing entire families temporarily in the homes of community members who are trained to mentor the biological families on strengthening their life skills. The goal of the program is to help families achieve permanency for their children and move towards self-sufficiency. This program provides families with intensive case management, linkage to community resources, housing assistance, and aftercare. Each family coming into the program works with a team (including the case manager, AOD counselor, and child welfare worker) to develop an individualized family plan that can include mental health and a variety of other services. The mentors come from different socioeconomic backgrounds and are mostly women and couples. Most families in SFC are single mothers with young children. On average, participants are 28 years old and have two children. Approximately two-thirds of the families that have been served in the program are in recovery from substance abuse.

The average length of the program is six months. The cost of the program per family is approximately $18,000 (based on a single-parent, two-child family for six months). A 12-month follow-up study found that children in the program had an 8 percent re-entry rate into the foster care system, compared to the 14 percent of children in California who re-enter foster care within 12 months of reunification after regular non-kin foster care. Furthermore, the percentage of families living independently increased by almost 60 percent from intake to graduation (18 percent versus 76 percent), and family income doubled.

Students Targeted with Opportunities for Prevention (STOP)

Established in Fresno County, STOP is a program that targets youth aged 10 to 14 years who are not on probation, but who need services according to a criteria of main risk factors for delinquency like gang affiliation, substance abuse problems, school issues, and family violence. The program provides youth with family-based interventions in a Wraparound-type approach. STOP includes services like tutoring, family and individual counseling, gang education and intervention, substance abuse/alcohol education and counseling, parenting classes, and evening and weekend activities and recreation. The average cost per participant is $4,400 for the entire year. Initial outcomes for youth in the program indicate an increase in grade point average and fewer family referrals to Child Protective Services. STOP has been implemented with different ethnic groups and is run by the Fresno County Probation Department.

Wraparound

Wraparound programs provide individualized and comprehensive services to youth with serious mental health needs by "wrapping" services around the child and family. Wraparound programs target children in foster care, probation, and special education programs, as well as other children with Severe Emotional Disturbance that are either at risk of out-of-home placement or are returning from out-of-home placement. In partnership with Wraparound staff, the youth, his or her family, and members of their support system work as a team to identify strengths, needs and goals, and develop a comprehensive service plan that is tailored to the needs of the family. Wraparound programs provide mental health services, social skills development, intensive case management, supervision and monitoring of community involvement, tutoring, parenting-skills training and support, child abuse counseling, assistance with housing and transportation, crisis management, and general support services.

Services are available 24 hours a day, seven days a week, and involve the delivery of needed services in the child's home, neighborhood, school, and community.

Research shows that Wraparound programs can reduce crime and out-of-home placement. A study done in Santa Clara County found that 86 percent of the participants have remained with their families in the community (the program is Eastfield Ming Quan; contact Director Jerry Doyle at (408) 364-4007). The University of California at Berkeley and the Sacramento County Department of Health have also done studies showing significant behavioral improvements among various Wraparound program participants.

CONTACT INFORMATION *for* WRAPAROUND

California Department of Social Services
Cheryl Treadwell, Manager
(916) 651-6023
Cheryl.Treadwell@dss.ca.gov

Addressing Stigma and Cultural Competence Issues

All youth, but in particular those in foster care or the juvenile justice system, want to be viewed as normal and healthy by their peers and the community as a whole. In some cases, requiring or referring youth to mental health services/programs can be considered punitive or labeling. In a survey by California Youth Connection, many youth from the foster care system reported that there is a negative social stigma associated with recipients of mental health services. In addition to the particular resistance of youth, there are significant cultural barriers to be addressed as well. Within the growing diversity of California, many young people come from cultures in which mental illness may go unrecognized or ignored. Access to services could be discouraged by families/caregivers or cultural norms that reinforce damaging stereotypes about mental illness.

As counties, communities, and stakeholder groups develop their Proposition 63 implementation plans, they should consider including informational materials in multiple languages that will address these stigma issues both specifically for youth and for specific demographic groups. Adding information that is sensitive to the particular perspectives and biases of youth and their families towards mental health will increase utilization and effectiveness.

Information Campaigns Addressing Stigma*

The following organizations provide good facts and examples of how to address the stigmatization of mental illness:

AMERICAN PSYCHOLOGICAL ASSOCIATION (APA) www.apa.org

The APA has conducted extensive campaigns since the 1996 launch of "Talk to Someone Who Can Help." In June 2000, APA partnered with MTV and Tipper Gore to launch a five-year national anti-stigma campaign entitled, "The National Mental Health Awareness Campaign."

NATIONAL MENTAL HEALTH AWARENESS CAMPAIGN (NMHAC) www.nostigma.org

NMHAC is a nationwide campaign launched as part of the White House Conference on Mental Health whose mission is to eradicate the stigma associated with mental illness and promote help-seeking behavior by educating and changing perceptions.

THE RESOURCE CENTER TO ADDRESS DISCRIMINATION AND STIGMA (ADS CENTER) www.adscenter.org

The information on ADS Center's website offers ideas and resources to counter the discrimination and stigma associated with mental illnesses.

TEEN MATTERS www.teen-matters.com

A website for young people designed by the South Carolina Department of Mental Health that provides information on topics including suicide, body image, bullying, rape, and drug and alcohol abuse.

The following organizations have information on programs that successfully reduced barriers to accessing services:

CALIFORNIA YOUTH CONNECTION (CYC) www.calyouthconn.org

Current and former foster youth use their experiences in the child welfare system to improve foster care, educate the public and policymakers and change negative stereotypes.

LARKIN STREET YOUTH SERVICES (LSYC) www.larkinstreetyouth.org

LSYC has developed a comprehensive continuum of services for youth between the ages of 12 to 24 that stands as a nationally-recognized model of innovative and effective care for homeless and runaway youth.

ASIAN PACIFIC PSYCHOLOGICAL SERVICES (APPS) www.appsweb.org

APPS was founded in 1996 to address gaps in mental health service delivery to the Asian Pacific population in the East Bay.

LOS ANGELES GAY & LESBIAN COMMUNITY SERVICES CENTER www.laglc.org

The MHS Department's Education & Training Program is viewed by the mental health community as the premier internship site in Los Angeles for training on LGBT issues for mental health professionals.

*Research conducted by i.e. communications. Contact lkappe@iecomm.org for more information.

ADDITIONAL RESOURCES

California Adolescent Health Collaborative
http://www.californiateenhealth.org/

California Attorney General's Crime and Violence Prevention Center
http://www.safestate.org/

California Board of Corrections
http://www.bdcorr.ca.gov/

California Council of Community Mental Health Agencies
www.cccmha.org

California Department of Mental Health
http://www.dmh.cahwnet.gov/MHSA/default.asp

California Institute of Mental Health
http://www.cimh.org/home/index.cfm

California Mental Health Directors Association
http://www.cmhda.org/

Center for Evidence-Based Practices
http://www.evidencebasedpractices.org/

Chief Probation Officers of California
http://cpoc.org/

County Welfare Directors Association of California
http://www.cwda.org/

National Center for Juvenile Justice
http://www.ncjj.org/

National Criminal Justice Reference Service
http://www.ncjrs.org/

The Promising Practices Network
http://www.promisingpractices.net/

Aggression Replacement Training
http://www.uscart.org/new.htm

Center for the Study and Prevention of Violence at the University of Colorado
information on Multisystemic Therapy, Functional Family Therapy, Incredible Years, Multidimensional Treatment Foster Care and Nurse Family Partnership
http://www.colorado.edu/cspv/blueprints/model/overview.html

Functional Family Therapy
http://www.fftinc.com

Incredible Years
http://www.incredibleyears.com/

Juvenile Mental Health Courts
http://www.courtinfo.ca.gov/programs/collab/mental.htm

Mental Health: A Report of the Surgeon General
information on Cognitive Behavioral Therapy, Functional Family Therapy and Primary Intervention Program
http://www.mentalhealth.samhsa.gov/features/surgeongeneralreport/toc.asp

Multidimensional Treatment Foster Care
http://www.mtfc.com/program.html

Multisystemic Therapy
http://www.mstservices.com

Nurse Family Partnership
http://www.nccfc.org

Office of Juvenile Justice and Delinquency Prevention
information on Cognitive Behavioral Therapy, Functional Family Therapy, Multidimensional Treatment Foster Care, Multisystemic Therapy, and Nurse Family Partnership
http://www.dsgonline.com/mpg_non_flash/mpg_index.htm

Parent-Child Interaction Therapy
http://www.pcit.org/

Primary Intervention Program
http://www.save-emhi.org/

Rand Corporation
information on prevention and intervention programs
http://www.rand.org/

Shared Family Care
http://socrates.berkeley.edu/~aiarc/information_resources/shared_family_care/program_policy.html

Substance Abuse and Mental Health Services Administration
information on Cognitive Behavioral Therapy, Incredible Years, Multisystemic Therapy and Nurse Family Partnership
http://modelprograms.samhsa.gov

U.S. Department of Education
information on Aggression Replacement Training
http://www.ed.gov/admins/lead/safety/exemplary01/report_pg7.html

U.S. Department of Health and Human Services
information on Cognitive Behavioral Therapy, Incredible Years, Multisystemic Therapy and Nurse Family Partnership
http://www.hhs.gov/reference/index.shtml

Washington State Institute for Public Policy
information on Multidimensional Treatment Foster Care, Aggression Replacement Training, Functional Family Therapy, Multisystemic Therapy, Parent Child Interaction Therapy and Nurse Family Partnership
http://www.wsipp.wa.gov/

Wraparound
http://www.emq.org/press/issue_wrapfacts.html

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We thank the Executive Committee of *Fight Crime: Invest in Kids California*

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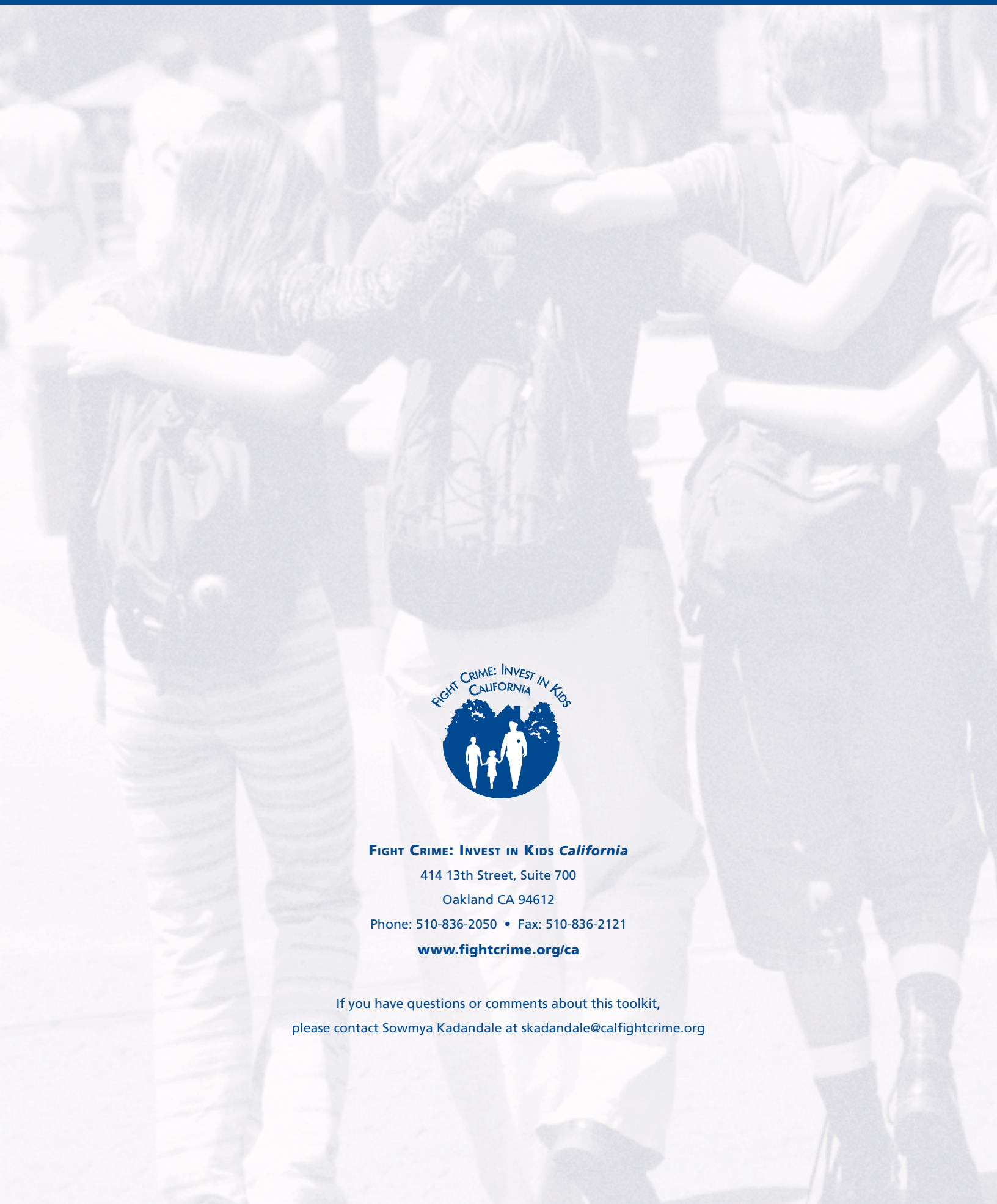

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