

**For Immediate Release**  
**September 22, 2011**

## **485 MENTAL HEALTH PREVENTION AND EARLY INTERVENTION EFFORTS THROUGHOUT CALIFORNIA**

**Sacramento, CA** – Today, the Mental Health Services Oversight and Accountability Commission (MHSOAC) presented its 2011 Prevention and Early Intervention (PEI) Trends Report at its regular meeting in Sacramento. The Trends Report analyzed 485 Mental Health Services Act (MHSA) programs developed by all 58 California counties, summarizing intended focus areas, ages to be served, programs directed toward specific racial/ethnic communities, and key program features.

“Every health care system should fund both treatment and prevention,” said MHSOAC Chair Larry Poaster, PhD. “In the arena of substance abuse treatment services, prevention is a key component. There are other examples in the public health arena where serious illnesses have been prevented or the consequence of the illness has been lessened. The shootings at Virginia Tech or in Arizona recently cry out for such efforts. Such efforts have not been supported since the early sixties. Keeping with this, the MHSA makes services available to people with serious mental illness while requiring a smaller portion for prevention and early intervention services. A healthy system needs balance,” said Poaster.

Examples of PEI programs and highlights of the Trends Report findings include:

- Orange County proposed a Law Enforcement Partnership. Oftentimes, law enforcement responds to situations where individuals are in mental or emotional distress yet do not require acute services or hospitalization. With this program, teams of law enforcement and mental health staff will identify individuals at risk of developing severe mental health problems and provide needed resources, mental health counseling, referrals and follow-up contacts. 75% of counties included one or more programs to address the MHSA priority of reducing suffering due to untreated mental illness. California county PEI plans described 134 such MHSA efforts planned throughout the state.
- Monterey County proposed a School-based Domestic Violence Counseling Program. This program provides short-term, low-intensity group therapy to children who have been exposed to domestic violence. The Trends Report found “at-risk children, youth, and young adult populations” was the focus most frequently addressed by counties in their PEI programs (100%). California county PEI plans described 304 such MHSA efforts planned throughout the state.
- San Luis Obispo County proposed a School-based Student Wellness Program to build wellness and resiliency and reduce risk factors and stressors among elementary, middle

and high school students at risk for or exhibiting early signs of mental illness. 95% of counties included one or more programs to address the Mental Health Services Act priority of reducing school failure due to untreated mental illness. California county PEI plans described 179 such MHSA efforts planned throughout the state.

- San Diego County proposed a County-Wide Public Media Campaign to reduce stigma and discrimination related to mental illness through education and outreach. 86% of counties included one or more programs to address the Mental Health Services Act priority of reducing stigma and discrimination. California county PEI plans described 208 such MHSA efforts planned throughout the state.
- San Francisco County proposed a Crisis Response Team. This program addresses the mental health needs of families and communities impacted by violence by providing immediate crisis intervention, short-term stabilization and case management, and follow up services. 78% of counties included one or more programs intended to address the negative impact of trauma. California county PEI plans described 241 such MHSA efforts planned throughout the state.

Most counties planned to offer PEI programs in convenient and comfortable settings such as schools, community centers and organizations, primary care, social service organizations, family resource centers, places of worship, cultural centers, and in homes.

The 16-member MHSOAC was formed by the passage of the MHSA. The MHSOAC is responsible for overarching oversight and accountability for implementation of the MHSA.

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