Summary: PEI Concept for Regulations Discussion

This document is intended to serve as a framework for discussion of the proposed PEI Regulations.

Overall Purpose of MHSA PEI

The MHSA-specified purpose for PEI programs is to prevent mental illnesses from becoming severe and disabling (W&I Code §5840(a)). Use of PEI funds for general or community wellness is not consistent with the MHSA requirements for PEI

Each County's Overall PEI Program Must Include All of the Following

1. Emphasize improving timely access to services for underserved populations (W&I Code §5840(a)).
2. Outreach to Potential Responders: Conduct outreach to families, employers, primary care health care providers, and others to recognize early signs of potentially severe and disabling mental illnesses (W&I Code §5840(b)(1)).
3. Create access and linkage to medically necessary care provided by county mental health programs (W&I Code §5840(b)(2)).
4. Early Intervention: Time-limited services for individuals with early onset of serious mental illness to promote mental health outcomes, including recovery, wellness, and resilience, and to assist people in quickly regaining productive lives (W&I Code §5840(c)).
5. Reduce stigma and discrimination associated with being diagnosed or seeking mental health services by delivering PEI services in ways that promote access and acceptance for the diverse people of California who can benefit from them (W&I Code §5840(b)(3) and (4)). For example, combating stigma and discrimination is essential for successful outreach to potential responders and to link people with serious mental illness to treatment. For another example, it's often useful and appropriate for counties to incorporate "wellness" language and practices into their PEI programs; concepts of wellness are more acceptable and relevant to many people than terminology about mental illness and mental disorders.

Counties' Overall PEI Effort May Also Include The Following

1. Stigma and Discrimination Reduction: A program to reduce stigma and discrimination associated with either being diagnosed with a mental illness or seeking mental health services (W&I Code §5840(b)(3) and (4)).
2. Prevention: A program to prevent the occurrence, severity, and consequences of serious mental illness for individuals with identified risk factors or for members of a group with demonstrated greater than average vulnerability to mental illness (MHSA Uncodified Section 3(c); W&I Code §5840(a) and (c)).

Program and Participant Data (W&I Code §5845(d)(6) and §5848(c))

- Counties collect and report consistent program and participant data for all PEI programs.

Outcomes and Indicators (W&I Code §5848(c))

- Counties measure and report outcomes for all programs and required strategies and use outcome data for quality improvement.
  - Outreach to Potential Responders (i.e. families, employers, primary care health care providers etc), Timely Access to Services for Underserved Populations, and Stigma/Discrimination Reduction strategies and programs: counties measure and report a few common indicators.
  - Prevention and Early Intervention programs that serve specific clients (including families): counties select, define, measure, and report indicators of direct and relevant functional outcomes, each of which is linked to one or more of the MHSA seven negative outcomes.

PEI Programs and Interventions (W&I Code §5848(a) and (b), §5840(c), and §5846(b))

- Counties, in meaningful partnership with community stakeholders, choose programs and practices that support local priorities.
- Evidence affirms that the selected approach is likely to bring about the intended mental health outcomes. Acceptable evidence includes evidence-based practices and practice/community-based evidence. Both kinds of evidence must support client and, when applicable, parent/family choice.
- Counties, in meaningful partnership with community stakeholders, assess targeted outcomes to confirm or disconfirm effectiveness of selected programs and strategies and apply a quality improvement framework to make data-driven decisions about whether to continue, discontinue, expand, or change programs and strategies.
- The MHSOAC recommends that counties be provided with resource materials and have ready access to training and technical assistance regarding best practices in all program areas.