X INFORMATION **TAB SECTION:** 2

___ ACTION REQUIRED **DATE OF MEETING:** 09/22/11

PREPARED BY: Lee **DATE MATERIAL PREPARED:** 09/01/11

AGENDA ITEM: **Presentation: Prevention and Early Intervention 2011 Trends Report**

ENCLOSURES:
- Prevention and Early Intervention Trends Report 2011
- PowerPoint

OTHER MATERIAL RELATED TO ITEM: None

ISSUE:

The original Prevention and Early Intervention (PEI) Trends Report, published in December 2009, surveyed 223 programs in 32 approved county PEI work plans. The Mental Health Services Oversight and Accountability Commission (MHSOAC) has updated the original report to include all California counties and 485 programs. The updated PEI Trends Report is enclosed.

BACKGROUND

As set forth in the Mental Health Services Act (MHSA) PEI services are designed to prevent mental illness and emotional disturbance from becoming severe, disabling, and costly to individuals, families, communities, and the State. PEI programs are intended to;

- Reduce stigma and discrimination related to mental illness,
- Improve access to mental health services, especially for individuals and families who are un-served, underserved, or inappropriately served by the public mental health system, and
- Reduce the negative effects of untreated mental illness such as suicide, homelessness, incarceration, school failure or drop out, removal of children or older adults from their homes, prolonged suffering and unemployment.

A key purpose of PEI is to facilitate the earliest possible identification of and response to signs of mental health problems and concerns. PEI offers mental health promotion and early intervention services at sites where people go for other routine activities (e.g., primary care, schools, places of worship, community organizations, family resource centers, and homes).

The updated PEI Trends Report analyzed 485 programs contained in 59 approved PEI plans and addresses: (1) intended focus areas; (2) ages intended to be served and programs directed towards specific racial/ethnic communities; and (3) key program features. The analysis assesses whether a program intended to affect any of the MHSA's seven broad prevention goals or the PEI Guidelines' key community needs or priority populations. In addition to the focus areas specified in the MHSA and the PEI Guidelines, PEI plans were assessed for their inclusion of individuals with co-occurring mental health and substance-use risk factors or disorders, in response to the MHSOAC's policy to prioritize integrated approaches for co-occurring disorders.