

# Prevention/Early Intervention Trends



California  
Counties'  
First Plans



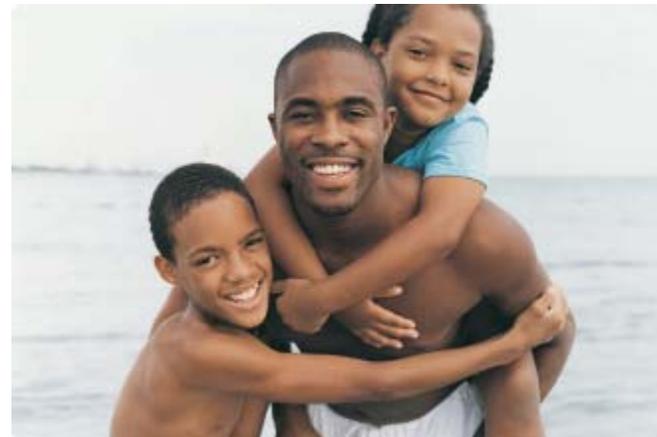
MHSOAC

September 22, 2011



# Purpose of Presentation

- PEI Trends Report, completed May 2011, includes all California counties' initial PEI plans
- Initial PEI Trends Report completed December 2009, presented to MHSOAC May 2010: analyzed 223 programs from 32 counties
- Update on PEI component of MHSA, especially in context of MHSOAC's priority focus on outcomes



# Prevention and Early Intervention National/International Priority

Effective prevention strategies and programs can prevent certain mental health disorders, limit risk factors, and address mental, emotional, and behavioral disorders cost-effectively.

O'Connell ME, Boat T, & Warner KE (Eds.), *Preventing Mental, Emotional, and Behavioral Disorders among Young People: Progress and Possibilities*. National Academic Press, Washington, DC, 2009. Available at [http://www.nap.edu/catalog.php?record\\_id=12480](http://www.nap.edu/catalog.php?record_id=12480)

# Prevention and Early Intervention National/International Priority

The promotion of positive mental health and prevention of mental and substance use disorders are key parts of the Substance Abuse and Mental Health Services Administration's (SAMHSA's) mission to reduce the impact of substance abuse and mental illnesses on America's communities.

Strategic Initiative #1: Prevention of Substance Abuse and Mental Illness, *Leading Change: A Plan for SAMHSA's Roles and Actions*, p. 14, 2011. Available at <http://store.samhsa.gov/shin/content//SMA11-4629/03-Prevention.pdf>

# Prevention and Early Intervention National/International Priority

To reduce the burden of mental disorders, it is essential that greater attention be given to prevention and promotion in mental health at the level of policy formulation, legislation, decision-making, resource allocation and the overall health care system.

World Health Organization, *Prevention and Promotion in Mental Health*, 2002, available at [http://www.who.int/mental\\_health/media/en/545.pdf](http://www.who.int/mental_health/media/en/545.pdf).

# Prevention and Early Intervention National/International Priority

Twenty percent of funds are reserved for a program designed to “prevent mental illnesses from becoming severe and disabling” to improve “timely access to services for underserved populations” – a historic investment, probably unique in the nation.

Mental Health Services Act, 2004



# MHSA Prevention Goals

- Suicide
- Incarcerations
- School failure or drop out
- Unemployment
- Prolonged suffering
- Homelessness
- Removal of children from their homes

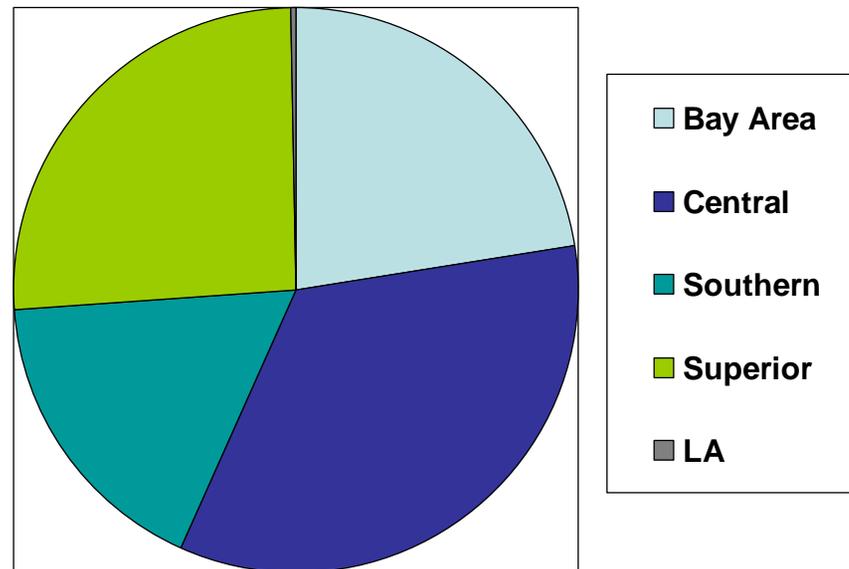


As a consequence of serious mental illness

# PEI Trends Data Sources

PEI Trends Report reviewed 485 Programs from all 59 counties' initial approved PEI Plans

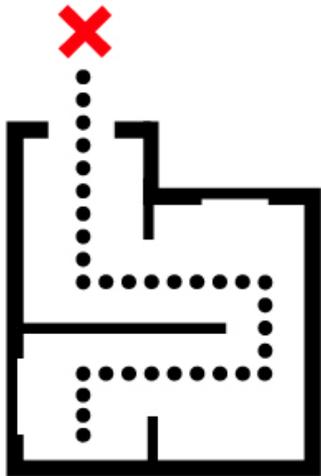
- Bay Area: 13
- Central: 20
- Southern: 10
- Superior: 15
- Los Angeles: 1



Includes city of Berkeley and Tri-Cities (Pomona, Claremont, and LaVerne) and Sutter-Yuba operating jointly

# Strengths and Limits of Information from PEI Plans

- PEI Trends Report assesses county's written intention, not program implementation
- PEI Trends Report can't adequately convey richness of many PEI plans:



- Diverse participants' contributions to community planning
- Data on county needs and strengths
- Review of best practices in field
- Creativity and commitment of selected approaches
- Definition of intended mental health outcomes
- Plan to evaluate one PEI program

# Trends Summary: Focus Areas

- Most MHSA negative outcomes addressed by more than 3/4 of counties: from school failure or drop-out (95%) to prolonged suffering (75%)
- MHSA negative outcomes *not* emphasized in Guidelines less frequently addressed: unemployment 47%, homelessness 46%, removal of children from homes 34%
- MHSOAC priorities prioritized: supporting children, youth, and families (100%), addressing co-occurring disorders (86%), reducing stigma and discrimination (86%)
- PEI Guideline priorities addressed: responding to trauma (78%), reducing disparities (76%), and addressing onset of serious psychiatric illness (69%)

# PEI Focus: Prevention and Early Intervention



- MHSAs
  - MHSAs: purpose of PEI is to prevent mental illness from becoming severe and disabling
- PEI Guidelines
  - MHSAs prevention programs: occur prior to diagnosis of mental illness
  - MHSAs early intervention: funds low-intensity, short-duration approaches to improving mental health problems early in their manifestation
- Most counties include PEI programs for individuals with severe mental illness
  - 97% of counties include at least one prevention program
  - 97% include at least one early intervention program
  - Prevention of stigma 86%, suicide 76%, suffering from a mental illness 75%, onset of serious psychiatric illness 69%

# Early Intervention Examples

- Training for community “gatekeepers” to recognize and respond effectively to symptoms of mental illness
- State-of-the-art programs for individuals suffering a first episode of serious psychosis
- Early identification, coordinated treatment, and support in primary medical settings for older adults with depression
- Culturally-specific programs for individuals experiencing early stages of serious mental illness
- Prevention and early intervention for post-partum depression
- Crisis intervention
- Timely treatment for trauma survivors
- Support for children of parents experiencing SMI
- Treatment in the justice system for individuals experiencing SMI
- Therapy and coordination for youth in transition from foster care experiencing SMI



# PEI Across the Life Cycle

Required (except small counties)

- 51% of PEI funds for children and youth
- PEI programs for all ages

Percentage of counties

- Children: 97%
- Transition-age Youth: 95%
- Adults: 93%
- Older Adults: 80%



# Focus on Race/Ethnicity

- Latinos: 76%
- Asians, Pacific Islanders: 44%
- Native Americans: 44%
- African Americans: 37%



Data indicate counties that included a program with this primary focus, not an estimated number or percentage of individuals to be served.

# Underserved and At Risk

- 51% of counties had at least one PEI program that included a focus on LGBTQ individuals



# Types of Services

- Family Involvement: 98% of counties
- Peer Support: 80% of counties



# Locations of Service

“To facilitate accessing supports at the earliest possible signs of mental health problems and concerns, PEI builds capacity for providing ... services at sites where people go for other routine activities (e.g., health providers, education facilities, community centers).”

*PEI Guidelines, p. 2.*



# Location of Services

- School: 93%
- Community-based organization: 86%
- Primary care: 81%
- Social/community: 76%
- Home: 71%
- Faith/worship: 64%
- Childcare: 9%



Percentage of counties

# PEI Outcomes



## PEI Guidelines:

- “PEI funding is to be used to achieve specific...outcomes for individuals, programs/systems, and communities.”
- “PEI should include a combination of programs based on a logic model and a high likelihood of effectiveness...to achieve PEI outcomes, use a methodology to demonstrate outcomes and advance program improvement and learning.”
- “The scope of each project should not be overly broad or too narrow to achieve the outcomes for the target population.”

## MHSOAC

- Recommended to the Department of Mental Health that PEI regulations require counties to measure PEI outcomes

# PEI Outcomes

- Defining outcomes for priority needs/populations begins in community planning
- PEI focus on outcomes has potential applicability to all MHSA components



# PEI Outcomes

- California, including people at risk of and suffering from mental illness and their families, deserve to know the impact of this unprecedented investment in PEI
- MHSOAC commitment to evaluation of outcomes will help get answers
- View PEI outcomes in context of overall outcomes; MHSA is an integrated approach where all components reinforce each other



# Training/Technical Assistance

## CIMH PEI-related presentations for counties

- Measurement tips (defining outcomes)
- PEI outcomes and indicators
- Outcome-based decision-making for PEI programs

## CIMH e-learning curriculum

- [http://cimh.org/elearn\\_preview/IntroPrevProgEval/player.html](http://cimh.org/elearn_preview/IntroPrevProgEval/player.html)

## CIMH PEI Clearinghouse

- <http://www.preventionearlyintervention.org/go/PEIImplementers/OutcomesandEvaluation.aspx>

# PEI Possible Next Steps



- Define PEI evaluation framework as a key element of overall evaluation
- Define (with CMHPC) PEI-inclusive priority indicators for MHSA/mental health system outcomes
- Consider elements of PEI Guidelines that might be applicable to MHSA Integrated Plan and mental health system overall
- Make recommendations about PEI component of integrated plan, in context of realignment and MHSAOAC focus on outcomes
- Ensure counties have support and accountability framework for implementation of programs
- Include clients of PEI programs in community planning for integrated MHSA plan

# Acknowledgment

- **MHSA:** inclusion of PEI moves to “help first” from “fail first”
- **Framers of PEI Guidelines:** focus on outcomes, building on individual and community strength, emphasis on reducing mental health disparities, integrated approach
- **Counties and communities:** through community planning and ongoing engagement, have created creative PEI approaches, amid budget cuts and urgent needs



# Acknowledgment

The work to date in PEI is a huge and inspiring investment.

Trends Report includes examples – there are so many more!

