

Overview of Prevention and Early Intervention Planning Meetings

Subcommittee:

- Review/discuss the PEI Logic Model (page 2) and the PEI Project Summary (Enclosure 3) pages 7-15 from DMH PEI Proposed Guidelines.
- Review/discuss the feedback categories received from focus groups and surveys
- Discuss and identify the types of “projects” and “programs” to be proposed, which may include both county-wide and provider-specific projects
- Designate workgroups to address specific project and program details/descriptions

Workgroups:

- Workgroups and/or HCA staff will draft descriptions of each project/program to be proposed using the PEI Project Summary (Enclosure No. 3).
- HCA staff will serve as workgroup facilitators to ensure that Project Summary information is completed and that all PEI requirements/restrictions are addressed in accordance with State guidelines (DMH Information Notice No. 07-19)
- HCA staff will review/discuss and make recommendations regarding budget worksheets for each PEI project/program developed

MHSA Steering Committee:

- HCA staff will present recommendations to MHSA Steering Committee.
- MHSA Steering Committee will discuss recommendations, will make suggestions for changes, if needed, and will come to consensus on final recommendations.

PEI LOGIC MODEL

PLANNING

Planning Process

- Community needs
- Priority populations
- Community resources
- Programs

Values and Guiding Principles

- Transformational programs and actions
- Leveraging resources
- Stigma and discrimination reduction
- Recognition of early signs
- Integrated and coordinated systems
- Outcomes and effectiveness
- Optimal point of investment
- User friendly plans
- Nontraditional settings

IMPLEMENTATION (PROGRAMS)

Programs for Priority Populations

- Reducing the severity of first onset of serious psychiatric illness
- Intervening with children/youth in stressed families
- Reducing psychosocial impact of trauma
- Intervening with children/youth at risk of school failure
- Intervening with children/youth at risk of experiencing juvenile justice involvement

Programs for Key Community Mental Health Needs

- Suicide prevention
- Stigma and discrimination reduction

Four Elements

- Prevention
- Early Intervention
- Linkage and Support in Navigation Service Systems and Other Providers as Needed
- System Structure & Enhancement to Improve, Coordinate and Sustain Mental Health Programs and Interventions

SHORT-TERM OUTCOMES

Person – Level

- Reduced risk factors
- Improved resilience and protective factors
- Improved mental health status
- Improved emotional health
- Improved knowledge of impact of social and emotional factors
- Reduced incarceration in juvenile justice facilities

System – Level

- More community organizations providing identification and early intervention (short-term MH services)
- Enhanced quantity and quality of co-operative relationships with other organizations and systems
- More prevention services provided in non traditional settings
- Enhanced mental health promotion environment in partner organizations
- Enhanced use of ethnic/cultural community partners
- Enhanced suicide prevention efforts
- Reduced stigma
- Reduced discrimination

LONG TERM IMPACT

Community Impact Level

- Reduced incidence of mental disorders
- Reduced levels of 7 negative outcomes:
 - Suicide
 - Incarcerations
 - School failure or dropout
 - Unemployment
 - Prolonged suffering
 - Homelessness
 - Removal of children from their homes
- Reduced stigma
- Increased awareness of importance of social and emotional factors to general health