Prevention and Early Intervention Component of the MHSA

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Outline

- Refresher on MHSA PEI
- Public Health Approach and PEI
- OCHCA PEI Projects

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Prevention and Early Intervention and the Mental Health Services Act

- Prop 63, Mental Health Services Act (MHSA) passed in 2004
- PEI is one of several components funded by the act:
  - Community Services and Supports (CSS)
  - Workforce, Education, and Training (WET)
  - Capital Facilities and Information Technology
  - Prevention and Early Intervention (PEI)
  - Innovation
- Roughly 20% of all MHSA funds are for PEI

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PEI Guidelines

- Section 5848 of the Mental Health Services Act provided authority to the State Department of Mental Health (DMH) to establish requirements for county plans

- DMH released the PEI plan guidelines in 2007

- The PEI Guidelines gave direction to counties on how to develop their PEI plans and what to do with the funding

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What is MHSA Prevention as Defined in Guidelines?
When and Who

- "The Prevention element of the MHSA PEI component includes programs and services defined by the Institute of Medicine (IOM) as Universal and Selective, both occurring prior to a diagnosis for a mental illness."
  - Universal: target the general public or a whole population group that has not been identified on the basis of individual risk.
  - Selective: target individuals or a subgroup whose risk of developing mental illness is significantly higher than average.

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Reflects Investment in Future and in Transformation

- Guidelines indicated a dedication to reducing future need for mental health treatment and future negative life outcomes
  - Recognition that there is an overwhelming need for treatment and recovery services and not enough resources to meet need (especially with budget cuts) , however, the majority of the MHSA funding (roughly 80%) is allocated to treatment. Mental health services have looked very different since the implementation of MHSA programs
  - PEI could decrease future need
  - PEI is small portion of MHSA resources.
- Key to transformation of system from "failed first" to "help first"

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What is MHSA Prevention? (continued) What and How

- From the PEI Guidelines:
  - "Prevention promotes positive cognitive, social and emotional development and encourages a state of well-being that allows the individual to function well in the face of changing and sometimes challenging circumstances."
  - "Prevention in mental health involves reducing risk factors or stressors, building protective factors and skills and increasing support."

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What is MHSA Prevention? (continued) Summary

- Prior to onset of symptoms diagnosable as mental illness, but it is mental health prevention
- Promotes well-being and positive development
- Reduces risk factors, builds protective factors and support
- Targeted to people at risk and to general populations

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What are Risk Factors?

- Certain events, circumstances, and stressors that have been found to correlate with the development of a mental health condition and negative life outcomes
- Include psychological stressors, social stressors, and biological stressors which increase the possibility of developing a mental health condition and of resulting in negative outcomes in individuals' lives.

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Examples of Risk Factors

- Individual
  - Genetic vulnerability*
  - Poor social skills
  - Neuropsychological deficits
  - Chronic physical illness
  - Child abuse or neglect
- Family
  - Severe marital discord
  - Overcrowding or large family size
  - Parental criminality and substance abuse
  - Parental mental disorder
  - Admission to foster care

* Genetic vulnerability varies by mental health condition

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Examples of Risk Factors (continued)

- Community or social
  - Violence
  - Poverty
  - Isolation
  - Racism and discrimination

Sources: Surgeon General's 2001 report: *Mental Health, Culture, Race, and Ethnicity*; and Commonwealth Department of Health and Aged Care 2000 monograph: *Promotion, Prevention and Early Intervention for Mental Health*

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What are Protective Factors?

- Certain circumstances in people's lives that have been found to correlate with reduced incidence, prevalence, and severity of mental health conditions and negative outcomes
- Include family and individual resources, social supports, and community resources that can reduce the impact of negative circumstances and stressors and reduce the probability of developing a mental health condition and negative outcomes.

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Examples of Protective Factors

- Individual
  - Positive temperament
  - Social competence
  - Spirituality or religion
- Family
  - Smaller family structure
  - Supportive relationships with parents
  - Good sibling relationships
  - Adequate rule setting and monitoring by parents
- Community or social
  - Sense of connectedness
  - Strong cultural identity and ethnic pride

Sources: Surgeon General's 2001 report: *Mental Health, Culture, Race, and Ethnicity*; and Commonwealth Department of Health and Aged Care 2000 monograph: *Promotion, Prevention and Early Intervention for Mental Health*

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PEI Guidelines Define Prevention as Distinct from Treatment and Recovery

- Prevention defined as prior to the onset of symptoms that can be diagnosed as mental illness
  - Treatment and recovery is for current or past symptoms diagnosable as mental illness
- Prevention defined as having a focus on risk and protective factors
  - Treatment and recovery has a focus on reducing and managing symptoms, increasing/supporting functioning, preventing relapse
- Prevention is public/community health
  - Treatment and recovery is individual health

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MHSA Prevention is Distinct from Treatment and Recovery

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What is MHSA Early Intervention?

- "For individuals participating in PEI programs, the Early Intervention element:
  - Addresses a condition early in its manifestation
  - Is of relatively low intensity
  - Is of relatively short duration (usually less than one year)
  - Has the goal of supporting well-being in major life domains and avoiding the need for more extensive mental health services
  - May include individual screening for confirmation of potential mental health needs"

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Exception to MHSA Early Intervention Definition

- There is an exception to this limit on the use of PEI funds for early intervention:
  - "The standards of low intensity and short duration do not apply to services for individuals experiencing ARMS [at risk mental state] or first onset of a serious psychiatric illness with psychotic features"
  - "At risk mental state (ARMS), usually a period of one to two years, describes the condition of individuals who are at risk for developing a psychotic illness and are experiencing signs or symptoms that are indicative of a high risk for psychotic illness."
  - "First Onset is defined as the first time an individual meets full DSM-IV [diagnostic] criteria for a psychotic illness."

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MHSA Early Intervention is Distinct from Treatment and Recovery

- MHSA Early Intervention addresses a condition early in its manifestation
  - Treatment and recovery services often serve individuals with longstanding and persistent symptoms of mental illness
- MHSA Early Intervention is short duration and low intensity (except for psychoses)
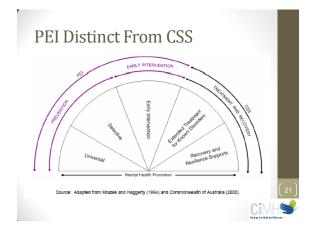 - Treatment and recovery can serve people throughout their recovery journey and can be very intensive

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Use of PEI Funds Limited

- "PEI funding is to be used to prevent mental health problems or to intervene early with relatively short duration and low intensity approaches to achieve intended outcomes,
- not for filling gaps in treatment and recovery services for individuals who have been diagnosed with a serious mental illness or serious emotional disturbance and their families."

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What Is Not MHSA PEI?

- Treatment and recovery from longstanding and persistent mental illness
- Long term services and supports for individuals with symptoms of mental illness
- Relapse prevention (except in early onset)

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PEI Distinct From CSS

Source: Adapted from Mrazek and Haggerty (1994) and Commonwealth of Australia (2000)

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PEI – Not Business as Usual

- Transformational Concepts (from the Guidelines)
  - Community collaboration
  - Cultural competence – improve access and ameliorate disparities
  - Individual/family-driven programs and interventions, with specific attention to individuals from underserved communities
  - Wellness focus

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PEI – Not Business as Usual (continued)

- Transformational Concepts (continued)
  - Integrated service experience for individuals and their families
    - "PEI programs can place mental health services in locations where participants obtain other critical supports…. Of particular importance are programs in the area of substance abuse prevention and treatment…"
  - Leverage resources
  - Outcomes-based program design

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PEI – Not Business as Usual (continued)

- PEI Program Characteristics
  - "Programs are often designed and implemented in collaboration with other systems and/or organizations."
  - "Programs are generally delivered in a natural community setting."
  - "Programs link individual participants who are perceived to need assessment or extended treatment for mental illness or emotional disturbance to County Mental Health, the primary care provider or another appropriate mental health services provider."

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PEI – Not Business as Usual (continued)

- PEI Program Characteristics (continued)
  - Programs "…help link individuals and family members to other needed services provided by grassroots organizations and local agencies particularly in the areas of substance abuse treatment; community, family or sexual violence prevention and intervention; and basic needs such as food, housing and employment."
  - "Programs are consistent with non-supplant requirements, collaboration and leveraging principles and all MHSA statutory and regulatory requirements."

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Reducing Disparities

- "An overarching goal of the MHSA is to reduce disparities experienced by specific racial/ethnic and cultural groups. This goal is central to PEI planning and the implementation of PEI projects and programs."

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PEI and the Public Health Model

- Public Health model
  - Population based, not just focused on individuals
  - Proactive (health promotion and disease prevention)
  - Focus on healthy communities, fostering healthy environments
  - Recognizes different levels of impact on health
    - Individual
    - Interpersonal
    - Organizational
    - Community
    - Society
  - See the links with MHSA PEI?

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Public Health Model Approach

- General approach to health:
  - Identify/define the adverse outcome
  - Identify risk factors and protective factors
  - Develop, (identify) and test interventions
  - Promote widespread adoption of effective interventions
- MHSA PEI approach is similar

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Community Planning Process

- Through this process counties develop the PEI component of the Three-Year Program and Expenditure Plan
- Planning process based on PEI logic model
- Must be inclusive
- Build on CSS process
- Requires public comment period and hearing

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PEI Logic Model

- Identification and selection of Key Community Mental Health Needs and related PEI Priority Populations for PEI programs and interventions
- Assessment of community capacity and strengths
- Selection of PEI programs to achieve desired outcomes
- Development of PEI projects with timeframes, staffing, and budgets
- Implementation of accountability, evaluation, and program improvement activities
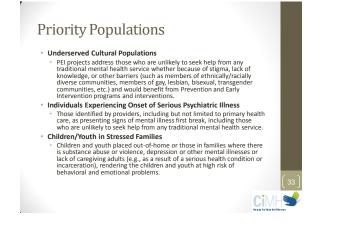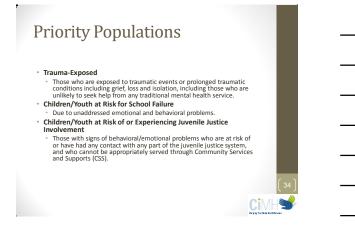
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Required & Recommended Planning Sectors

- Underserved Communities
- Education
- Individuals with Serious Mental Illness and/or their Families
- Providers of Mental Health Services
- Health
- Social Services
- Law Enforcement
- Recommended:
  - Family resource centers, employment, media

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Key Community Mental Health Needs

- **Disparities in Access to Mental Health Services**
  - PEI efforts will reduce disparities in access to early mental health interventions due to stigma, lack of knowledge about mental health services or lack of suitability (i.e., cultural competency) of traditional mainstream services.
- **Psycho-Social Impact of Trauma**
  - PEI efforts will reduce the negative psycho-social impact of trauma on all ages.
- **At-Risk Children, Youth, and Young Adult Populations**
  - PEI efforts will increase prevention efforts and response to early signs of emotional and behavioral health problems among specific at-risk populations.
- **Stigma and Discrimination**
  - PEI will reduce stigma and discrimination affecting individuals with mental health illness and mental health problems.
- **Suicide Risk**
  - PEI will increase public knowledge of the signs of suicide risk and appropriate actions to prevent suicide.

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Priority Populations

- **Underserved Cultural Populations**
  - PEI projects address those who are unlikely to seek help from any traditional mental health service whether because of stigma, lack of knowledge, or other barriers (such as members of ethnically/racially diverse communities, members of gay, lesbian, bisexual, transgender communities, etc.) and would benefit from Prevention and Early Intervention programs and interventions.
- **Individuals Experiencing Onset of Serious Psychiatric Illness**
  - Those identified by providers, including but not limited to primary health care, as presenting signs of mental illness first break, including those who are unlikely to seek help from any traditional mental health service.
- **Children/Youth in Stressed Families**
  - Children and youth placed out-of-home or those in families where there is substance abuse or violence, depression or other mental illnesses or lack of caregiving adults (e.g., as a result of a serious health condition or incarceration), rendering the children and youth at high risk of behavioral and emotional problems.

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Priority Populations

- **Trauma-Exposed**
  - Those who are exposed to traumatic events or prolonged traumatic conditions including grief, loss and isolation, including those who are unlikely to seek help from any traditional mental health service.
- **Children/Youth at Risk for School Failure**
  - Due to unaddressed emotional and behavioral problems.
- **Children/Youth at Risk of or Experiencing Juvenile Justice Involvement**
  - Those with signs of behavioral/emotional problems who are at risk of or have had any contact with any part of the juvenile justice system, and who cannot be appropriately served through Community Services and Supports (CSS).

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Priority Age

- "PEI county components must reflect programs that address all age groups and a minimum of 51 percent of their overall PEI component budget must be dedicated to individuals who are between the ages of 0 to 25."
- Counties with a total population less than 200,000 are excluded

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OCHCA PEI Programs

- 23 programs under three areas:
  - Community Focused Services
  - School Focused Services
  - System Enhancement

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OCHCA Prevention Programs (examples, continued)

Programs prior to onset of mental illness that build protective factors and reduce risk factors:

- Transitions
  - A prevention program for 9th graders transitioning from middle to high school. The goals of this program include developing protective factors and creating resilience in these youth to better meet the new academic and social challenges.
- Children's Support and Parenting Program (CSPP)
  - A prevention program to reduce the impact that mental illness, addiction, and/or trauma can have on children who are being raised in families exposed to and/or recovering from these issues.
- Family Support Services
  - Provides ongoing support for families struggling with behavioral health issues. The focus is on supporting and educating families about behavioral health and parenting issues to prevent the development of mental health problems in other members of the family.

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OCHCA Prevention Programs (examples)

Programs prior to onset of mental illness that build protective factors and reduce risk factors:

- Crisis Prevention Hotline Services
  - Provides toll-free, 24-hour, immediate, confidential, culturally and linguistically appropriate, over-the-phone suicide prevention services to anyone who is in crisis or experiencing suicidal thoughts.

- Warmline Network Services
  - Telephone-based, non-crisis support for anyone struggling with mental health and substance abuse issues.

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OCHCA Early Intervention Programs (examples)

Programs that intervene early on after initial onset of mental health symptoms and illness:

- First Onset of Psychiatric Illness Program/ Orange County Center of Resiliency, Education, and Wellness (OC CREW)
  - Provides early intervention services to transitional age youth, age 14-25, in the community experiencing their first onset of psychosis related to schizophrenia and provides services to their families.

- First Onset Services and Supports/ Orange County Post Partum Wellness Program (OC PPW)
  - Provides early intervention services to new mothers, up to one year postnatal, experiencing mild to moderate postpartum depression.

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OCHCA Early Intervention Programs (examples, continued)

Programs that intervene early on after initial onset of mental health symptoms and illness:

• Socialization Program for Isolated Older Adults/ Re-Connect
  • Serves adults and older adults who may be isolated and are experiencing the onset of psychiatric illness, particularly of those appearing later in life, including depression.

• UC Irvine Positive Behavioral Intervention Services (UCI PBIS)
  • Serves children K-5, providing academic support, social skills development, parent training and academic transitional support services. The program focuses on providing modifications and skill development to meet the psychosocial and academic needs of children and families with challenges in attention, behavior, and learning and/or Attention Deficit/Hyperactivity Disorder (ADHD), in a regular classroom setting.

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Conclusion

• MHSA PEI is an investment in the future
• MHSA PEI is transformative
• MHSA PEI says the whole community has a role in mental health – mental health is community health
• MHSA PEI is only a small contributor to community health – needs partners to combine efforts and resources towards shared goals
• MHSA PEI represents a big shift and so attention, time, and resources are needed to get it right

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THANK YOU!

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