

Prevention &



Early Intervention

## Nuts and Bolts: What you Need to Know From Beginning to End

---

DEBBIE INNES-GOMBERG, PH.D.

LOS ANGELES COUNTY



LOS ANGELES COUNTY  
**DEPARTMENT OF  
MENTAL HEALTH**  
hope. recovery. wellbeing.

# The Journey of PEI

---

- ❑ The opportunity to fund services geared toward people who are not seriously mentally ill yet
- ❑ For some counties, the opportunity to implement Evidence Based Practices
- ❑ Adopting a prevention framework
  - ❑ new services
  - ❑ new partnership opportunities
    - ❑ Community
    - ❑ Public Health
  - ❑ Focus on younger populations, screening, risk factors, protective factors
- ❑ Statewide/multi-county work
  - ❑ CalMHSA PEI Statewide Projects
  - ❑ Common messaging for mental health

# Overview of PEI: From the Regulations

---

- Regulations promulgated in October, 2015
- PEI is 19% of a county's overall MHSA allocation
- At least 50% of a county's PEI expenditures shall be services delivered to children and transition age youth
- Counties are responsible for submitting annual PEI program and evaluation report by June 30<sup>th</sup> for the previous Fiscal Year
  - Data and analyses where clients might be reasonably identified should be submitted as a "confidential" report directly to the MHSOAC
- Demographics: race, ethnicity, age, sexual orientation, gender identity, disability status, veteran status

# Reducing the 7 Negative Outcomes

---

1. Suicide
2. Incarcerations
3. School failure or dropout
4. Unemployment
5. Prolonged Suffering
6. Homelessness
7. Removal of children from their homes

# PEI Components

Component	Outcome Data Collection Requirements
<p><b>Prevention</b></p> <p>A set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. <b>The goal</b> is to bring about mental health including reduction of the applicable negative outcomes for individuals and members of groups or populations whose risk of developing a serious mental illness is greater than average and, as applicable, their parents, caregivers, and other family members.</p>	Reduction in risk factors, indicators or increased protective factors
<p><b>Early Intervention</b></p> <p>Treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence. Shall not exceed 18 months unless the program focuses on First Break Psychosis.</p>	Reduction of prolonged suffering

# PEI Components

Component	Outcome Data Collection Requirements
<p><b>Stigma and discrimination reduction</b></p> <p>Direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families.</p>	<p>Changes in attitudes, knowledge and/or behavior related to mental illness or to the seeking of mental health services</p>
<p><b>Suicide Prevention</b></p> <p>Organized activities that the County undertakes to prevent suicide as a consequence of mental illness.</p>	<p>Changes in attitudes, knowledge and/or behavior regarding suicide</p>

# PEI Components

Component	Outcome Data Collection Requirements
<p><b>Outreach for Increasing Recognition of Early Signs of Mental Illness</b></p> <p>Engaging, encouraging, educating, and/or training, and learning from potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness.</p> <p>(c) “Potential responders” include, but are not limited to, families, employers, primary health care providers, visiting nurses, school personnel, community service providers, peer providers, cultural brokers, law enforcement personnel, emergency medical service providers, people who provide services to individuals who are homeless, family law practitioners such as mediators, child protective services, leaders of faith-based organizations, and others in a position to identify early signs of potentially severe and disabling mental illness, provide support, and/or refer individuals who need treatment or other mental health services.</p>	<ul style="list-style-type: none"><li>▪ Number of potential responders outreached to</li><li>▪ The setting(s) in which the potential responders were engaged</li><li>▪ The types of potential responders engaged in each setting (i.e., nurses, principles, parents, etc.)</li></ul>

# PEI Components

Component	Outcome Data Collection Requirements
<p><b>Program for Access and linkage to treatment for people with Serious Mental Illness/Serious Emotional Disturbance who present for PEI services</b></p> <p>Activities to connect children with serious emotional disturbances and adults with serious mental illness to medically necessary treatment.</p>	<ul style="list-style-type: none"><li>▪ Number of individuals with SMI/SED referred to non-PEI services and the type of services</li><li>▪ Number who followed through on the referral and engaged in treatment</li><li>▪ Average duration of untreated mental illness</li><li>▪ Average interval between referral and participation in treatment</li></ul>

# Statewide Impact: CalMHSA and the Statewide PEI Projects

---

- ❑ Each Mind Matters
- ❑ Know the Signs- Suicide is Preventable
- ❑ Walk in Our Shoes
- ❑ Directing Change
- ❖ For More Information → [www.calmhsa.org](http://www.calmhsa.org)
  
- ✓ Social marketing campaigns reduce stigma of mental illness
- ✓ Training improved knowledge, attitudes and beliefs about mental illness

# Joint County Work: Statewide Impact

---

## ☐ MOQA 3

- ☐ CiBHS- CBHDA-DHCS → January – June, 2019
- ☐ Counties identified 2 components of PEI to focus on
  - ☐ Stigma and Discrimination Reduction
  - ☐ Suicide Prevention
- ☐ Counties participated in collecting information on the services provided
- ☐ Counties participated in sharing outcome measures in use
- ☐ CiBHS funded an evaluation consultant to finalize outcome measures and identify 3 approaches to data entry
- ☐ CiBHS will analyze the data and develop a report on statewide impact

# MOQA 3 Information

---

3 ways to enter data:

- Enter data into eBHS
- Collect data through your EHR
  - CiBHS will provide template and data export direction
- Manual data collection
- For more information:

<https://www.cibhs.org/measurements-outcomes-and-quality-assessment-moqa>

# On the Horizon

---

## SB 1004

- Creates a more focused approach for PEI
- Encourage cross-county collaboration
- On or before January 1, 2020 the OAC shall establish priorities for the use of PEI funds. The priorities shall include, but not limited to:
  - childhood trauma prevention and early intervention
  - Early psychosis and mood detection
  - Youth outreach and engagement targeting secondary school
  - older adults
- Counties may act jointly

# On the Horizon

---

## **Early Psychosis Learning Health Care Network**

LA, Orange, San Diego and Solano Counties

Implementation of Coordinated Specialty Care Early Psychosis services

Common outcome data collection

Centralized data portal

Cross-county learning utilizing data

# On The Horizon

---

- ❑ Universal Screening
  - ❑ Adverse Childhood Experiences (ACES)
    - ❑ The impact of untreated trauma
- ❑ The Social Determinants of Health
  - ❑ Addressing inequities in access to care
- ❑ Further identification of risk factors
  - ❑ Social
  - ❑ Emotional
  - ❑ Biologic
  - ❑ Environmental
  - ❑ Societal
- ❑ Key protective factors
  - ❑ Social connectedness
  - ❑ Having a meaningful role