PREVENTION AND EARLY INTERVENTION FACT SHEET

What is Prevention & Early Intervention?

Prevention and Early Intervention (PEI) receives 20% of the Mental Health Services Fund (19% after the Innovation allocation is set aside) for programs that serve individuals who are at risk of developing – or who are experiencing the early signs and symptoms – of a mental illness or emotional or behavioral disorder. PEI funding is not intended to fill gaps in services for individuals who have been diagnosed with a serious mental illness or emotional disturbance and their families.

What Are the Requirements to Use PEI Funds?

Per the new MHSOAC PEI Regulations that were adopted in October 2015 and amended in November 2017, programs funded by PEI must meet these requirements:

- Counties (other than those designated as small) are required to spend more than 50% of PEI funds on programs to improve the mental health and wellbeing of children and youth from birth through age 25, which can include services and supports for their parents, caregivers, etc..
- The length of stay in PEI programs, other than those designed to serve individuals experiencing first onset of a serious mental illness or emotional disturbance with psychotic features, must not exceed 18 months. Early onset programs may serve clients up to four years.
- For each PEI program, counties must identify which of the following strategies the program uses:
    - **Prevention** refers to services that are designed to prevent the development of serious emotional or behavioral disorders and mental illness for at-risk individuals.
    - **Early Intervention** refers to relatively low intensity services of short-duration for individuals experiencing a mental health problem or concern early in its manifestation and are designed to prevent the mental health problem from becoming worse.
    - **Outreach for Increasing Recognition of Early Signs of Mental Illness** refers to outreach as a process of engaging, encouraging, educating, and/or training, and learning from potential responders about ways to recognized and respond effectively to early warning signs of potentially severe and disabling mental illness. “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.
    - **Stigma and Discrimination Reduction** refers to 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.
    - **Suicide Prevention** means organized activities to prevent suicide as a consequence of mental illness.
    - **Access and Linkage to Treatment** means a set of related activities to connect children with severe emotional disturbance and adults and older adults with severe mental illness, as early in the onset of these conditions as practicable, to medically necessary care and treatment that is provided, funded, administered, or overseen by county mental health programs.
    - **Improve Timely Access to Services for Underserved Populations** means to increase the extent to which an individual or family from an underserved population (as defined in Title 9 California Code of Regulations Section 3200.300) who needs mental health services because of risk, or presence, of a mental illness receives appropriate services as early in the

onset as practicable, through program features such as accessibility, cultural and language appropriateness, transportation, family focus, hours available, and cost.

- Counties shall include at least one of each strategy into their overall PEI plan, with the exception of Suicide Prevention, which is optional.
- The first Annual Prevention and Early Intervention Report was due to the Mental Health Services Oversight and Accountability Commission on or before December 30, 2017 as part of the Annual Update or Three-Year Program and Expenditure Plan.
    - Each Annual Prevention and Early Intervention Report thereafter is due as part of an Annual Update or Three-Year Program and Expenditure Plan within 30 calendar days of Board of Supervisors approval but no later than June 30 of the same fiscal year, whichever occurs first. The Annual Prevention and Early Intervention Report is not due in years in which a Three-Year Prevention and Early Intervention Evaluation Report is due.
    - The County shall submit the Three-Year Prevention and Early Intervention Evaluation Report to the Mental Health Services Oversight and Accountability Commission every three years as part of a Three-Year Program and Expenditure Plan or Annual Update.

PEI funds are subject to a three-year reversion timeframe.