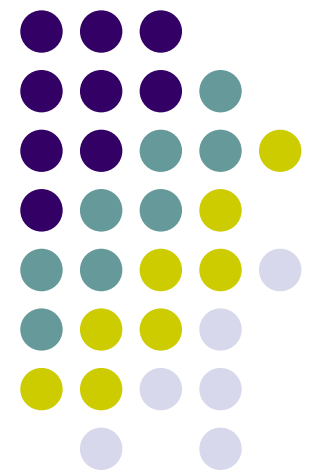


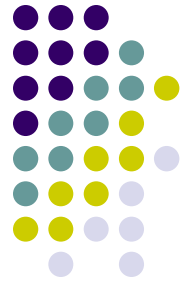
Prevention and Early Intervention

Los Angeles County PEI
Roundtable

October 2, 2008

Lynne Marsenich, LCSW





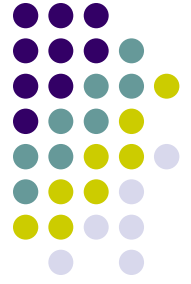
What is Prevention?

- 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.”



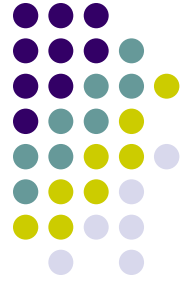
What is Prevention? (continued)

- “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.



What is Early Intervention?

- From the PEI Guidelines:
 - “Early Intervention is directed toward individuals and families for whom a short-duration (usually less than one year), relatively low-intensity intervention is appropriate to measurably improve a mental health problem or concern very early in its manifestation, thereby avoiding the need for more extensive mental health treatment or services; or to prevent a mental health problem from getting worse.”



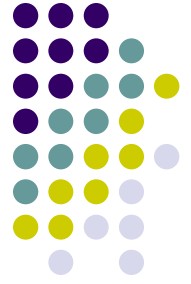
What is Early Intervention?

- “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”



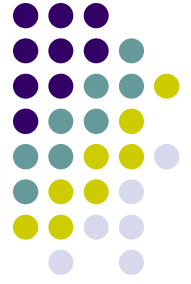
Use of PEI Funds Limited

- “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.”



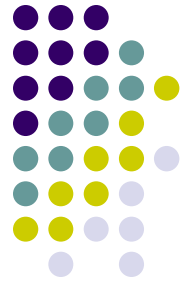
Exception to Limit on Funding

- There is an exception to this limit on the use of PEI funds:
 - “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.”



Risk and Protective Factors

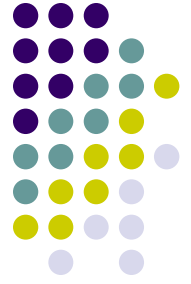
- Risk factors are those characteristics or hazards, that if present for a given individual, make it more likely that this individual will develop a disorder.
- Risk factors are not static.
- They can change in relation to a developmental phase or a new stressor in one's life and they can reside within the individual, family, community or institutions.



Risk and Protective Factors

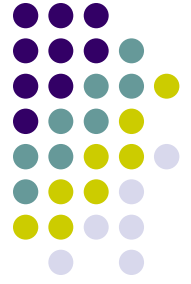
- Some risks such as family history are fixed; that is they are not malleable to change.
- Other risk factors such as lack of social support, inability to read, and exposure to bullying can be altered by strategic and potent interventions.
- Protective factors improve a person's response to some environmental hazard resulting in an adaptive outcome.

Risk and Protective Factors

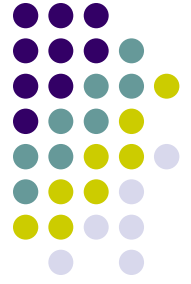


- Such factors, which can reside with the individual or within the family or community, do not foster normal development in the absence of risk factors, but they make an appreciable difference on the influence exerted by risk factors.
- Prevention interventions target risk factors that are thought to be malleable **and** target protective factors that are to be enhanced.
- If the interventions are successful, risk decreases, protective factors increase and the likelihood of onset of the potential problem also decreases.

Culturally specific protective factors

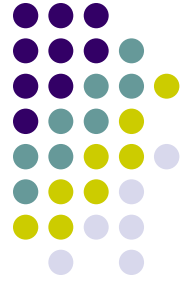


- Positive ethnic identity.
- Latinos – familism has shown to be protective against youth involvement in drugs and antisocial behavior.
- Native Americans – enculturation which is participation in traditional practices has shown to be protective against depression and substance abuse.
- African American – strong cultural norms against suicide.



PEI Priority Populations

- Underserved Cultural Populations
 - Those who are unlikely to seek help from any traditional mental health service
- Individuals experiencing onset of serious psychiatric illness
- Children/youth in stress families
 - Youth placed out of home, substance abuse, violence, depression or mental illness in a parents such that children are at risk to developing emotional and or behavioral problems



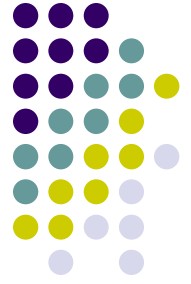
PEI Priority Populations

- Trauma Exposed
- Children at risk for school failure
 - Due to unaddressed emotional and behavioral problems
- Children/Youth at risk to or experiencing juvenile justice involvement
 - Youth with any signs of emotional/behavioral problems and cannot be served through the CSS



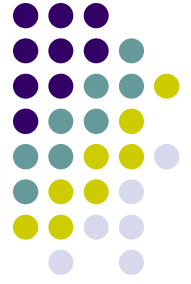
Selecting practices for PEI

- Begin by using local data to determine need.
 - Questions you might consider:
 - Who is in out of home care in your county – age, gender, ethnicity, type of maltreatment
 - Juvenile crime – what hours of the day/night? What neighborhoods? What youth – age, gender, ethnicity
 - Schools – Who is referred to SED and not accepted? School behavior referrals.



Selecting Practices

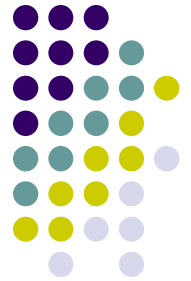
- The data will suggest who is most “at risk” in your community
- Focus on a PEI priority population
 - For example: A significant number of children are being removed from African American parents living in poverty.
 - Where would you focus your efforts: Universal, selected, early intervention programs?
 - Look for programs that target specific risk and protective factors.



Selecting Practices

- Service Delivery Site
 - Where might a prevention program be offered?
 - A family resource center?
 - A church?
 - A community center?
 - Head start program?
 - YMCA/YWCA?
 - Day Labor center?
 - Ethnic specific counseling/mental health agency
 - Well baby clinic
 - School
 - Senior Center

Guidelines for selecting an practice, strategy or program



- What “problem” are you trying to solve?
 - Rely on local data
- Choose interventions that target specific risk and protective factors
- Assess disproportionate risk
- Choose interventions, programs, strategies with evidence in their behalf
 - Look for EBP’s with cultural adaptations, translations, evidence with a specific cultural group, or those that have been developed for a specific cultural group.