

Draft Proposed Amendments to Prevention and Early Intervention Regulations

In October 2016 the Mental Health Services Oversight and Accountability (MHSOAC) adopted the report, *Finding Solutions, Helping Counties Comply with Regulations Governing Innovation Projects and Prevention and Early Intervention Programs under the Mental Health Services Act*. To implement some of the recommendation in the report, the Subcommittee on Prevention and Early Intervention and Innovation Regulations at its June 1, 2017 meeting will consider proposed amendments to the Prevention and Early Intervention regulations that will be submitted to the MHSOAC. The proposed amendments to be discussed at the June 1, 2017 Subcommittee meeting are set forth below and are shown in underlined text (new language) and strikethrough text (deleted language).

Article 5. Reporting Requirements

Amend Section 3560 as follows:

Section 3560. Prevention and Early Intervention ~~Reports~~ Reporting Requirements.

- (a) The County shall submit to the Mental Health Services Oversight and Accountability Commission the following ~~Prevention and Early Intervention reports~~:
- (1) The Annual Prevention and Early Intervention ~~Program and Evaluation~~ report as specified in Section 3560.010.
 - (2) The Three-Year Prevention and Early Intervention ~~Program and Evaluation~~ Report as specified in Section 3560.020.

Amend Section 3560.010 as follows:

Section 3560.010. Annual Prevention and Early Intervention ~~Program and Evaluation~~ Report.

- (a) The requirements set forth in this section shall apply to the Annual Prevention and Early Intervention ~~Program and Evaluation~~ Report.
- (1) The first Annual Prevention and Early Intervention ~~Program and Evaluation~~ Report is 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 ~~and no later than December 30th every year thereafter except for years in which the Three-Year Program and Evaluation Report is due.~~ Each Annual Prevention and Early Intervention Report thereafter is due to the Mental Health Services Oversight and Accountability Commission as part of the Annual Update or Three-Year Program and Expenditure Plan within 30 calendar days of Board of Supervisor approval but no later than June 30 of the current fiscal year whichever occurs first.
 - (2) The Annual Prevention and Early Intervention ~~Program and Evaluation~~ Report shall report on the required data for the fiscal year prior to the due date. For example, the Report that is due no later than June 30, 2020 is to report the required data from fiscal year 2018-19 (i.e. July 1, 2018 through June 30, 2019).
 - (3) The County shall exclude from the Annual Prevention and Early Intervention ~~Program and Evaluation~~ Report personally identifiable information as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH) and their implementing privacy and security

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regulations, the California Information Practices Act, and any other applicable state or federal privacy laws.

- (A) When the County has excluded information pursuant subdivision (3) above, the County shall submit to the Mental Health Services Oversight and Accountability Commission one of the following:
1. A supplemental Annual Prevention and Early Intervention ~~Program and Evaluation~~ Report that contains all of the information including the information that was excluded pursuant to subdivision (3). This supplemental report shall be marked “confidential.”
 2. A supplement to the Annual Prevention and Early Intervention ~~Program and Evaluation~~ Report that contains the information that was excluded pursuant to subdivision (3). This supplement to the report shall be marked “confidential.”
- (b) The County shall report the following information annually as part of the Annual Update or Three-Year Program and Expenditure Plan. The report shall include the following information for the reporting period:
- (1) For each Prevention Program and each Early Intervention Program list:
- (A) The Program name.
 - (B) Unduplicated numbers of individuals served in the preceding fiscal year
 1. If a Program served both individuals at risk of a mental illness (Prevention) and individuals with early onset of a mental illness (Early Intervention), the County shall report numbers served separately for each category.
 2. If a Program served families the County shall report the number of individual family members served.
- (2) For each Outreach for Increasing Recognition of Early Signs of Mental Illness Program or Strategy within a Program, the County shall report:
- (A) The Program name
 - (B) The number of potential responders
 - (C) The setting(s) in which the potential responders were engaged
 1. Settings providing opportunities to identify early signs of mental illness include, but are not limited to, family resource centers, senior centers, schools, cultural organizations, churches, faith-based organizations, primary health care, recreation centers, libraries, public transit facilities, support groups, law enforcement departments, residences, shelters, and clinics.
 - (D) The type(s) of potential responders engaged in each setting (e.g. nurses, principles, parents)
- (3) For each Access and Linkage to Treatment Strategy or Program the County shall report:
- (A) The Program name
 - (B) Number of individuals with serious mental illness referred to treatment that is provided, funded, administered, or overseen by county mental health, and the kind of treatment to which the individual was referred.

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- (C) Number of individuals who followed through on the referral and engaged in treatment, defined as the number of individuals who participated at least once in the Program to which they were referred.
 - (D) Average duration of untreated mental illness as defined in Section 3750, subdivision (f)(3)(A) and standard deviation.
 - (E) Average interval between the referral and participation in treatment, defined as participating at least once in the treatment to which referred, and standard deviation.
 - (F) “Referral” as used in this subdivision means the process by which an individual is given a recommendation in writing to one or more specific service providers for a higher level of care and treatment. Distributing a list of community resources to an individual at a community event, including but not limited to, a health fair, does not constitute a referral under this subdivision.
- (4) For each Improve Timely Access to Services for Underserved Populations Strategy or Program the County shall report:
- (A) The program name
 - (B) Identify the specific underserved populations for whom the County intended to increase timely access to services.
 - (C) Number of referrals of members of underserved populations to a Prevention Program, an Early Intervention Program and/or to treatment beyond early onset.
 - (D) Number of individuals who followed through on the referral, defined as the number of individuals who participated at least once in the Program to which they were referred.
 - (E) Average interval between referral and participation in services to which referred, defined as participating at least once in the service to which referred, and standard deviation.
 - (F) Description of ways the County encouraged access to services and follow-through on referrals.
 - (G) “Referral” as used in this subdivision means the process by which a member of an underserved population is given a recommendation in writing to one or more specific service provider for a Prevention Program, an Early Intervention Program and/or a program providing treatment beyond early onset. Distributing a list of community resources to an individual at a community event, including but not limited to, a health fair, does not constitute a referral under this subdivision.
- (5) For the information reported under subdivisions (1) through (4) of this section, disaggregate numbers served, number of potential responders engaged, and number of referrals for treatment and other services by:
- (A) The following age groups:
 1. 0-15 (children/youth)
 2. 16-25 (transition age youth)
 3. 26-59 (adult)
 4. ages 60+ (older adults)
 5. Number of respondents who declined to answer the question

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- (B) Race by the following categories:
1. American Indian or Alaska Native
 2. Asian
 3. Black or African American
 4. Native Hawaiian or other Pacific Islander
 5. White
 6. Other
 7. More than one race
 8. Number of respondents who declined to answer the question
- (C) Ethnicity by the following categories:
1. Hispanic or Latino as follows
 - a. Caribbean
 - b. Central American
 - c. Mexican/Mexican-American/Chicano
 - d. Puerto Rican
 - e. South American
 - f. Other
 - g. Number of respondents who declined to answer the question
 2. Non-Hispanic or Non-Latino as follows
 - a. African
 - b. Asian Indian/South Asian
 - c. Cambodian
 - d. Chinese
 - e. Eastern European
 - f. European
 - g. Filipino
 - h. Japanese
 - i. Korean
 - j. Middle Eastern
 - k. Vietnamese
 - l. Other
 - m. Number of respondents who declined to answer the question
 3. More than one ethnicity
 4. Number of respondents who declined to answer the question
- (D) Primary language used listed by threshold languages for the individual county
- (E) Sexual orientation,
1. Gay or Lesbian
 2. Heterosexual or Straight
 3. Bisexual
 4. Questioning or unsure of sexual orientation
 5. Queer
 6. Another sexual orientation
 7. Number of respondents who declined to answer the question

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(F) Disability, defined as a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a severe mental illness

1. Yes, report the number that apply in each domain of disability(ies)
 - a. Communication domain separately by each of the following
 - (i) Difficulty seeing,
 - (ii) Difficulty hearing, or having speech understood
 - (iii) Other (specify)
 - b. Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability, dementia)
 - c. Physical/mobility domain
 - d. Chronic health condition (including, but not limited to, chronic pain)
 - e. Other (specify)
2. No
3. Number of respondents who declined to answer the question

(G) Veteran status,

1. Yes
2. No
3. Number of respondents who declined to answer the question

(H) Gender

1. Assigned sex at birth:
 - a. Male
 - b. Female
 - c. Number of respondents who declined to answer the question
2. Current gender identity:
 - a. Male
 - b. Female
 - c. Transgender
 - d. Genderqueer
 - e. Questioning or unsure of gender identity
 - f. Another gender identity
 - g. Number of respondents who declined to answer the question

(6) Any other data the County considers relevant, for example, data for additional demographic groups that are particularly prevalent in the County, at elevated risk of or with high rates of mental illness, unserved or underserved, and/or the focus of one or more Prevention and Early Intervention funded services.

(7) For Stigma and Discrimination Reduction Programs and Suicide Prevention Programs, the County may report available numbers of individuals reached, including demographic breakdowns. An example would be the number of individuals who received training and education or who clicked on a web site.

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- (8) For all programs and Strategies, the County may report implementation challenges, successes, lessons learned, and relevant examples.
- (c) For a program serving children or youth younger than 18 years of age, the demographic information required under subdivision (b)(5) of this section relating to children or youth younger than 18 years of age shall be collected and reported only to the extent permissible by California Education Code, Family Educational Rights and Privacy Act (FERPA), Health Insurance Portability and Accountability Act of 1996 (HIPAA), California Information Practices Act, and other applicable state and federal privacy laws.
- (d) A county is not required to collect the demographic information required under subdivision (b)(5) of this section from a minor younger than 12 years of age.
- (e) A County with a population under 100,000, according to the most recent projection by the California State Department of Finance, may report the demographic information required under subdivision (b)(5) of this section for the County's entire Prevention and Early Intervention Component instead of by each Program or Strategy.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5840, 5845(d)(6), and 5847, Welfare and Institutions Code; Uncodified Sections 2 and 3 of Proposition 63, the Mental Health Services Act.

Amend Section 3560.020 as follows:

Section 3560.020. Three-Year Prevention and Early Intervention Program and Evaluation Report.

- (a) The County shall submit the Three-Year Prevention and Early Intervention Program and Evaluation Report to the Mental Health Services Oversight and Accountability Commission every three years as part of the Three-Year Program and Expenditure Plan or Annual Update. The Three-Year Prevention and Early Intervention Program and Evaluation Report answers questions about the impacts of Prevention and Early Intervention Component Programs on individuals with risk or early onset of serious mental illness and on the mental health and related systems.
- (1) The first Three-Year Prevention and Early Intervention Program and Evaluation Report is due to the Mental Health Services Oversight and Accountability Commission on or before ~~December 30, 2018~~ June 30, 2019 as part of the Annual Update or Three-Year Program and Expenditure Plan for fiscal years 2017/18 through 2019/20. ~~The Three-Year Program and Evaluation Report shall be due no later than December 30th every three years thereafter and shall report on the evaluation(s) for the three fiscal years prior to the due date. The first Three-Year Prevention and Early Intervention Evaluation Report shall report the required data from fiscal year 2017-2018 and from the prior fiscal year if available.~~
- (2) The County shall exclude from the Three-Year Prevention and Early Intervention Program and Evaluation Report personally identifiable information as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH) and their implementing privacy and security regulations, the California Information Practices Act, and any other applicable state or federal privacy laws.

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- (A) When the County has excluded information pursuant subdivision (2) above, the County shall submit to the Mental Health Services Oversight and Accountability Commission one of the following:
1. A supplemental Three-Year Prevention and Early Intervention Program and Evaluation Report that contains all of the information including the information that was excluded pursuant to subdivision (2). This supplemental report shall be marked “confidential.”
 2. A supplement to the Three-Year Prevention and Early Intervention Program and Evaluation Report that contains the information that was excluded pursuant to subdivision (2). This supplement to the report shall be marked “confidential.”
- (b) The Three-Year Prevention and Early Intervention Program and Evaluation Report shall describe the evaluation of each Prevention and Early Intervention Component Program and two Strategies: Access and Linkage to Treatment and Improving Timely Access to Services for Underserved Populations. The Report shall include the following:
- (1) The name of each Program for which the county is reporting
 - (2) The outcomes and indicators selected for each Prevention, Early Intervention, Stigma and Discrimination Reduction, or Suicide Prevention Program
 - (3) The approaches used to select the outcomes and indicators, collect data, and determine results for the evaluation of each Program and the Access and Linkage to Treatment and Improving Timely Access to Services for Underserved Populations Strategies
 - (4) How often the data were collected for the evaluation of each Program and for the Access and Linkage to Treatment and Improving Timely Access to Services for Underserved Populations Strategies
- (c) The Three-Year Prevention and Early Intervention Program and Evaluation Report shall provide results and analysis of results for all required evaluations set forth in Section 3750 for the three fiscal years prior to the due date.
- (d) The County may also include in the Three-Year Prevention and Early Intervention Program and Evaluation Report any additional evaluation data on selected outcomes and indicators, including evaluation results related to the impact of Prevention and Early Intervention Component Programs on mental health and related systems.
- (e) The County shall include the same information for the previous fiscal year that otherwise would be reported in the Annual Prevention and Early Intervention Program and Evaluation Report in response to requirements specified in 3560.010(b).
- (f) The County may report any other available evaluation results in the County’s Annual Updates.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5840, 5845(d)(6), and 5847, Welfare and Institutions Code; Uncodified Sections 2 and 3 of Proposition 63, the Mental Health Services Act.

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Article 7. Prevention and Early Intervention

Amend Section 3705 as follows:

Section 3705. Prevention and Early Intervention Component General Requirements.

- (a) The County shall include in its Prevention and Early Intervention Component:
- (1) At least one Early Intervention Program as defined in Section 3710.
 - (2) At least one Outreach for Increasing Recognition of Early Signs of Mental Illness Program as defined in Section 3715.
 - (3) At least one Prevention Program as defined in Section 3720
 - (A) Small counties may opt out of the requirement to have at least one Prevention Program if:
 1. The Small County obtains a declaration from the Board of Supervisors that the County cannot meet this requirement.
 - (B) A Small County that opts out of the requirement in (a)(3) above shall include in its Three-year Program and Expenditure Plan and/or Annual Update documentation describing the rationale for the County's decision and how the County ensured meaningful stakeholder involvement in the decision to opt out.
 - (4) At least one Access and Linkage to Treatment Program as defined in Section 3726
 - (A) A County with a population under 100,000, according to the most recent projection by the California State Department of Finance, may opt out of the requirement to have at least one Access and Linkage to Treatment Program if:
 1. The County obtains a declaration from the Board of Supervisors that the County cannot meet this requirement.
 - (B) A County that opts out of the requirement in (a)(4) above shall include in its Three-year Program and Expenditure Plan and/or Annual Update documentation describing the rationale for the County's decision and how the County ensured meaningful stakeholder involvement in the decision to opt out.
 - (5) At least one Stigma and Discrimination Reduction Program as defined in Section 3725
 - (6) The Strategies defined in Section 3735.
- (b) The County may include in its Prevention and Early Intervention Component:
- (1) One or more Suicide Prevention Programs as defined in Section 3730.
- (c) A County with a population under 50,000, according to the most recent projection by the California State Department of Finance, may satisfy the requirements in subdivisions (a)(1) through (a)(5) of this Section by combining and/or integrating the Early Intervention Program, the Outreach for Increasing Recognition of Early Signs of Mental Illness Program, the Prevention Program, the Access and Linkage to Treatment Program, and the Stigma and Discrimination Reduction Program.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Section 5840, Welfare and Institutions Code.

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Amend Section 3726 as follows:

Section 3726. Access and Linkage to Treatment Program.

- (A) The County shall offer at least one Access and Linkage to Treatment Program as defined in this section.
- (B) “Access and Linkage to Treatment Program” means a set of related activities to connect children with severe mental illness, as defined in Welfare and Institutions Code Section 5600.3, and adults and seniors with severe mental illness, as defined in Welfare and Institutions Code Section 5600.3, as early in the onset of these conditions as practicable, to medically necessary care and treatment, ~~including, but not limited to, care provided, funded, administered, or overseen~~ by county mental health programs.
 - (1) Examples of Access and Linkage to Treatment Programs, include but are not limited to, Programs with a primary focus on screening, assessment, referral, telephone help lines, and mobile response.
- (c) In addition to offering the required Access and Linkage to Treatment Program, the County is also required to offer Access and Linkage to Treatment as a Strategy within all Prevention and Early Intervention Programs.
- (d) The County shall include all of the Strategies in each Access and Linkage to Treatment Program as referenced in Section 3735.
- (e) An Access and Linkage to Treatment Program may be provided through other Mental Health Services Act components as long as they meet all of the requirements in this section.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5600.3 and 5840, Welfare and Institutions Code.

Amend Section 3735 as follows:

Section 3735. Prevention and Early Intervention Strategies.

- (a) The County shall include all of the following Strategies as part of each Program listed in Sections 3710 through 3730 of Article 7:
 - (1) Be designed and implemented to help create Access and Linkage to Treatment.
 - (A) “Access and Linkage to Treatment” means connecting children with severe mental illness, as defined in Welfare and Institutions Code Section 5600.3, and adults and seniors with severe mental illness, as defined in Welfare and Institutions Code Section 5600.3, as early in the onset of these conditions as practicable, to medically necessary care and treatment, ~~including, but not limited to, care provided, funded, administered, or overseen~~ by county mental health programs.
 - (2) Be designed, implemented, and promoted in ways that Improve Timely Access to Mental Health Services for Individuals and/or Families from Underserved Populations.
 - (A) “Improving 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 of services.

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- (B) Services shall be provide in convenient, accessible, acceptable, culturally appropriate settings such as primary healthcare, schools, family resource centers, community-based organizations, places of worship, shelters, and public settings unless a mental health setting enhances access to quality services and outcomes for underserved populations.
 - (C) In addition to offering the required Improve Timely Access to Services for Underserved Populations Strategy, the County may also offer Improve Timely Access to Services for Underserved Populations as a Program.
- (3) Be designed, implemented, and promoted using Strategies that are Non-Stigmatizing and Non-Discriminatory
- (A) “Strategies that are Non-Stigmatizing and Non-Discriminatory” means promoting, designing, and implementing Programs in ways that reduce and circumvent stigma, including self-stigma, and discrimination related to being diagnosed with a mental illness, having a mental illness or seeking mental health services, and making services accessible, welcoming, and positive.
 - (B) Non-Stigmatizing and Non-Discriminatory approaches include, but are not limited to, using positive, factual messages and approaches with a focus on recovery, wellness, and resilience; use of culturally appropriate language, practices, and concepts; efforts to acknowledge and combat multiple social stigmas that affect attitudes about mental illness and/or about seeking mental health services, including but not limited to race and sexual orientation; co-locating mental health services with other life resources; promoting positive attitudes and understanding of recovery among mental health providers; inclusion and welcoming of family members; and employment of peers in a range of roles.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Section 5840, Welfare and Institutions Code.

Amend Section 3750 as follows:

Section 3750. Prevention and Early Intervention Component Evaluation.

- (a) For each Early Intervention Program the County shall evaluate the reduction of prolonged suffering as referenced in Welfare and Institutions Code Section 5840, subdivision (d) that may result from untreated mental illness by measuring reduced symptoms and/or improved recovery, including mental, emotional, and relational functioning. The County shall select, define, and measure appropriate indicators that are applicable to the Program.
- (b) For each Prevention Program the County shall measure the reduction of prolonged suffering as referenced in Welfare and Institutions Code Section 5840, subdivision (d) that may result from untreated mental illness by measuring a reduction in risk factors, indicators, and/or increased protective factors that may lead to improved mental, emotional, and relational functioning. The County shall select, define, and measure appropriate indicators that are applicable to the Program.
- (c) For each Early Intervention and each Prevention Program that the County designates as intended to reduce any of the other Mental Health Services Act negative outcomes referenced in Welfare and Institutions Code Section 5840, subdivision (d) that may result from untreated mental illness, the

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County shall select, define, and measure appropriate indicators that the County selects that are applicable to the Program.

- (d) For each Stigma and Discrimination Reduction Program referenced in Section 3725, the County shall select and use a validated method to measure one or more of the following:
 - (1) Changes in attitudes, knowledge, and/or behavior related to mental illness that are applicable to the specific Program.
 - (2) Changes in attitudes, knowledge, and/or behavior related to seeking mental health services that are applicable to the specific Program.
- (e) If the County chooses to offer a Suicide Prevention Program referenced in Section 3730, the County shall select and use a validated method to measure changes in attitudes, knowledge, and/or behavior regarding suicide related to mental illness that are applicable to the specific Program.
- (f) For each Strategy or Program to provide Access and Linkage to Treatment the County shall track:
 - (1) Number of referrals as defined in subdivision (b)(3)(F) of section 3560.010 to treatment, and kind of treatment to which person was referred.
 - (2) Number of persons who followed through on the referral as defined in subdivision (b)(3)(F) of section 3560.010 and engaged in treatment, defined as the number of individuals who participated at least once in the Program to which the person was referred.
 - (A) The County may use a methodologically sound random sampling method to satisfy this requirement. The sample must be statistically generalizable to the larger population and representative of all relevant demographic groups included in the larger population.
 - (3) Duration of untreated mental illness.
 - (A) Duration of untreated mental illness shall be measured for persons who are referred as defined in subdivision (b)(3)(F) of section 3560.010 to treatment and who have not previously received treatment as follows:
 - 1. The time between the self-reported and/or parent-or-family-reported onset of symptoms of mental illness and entry into treatment, defined as participating at least once in treatment to which the person was referred.
 - (B) The County may use a methodologically sound random sampling method to satisfy this requirement. The sample must be statistically generalizable to the larger population and representative of all relevant demographic groups included in the larger population.
 - (4) The interval between the referral as defined in subdivision (b)(3)(F) of section 3560.010 and engagement in treatment, defined as participating at least once in the treatment to which referred
 - (A) The County may use a methodologically sound random sampling method to satisfy this requirement. The sample must be statistically generalizable to the larger population and representative of all relevant demographic groups included in the larger population.
- (g) For each Strategy or Program to Improve Timely Access to Services for Underserved Populations the County shall measure:

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- (1) Number of referrals as defined in subdivision (b)(4)(G) of section 3560.010 of members of underserved populations to a Prevention Program, an Early Intervention Program, and/or treatment beyond early onset.
- (2) Number of persons who followed through on the referral as defined in subdivision (b)(4)(G) of section 3560.010 and engaged in services, defined as the number of individuals who participated at least once in the Program to which the person was referred.
 - (A) The County may use a methodologically sound random sampling method to satisfy this requirement. The sample must be statistically generalizable to the larger population and representative of all relevant demographic groups included in the larger population.
- (3) Timeliness of care.
 - (A) Timeliness of care for individuals from underserved populations with a mental illness is measured by the interval between referral as defined in subdivision (b)(4)(G) of section 3560.010 and engagement in services, defined as participating at least once in the service to which referred.
- (h) The County shall design the evaluations to be culturally competent and shall include the perspective of diverse people with lived experience of mental illness, including their family members, as applicable.
- (i) In addition, to the required evaluations listed in this section, the County may also, as relevant and applicable, define and measure the impact of Programs funded by Prevention and Early Intervention funds on the mental health and related systems, including, but not limited to education, physical healthcare, law enforcement and justice, social services, homeless shelters and other services, and community supports specific to age, racial, ethnic, and cultural groups. Examples of system outcomes include, but are not limited to, increased provision of services by ethnic and cultural community organizations, hours of operation, integration of services including co-location, involvement of clients and families in key decisions, identification and response to co-occurring substance-use disorders, staff knowledge and application of recovery principles, collaboration with diverse community partners, or funds leveraged.
- (j) A County with a population under 100,000, according to the most recent projection by the California State Department of Finance, is exempt from the evaluation requirements in this section for one year from the effective date of this section.
- (k) A County with a population under 50,000, according to the most recent projection by the California State Department of Finance, electing to follow subdivision (c) of section 3705 may satisfy the requirements of subdivisions (a) through (g) of this section by selecting, defining, and measuring appropriate indicators that the County selects to evaluate the negative outcomes referenced in Welfare and Institutions Code section 5840, subdivision (d), identified in the County's Three-year Program and Expenditure Plan and/or Annual Update pursuant to subdivision (o)(2) of section 3755.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5840 and 5847, Welfare and Institutions Code; Uncodified Sections 2 and 3 of Proposition 63, the Mental Health Services Act.

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Amend Section 3755 as follows:

Section 3755. Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update.

- (a) The requirements set forth in this section shall apply to the Annual Update due for the fiscal year 2016-17 and each Annual Update and/or Three-Year Program and Expenditure Plan thereafter.
- (b) The Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan or Annual Update shall include the following general information:
 - (1) A description of how the County ensured that staff and stakeholders involved in the Community Program Planning process required by Title 9 California Code of Regulations, Section 3300, were informed about and understood the purpose and requirements of the Prevention and Early Intervention Component.
 - (2) A description of the County's plan to involve community stakeholders meaningfully in all phases of the Prevention and Early Intervention Component of the Mental Health Services Act, including program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations.
 - (3) A brief description, with specific examples of how each Program and/or Strategy funded by Prevention and Early Intervention funds will reflect and be consistent with all applicable Mental Health Services Act General Standards set forth in Title 9 California Code of Regulations, Section 3320.
- (c) Except as provided in subdivision (o), the Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include a description of each Early Intervention Program as defined in Section 3710 including, but not limited to:
 - (1) The Program name
 - (2) Identification of the target population for the specific Program including:
 - (A) Demographics relevant to the intended target population for the specific Program, including, but not limited to, age, race/ethnicity, gender or gender identity, primary language used, military status, and sexual orientation.
 - (B) The mental illness or illnesses for which there is early onset.
 - (C) Brief description of how each participant's early onset of a potentially serious mental illness will be determined.
 - (3) Identification of the type(s) of problem(s) and need(s) for which the Program will be directed and the activities to be included in the Program that are intended to bring about mental health and related functional outcomes including reduction of the negative outcomes referenced in Welfare and Institutions Code Section 5840, subdivision (d) for individuals with early onset of potentially serious mental illness.
 - (4) The Mental Health Services Act negative outcomes as a consequence of untreated mental illness referenced in Welfare and Institutions Code Section 5840, subdivision (d) that the Program is expected to affect, including the reduction of prolonged suffering as a consequence of untreated mental illness, as defined in Section 3750, subdivision (a).

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- (A) List the mental health indicators that the County will use to measure reduction of prolonged suffering as referenced in Section 3750, subdivision (a).
 - (B) For any other specified Mental Health Services Act negative outcome as a consequence of untreated mental illness, as referenced in Section 3750, subdivision (c), list the indicators that the County will use to measure the intended reductions.
 - (C) Explain the evaluation methodology, including, how and when outcomes will be measured, how data will be collected and analyzed, and how the evaluation will reflect cultural competence.
- (5) Specify how the Early Intervention Program is likely to reduce the relevant Mental Health Services Act negative outcomes as referenced in Welfare and Institutions Code Section 5840, subdivision (d) by providing the following information:
- (A) If the County used the evidence-based standard or promising practice standard to determine the Program's effectiveness as referenced in Section 3740, subdivisions (a)(1) and (a)(2), provide a brief description of or reference to the relevant evidence applicable to the specific intended outcome, explain how the practice's effectiveness has been demonstrated for the intended population, and explain how the County will ensure fidelity to the practice according to the practice model and program design in implementing the Program.
 - (B) If the County used the community and/or practice-based standard to determine the Program's effectiveness as referenced in Section 3740, subdivision (a)(3), describe the evidence that the approach is likely to bring about applicable Mental Health Services Act outcomes for the intended population(s) and explain how the County will ensure fidelity to the practice according to the practice model and program design in implementing the Program.
- (d) Except as provided in subdivision (o), the Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include a description of the Prevention Program including but not limited to the following information:
- (1) The Program name
 - (2) Identification of the target population for the specific Program, including:
 - (A) Participants' risk of a potentially serious mental illness, either based on individual risk or membership in a group or population with greater than average risk of a serious mental illness, i.e. the condition, experience, or behavior associated with greater than average risk.
 - (B) How the risk of a potentially serious mental illness will be defined and determined, i.e. what criteria and process the County will use to establish that the intended beneficiaries of the Program have a greater than average risk of developing a potentially severe mental illness.
 - (C) Demographics relevant to the intended target population for the specific Program including but not limited to age, race/ethnicity, gender or gender identity, sexual orientation, primary language used, and military status.
 - (3) Specify the type of problem(s) and need(s) for which the Prevention Program will be directed and the activities to be included in the Program that are intended to bring about mental health and related functional outcomes including reduction of the negative outcomes referenced in

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- Welfare and Institutions Code Section 5840, subdivision (d) for individuals with greater than average risk of potentially serious mental illness.
- (4) Specify any Mental Health Services Act negative outcomes as a consequence of untreated mental illness as referenced in Welfare and Institutions Code Section 5840, subdivision (d) that the Program is expected to affect, including reduction of prolonged suffering, as defined in Section 3750, subdivision (b).
- (A) List the mental health indicators that the County will use to measure reduction of prolonged suffering as referenced in Section 3750, subdivision (b).
- (B) If the County intends the Program to reduce any other specified Mental Health Services Act negative outcome as a consequence of untreated mental illness as referenced in Section 3750, subdivision (c), list the indicators that the County will use to measure the intended reductions.
- (C) Explain the evaluation methodology, including, how and when outcomes will be measured, how data will be collected and analyzed, and how the evaluation will reflect cultural competence.
- (5) Specify how the Prevention Program is likely to bring about reduction of relevant Mental Health Services Act negative outcomes referenced in Welfare and Institutions Code Section 5840, subdivision (d) for the intended population by providing the following information:
- (A) If the County used the evidence-based standard or promising practice standard to determine the Program's effectiveness as referenced in Section 3740, subdivisions (a)(1) and (a)(2), provide a brief description of or reference to the relevant evidence applicable to the specific intended outcome, explain how the practice's effectiveness has been demonstrated for the intended population, and explain how the County will ensure fidelity to the practice according to the practice model and program design in implementing the Program.
- (B) If the County used the community and/or practice-based standard to determine the Program's effectiveness as referenced in Section 3740, subdivision (a)(3), describe the evidence that the approach is likely to bring about applicable Mental Health Services Act outcomes for the intended population(s) and explain how the County will ensure fidelity to the practice according to the practice model and program design in implementing the Program.
- (e) Except as provided in subdivision (o), the Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include a description of each Outreach for Increasing Recognition of Early Signs of Mental Illness Program and for any Strategy within a Program, including, but not limited to:
- (1) The Program name
- (2) Identify the types and settings of potential responders the Program intends to reach.
- (A) Describe briefly the potential responders' setting(s), as referenced in Section 3750, subdivisions (d)(3)(A), and the opportunity the potential responders will have to identify diverse individuals with signs and symptoms of potentially serious mental illness.

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- (3) Specify the methods to be used to reach out and engage potential responders and the methods to be used for potential responders and public mental health service providers to learn together about how to identify and respond supportively to signs and symptoms of potentially serious mental illness.
- (f) Except as provided in subdivision (o), the Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include a description of each Stigma and Discrimination Reduction Program, including, but not limited to:
 - (1) The Program name
 - (2) Identify whom the Program intends to influence.
 - (3) Specify the methods and activities to be used to change attitudes, knowledge, and/or behavior regarding being diagnosed with mental illness, having mental illness and/or seeking mental health services, consistent with requirements in Section 3750, subdivision (e), including timeframes for measurement.
 - (4) Specify how the proposed method is likely to bring about the selected outcomes by providing the following information:
 - (A) If the County used the evidence-based standard or promising practice standard, to determine the Program's effectiveness as referenced in Section 3740, subdivisions (a)(1) and (a)(2), provide a brief description of or reference to the relevant evidence applicable to the specific intended outcome, explain how the practice's effectiveness has been demonstrated for the intended population and explain how the County will ensure fidelity to the practice according to the practice model and Program design in implementing the Program.
 - (B) If the County used the community and/or practice-based standard to determine the Program's effectiveness as referenced in Section 3740, subdivision (a)(3), describe the evidence that the approach is likely to bring about applicable Mental Health Services Act outcomes for the intended population and explain how the County will ensure fidelity to the practice according to the practice model and Program design in implementing the Program.
- (g) Except as provided in subdivision (o), the Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include a description of each Suicide Prevention Program including, but not limited to:
 - (1) The Program name
 - (2) Specify the methods and activities to be used to change attitudes and behavior to prevent mental illness-related suicide.
 - (3) Indicate how the County will measure changes in attitude, knowledge, and /or behavior related to reducing mental illness-related suicide consistent with requirements in Section 3750, subdivision (f) including timeframes for measurement.
 - (4) Specify how the proposed method is likely to bring about suicide prevention outcomes selected by the County by providing the following information:
 - (A) If the County used the evidence-based standard or promising practice standard to determine the Program's effectiveness as referenced in Section 3740, subdivisions (a)(1) and (a)(2), explain how the practice's effectiveness has been demonstrated and explain how the

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County will ensure fidelity to the practice according to the practice model and Program design in implementing the Program.

- (B) If the County used the community and/or practice-based standard to determine the Program's effectiveness as referenced in Section 3740, subdivision (a)(3), describe the evidence that the approach is likely to bring about applicable Mental Health Services Act outcomes and explain how the County will ensure fidelity to the practice according to the practice model and Program design in implementing the Program.
- (h) Except as provided in subdivision (o), the Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include a description of the Access and Linkage to Treatment Program and Strategy within each Program including, but not limited to:
- (1) Program name
 - (2) An explanation of how the Program and Strategy within each Program will create Access and Linkage to Treatment for individuals with serious mental illness as referenced in Section 3735, subdivision (a)(1)
 - (3) Explain how individuals will be identified as needing assessment or treatment for a serious mental illness or serious emotional disturbance that is beyond the scope of an Early Intervention Program.
 - (4) Explain how individuals, and, as applicable, their parents, caregivers, or other family members, will be linked to county mental health services, a primary care provider, or other mental health treatment.
 - (5) Explain how the Program will follow up with the referral to support engagement in treatment.
 - (6) Indicate if the County intends to measure outcomes in addition to those required in Section 3750, subdivision (f) and if so, specify what outcome(s) and how will it be measured, including timeframes for measurement.
- (i) Except as provided in subdivision (o), the Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include for all Programs:
- (1) Program name
 - (2) An explanation of how the Program will be implemented to help Improve Access to Services for Underserved Populations, as required in Section 3735, subdivision (a)(2)
 - (3) For each Program, the County shall indicate the intended setting(s) and why the setting enhances access for specific, designated underserved populations. If the County intends to locate the Program in a mental health setting, explain why this choice enhances access to quality services and outcomes for the specific underserved population.
 - (4) Indicate if the County intends to measure outcomes in addition to those required in Section 3750, subdivision (g) and, if so, what outcome(s) and how will it be measured, including timeframes for measurement.
- (j) Except as provided in subdivision (o), the Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include for all Programs:
- (1) The Program name

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- (2) An explanation of how the Program will use Strategies that are Non-Stigmatizing and Non-Discriminatory, including a description of the specific Strategies to be employed and the reasons the County believes they will be successful and meet intended outcomes.
- (k) Except as provided in subdivision (o), the Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include for all Programs the following information for the fiscal year after the plan is submitted.
 - (1) Estimated number of children, adults, and seniors to be served in each Prevention Program and each Early Intervention Program.
 - (2) The County may also include estimates of the number of individuals who will be reached by Outreach for Increasing Recognition of Early Signs of Mental Illness Program, Access and Linkage to Treatment Program, Suicide Prevention Programs, and Stigma and Discrimination Reduction Programs.
- (l) Except as provided in subdivision (o), the Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include projected expenditures for each Program funded with Prevention and Early Intervention funds by fiscal year
 - (1) Projected expenditures by the following sources of funding:
 - (A) Estimated total mental health expenditures
 - (B) Prevention and Early Intervention funds
 - (C) Medi-Cal Federal Financial Participation
 - (D) 1991 Realignment
 - (E) Behavioral Subaccount
 - (F) Any other funding
 - (2) The County shall identify each Program funded with Prevention and Early Intervention funds as a Prevention Program, an Early Intervention Program, Outreach for Increasing Recognition of Early Signs of Mental Illness Program, Stigma and Discrimination Reduction Program, Suicide Prevention Program, Access and Linkage to Treatment Program, or Program to Improve Timely Access to Services for Underserved Populations and shall estimate expected expenditures for each Program. If the Programs are combined, the County shall estimate the percentage of funds dedicated to each Program.
 - (A) The County shall estimate the amount of Prevention and Early Intervention funds for Administration of the Prevention and Early Intervention Component.
- (m) The Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include the previous fiscal years' unexpended Prevention and Early Intervention funds and the amount of those funds that will be used to pay for the Programs listed in the Annual Update and/or Three-year Program and Expenditure Plan.
- (n) The Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include an estimate of the amount of Prevention and Early Intervention funds voluntarily assigned by the County to California Mental Health Services Authority or any other organization in which counties are acting jointly.

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- (o) A County with a population under 50,000, according to the most recent projection by the California State Department of Finance, electing to follow subdivision (c) of section 3705 shall include in the Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update the following information:
- (1) Description of how it has combined and/or integrated the programs.
 - (2) Identification of the negative outcomes referenced in Welfare and Institutions Code Section 5840, subdivision (d) the combined and/or integrated program is intended to reduce.
 - (3) Description of how the combined and/or integrated program is likely to reduce the outcomes identified in part (2) above.
 - (4) Identification of the indicators that the County will use to measure the intended outcomes identified in part (2) above.
 - (5) Explanation of how the combined and/or integrated program will be implemented to help Improve Access to Services for Underserved Population, as required in Section 3735, subdivision (a)(2).
 - (6) Explanation of how the combined and/or integrated program will use Strategies that are Non-Stigmatizing and Non-Discriminatory, as required in Section 3735, subdivision (a)(3).
 - (7) Estimated number of children, adults, and seniors to be served in the combined and/or integrated program.
 - (8) List of the projected expenditures for the combined and/or integrated program funded with Prevention and Early Intervention funds by fiscal year and by the following sources of funding:
 - (A) Estimated total mental health expenditures
 - (B) Prevention and Early Intervention funds
 - (C) Medi-Cal Federal Financial Participation
 - (D) 1991 Realignment
 - (E) Behavioral Subaccount
 - (F) Any other funding
 - (9) Estimated amount of Prevention and Early Intervention funds budgeted for Administration of the Prevention and Early Intervention Component.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5840, 5847, and 5848 Welfare and Institutions Code.