

Mental Health Services Oversight and Accountability Commission

Prevention and Early Intervention Programs FINAL STATEMENT OF REASONS

UPDATE OF INITIAL STATEMENT OF REASONS

Below is an update of the information in the Initial Statement of Reasons published on June 6, 2014.

SECTION(S) AFFECTED: 3200.245, 3200.246, 3510.010, 3560, 3560.010, 3560.020, 3700, 3701, 3705, 3706, 3710, 3715, 3720, 3725, 3726, 3730, 3735, 3740, 3745, 3750, 3755, 3755.010.

SECTION 3200.245.

The word “Component” was added to the title of section 3200.245 to be consistent with the text of the regulation, which defines “Prevention and Early Intervention Component.”

SECTION 3200.246.

No changes to the originally proposed text were made in this section.

SECTION 3510.010.

In subdivision (a)(1) of section 3510.010 the words, “previous fiscal year” were added to clarify the reporting period for the annual Revenue and Expenditure Report. The word, “strategy” was deleted because requiring counties to report funds expended on each strategy is likely to impose an unacceptable burden on counties because strategy as defined is not a separate Program, but is a planned and specified method within a Program intended to achieve a defined Program goal.

In subdivision (a)(1)(A)1. of section 3510.010 the word, “approach” was deleted to conform with the definition of Program in newly proposed section 3701, which includes “approach.” Two Program categories were also added to the required expenditure reporting in section 3510.010. Counties were required to report expenditures of Prevention and Early Intervention funds for all but two Programs in the originally proposed regulation text. This change treats all Programs the same with regard to reporting expenditures and provides a complete picture of how Prevention and Early Intervention funds are distributed among Program categories.

In subdivision (a)(1)(A)1. the term, “element” was changed to “Program” for clarity and consistency. The words, “and linkage” were added because they were omitted by error in the previous version of the regulations.

Subdivision (b) was added to section 3510.010 to require a County to provide a copy of the Annual Revenue and Expenditure Report to the local Mental Health Board and post it on the County web site within 30 days of submission to the State. This requirement is necessary to support local decision-making and oversight and accountability.

SECTION 3560.

The language of this section was changed to reflect the revised name of the reports listed in the section.

SECTION 3560.010.

The words, “Program and Evaluation” were added to the title of section 3560.010 to more accurately reflect the contents of the report, which includes both program and outcome data.

Subdivision (a) was amended by moving some of the language in (a) into new (a)(1) and (a)(2) for clarity and to specify a due date for the first Annual Prevention and Early Intervention Program and Evaluation Report due under the Prevention and Early Intervention regulations and each required report thereafter.

Subdivision (a)(3) was added as a way to address the need for information for state and local oversight and evaluation and also to protect potentially personally identifiable health information. Even though the regulations require only program-level aggregated information and do not request or require any individual patient-level information, this subdivision was added because the program-level data could reflect a small number of participants. To protect any possible personally identifiable information that could inadvertently result from the small number of individuals for whom data were reported, this subdivision provides that upon the County’s determination that information is personally identifiable under state or federal law, the County shall exclude such information from the public version of the Annual Prevention and Early Intervention Program and Evaluation report. The Mental Health Services Oversight and Accountability Commission will receive separately and securely the confidential information that had been excluded from the public reports. The section gives the County the option to provide one of the following: (1) a confidential supplement that contains only the information that had been excluded; or (2) a confidential version of the report that contains all of the information including the information excluded from the public report.

New subdivisions (b)(1)(A), (b)(2)(A), (b)(3)(A), and (b)(4)(A) of section 3560.010 added the requirement to list the name of the Program. Since the County will report on each Program, specifying each Program by name is essential.

Paragraphs (A) through (D) were added to subdivision (b)(2). This language was moved from section 3750(d) because this information is more appropriately included in this section because the information pertains to actions performed within the Program and not to evaluation data. Section 3750 sets forth the evaluation requirements.

Subdivision (b)(3) was amended to add “or Program” to ensure that the reporting requirements for Access and Linkage to Treatment Programs are the same as the reporting requirements for an Access and Linkage to Treatment Strategy. This is necessary to ensure that counties collect and report both Program and evaluation data for this essential Mental Health Services Act goal regardless of whether Access and Linkage to Treatment is implemented as a Strategy or as a Program.

In subdivision (b)(3)(D) [subdivision (b)(3)(C) in the originally proposed text] a requirement was added for the County to provide the “standard deviation” as well as the “average” with regard to the duration of untreated mental illness as defined in section 3750. This was added because the average is meaningless without the standard deviation.

New subdivision (b)(3)(E) was added to require the County to report the average interval between referral and participation at least once in treatment and the standard deviation. This critical measure of timeliness to access to treatment was added because it was left out inadvertently and is necessary for consistency with section 3560.010, subdivision (b)(4)(E). The added language is a critical measure of the MHSA requirement to improve access and linkage to medically necessary treatment for individuals with severe mental illness (Welfare and Institutions Code 5840(b)(2)).

The originally proposed text in subdivisions (b)(3)(D) and (b)(4)(F) that required the County to report how long individuals received services in a Program to which they were referred for Improving Timely Access and Linkage to Treatment was deleted. Differences in Program requirements and characteristics make this measure neither useful nor meaningful.

In section 3560.010, subdivision (b)(4)(C) [subdivision (b)(4)(B) in the originally proposed text] the requirement to report the kind of care that resulted from a referral from each Improve Timely Access to Services for Underserved Populations Strategy or Program was deleted. "Kind of care" is too broad and vague to provide meaningful, useful data that can be categorized or rolled up for statewide reporting.

In section 3560.010, subdivision (b)(4)(D) in the originally proposed text was deleted as a measure of improving Timely Access to Services for Underserved Populations because the onset of risk indicators is too vague and variable to measure. The onset of initial symptoms of a mental illness is covered by reporting requirements for Access and Linkage to Treatment Programs and strategies, which include individuals from underserved populations with a serious mental illness.

In section 3560.010, subdivision (b)(4)(E) the word, "engagement" was replaced with "participation" for clarification, since "engagement" is subjective. The subdivision was also amended to clarify the definition of "participation" as participating at least once in the service to which the individual was referred.

Section 3560.010, subdivision (b)(4)(F) was added to describe ways the County encouraged access to services and follow-through on referrals. As pointed out by a public comment, first efforts to refer individuals from underserved populations to services are often unsuccessful. Requiring counties to report their methods to encourage access to services for underserved populations, especially when initial efforts were not successful, is useful for quality improvement purposes.

In section 3560.010, subdivision (b)(5) several changes were made from the text as originally proposed. These changes are:

- Additional race and ethnicity demographic categories were added to the subdivision. The listed demographic reporting categories are included in one or more Federal reporting requirements and each demographic category has a population in California above 100,000 according to the 2010 census data.
- The option to select more than one race was added to the subdivision because in California five percent of the population identifies as being of more than one race, approximately twice the rate as in the rest of the United States.

- Subcategories for sexual orientation were added to the subdivision. Sexual orientation reporting categories were further broken out to Gay or Lesbian, Heterosexual or Straight, Bisexual, Questioning or unsure of sexual orientation, Queer, or Another sexual orientation. The first three of these subcategories are recommended by the Williams Institute, UCLA School of Law, Sexual Minority Assessment Research Team, *Best Practices for Asking Questions about Sexual Orientation on Surveys* (November 2009). The final three subcategories were added in response to public comment on these regulations that reflect findings from the California Reducing Disparities Project report, “First Do No Harm: Reducing Disparities for Lesbian, Gay, Bisexual, Transgender; Queer and Questioning Populations in California.” Providing subcategories encourages standardized reporting across counties, increases a sense of inclusion among underserved populations at high risk of a mental illness, reflects best practices in the field of mental health and health surveys, and will facilitate consistent data aggregation statewide.
- Subcategories for kinds of disabilities, to include Communication Domain, Mental Domain (excluding a disability resulting from a mental illness), Physical/Mobility Domain and Chronic Health Condition (including but not limited to chronic pain) were added to this subsection. Categories are derived from a U.S. Census report, and are intended to balance inclusion of broad categories relevant to risk, manifestation, and recovery from mental illness with ease of reporting for counties. Communication Domain was disaggregated into difficulty seeing, difficulty hearing, or having speech understood, and other (specify). This change was made in response to public comment. Providing subcategories encourages standardized reporting across counties including of categories of disability with higher than average risk or onset of mental illness, and will facilitate data aggregation statewide.
- “Veteran Status” was amended to provide for a “yes” and “no” response. Providing subcategories encourages standardized reporting across counties and will facilitate data aggregation statewide.
- “Gender identity” was changed to “Gender” and a two-part question for Gender was added to include Assigned Sex at Birth and Current Gender Identity. Additional categories related to current gender identity were added as recommended by the Williams Institute, UCLA School of Law, Gender Identity in U.S. Surveillance group, *Best Practices for Asking Questions to Identify Transgender and other Gender Minority Respondents on Population-based Surveys*. Additional subcategories for current gender identity were added based on public comment. Providing subcategories increases a sense of inclusion among underserved populations at high risk of a mental illness, reflects best practices in the field of mental health and health surveys, encourages standardized reporting across counties, and will facilitate data aggregation statewide.
- The number of respondents who declined to answer the question was added throughout the subdivisions of this section in order to encourage standardized reporting across counties and facilitate data aggregation statewide.
- In subdivision (b)(6) [subdivision (b)(5)(l) in the originally proposed text] examples were added of what may be included in the category of, “any other data the County considers relevant.” The examples include 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 services. The purpose of the additional language is to provide examples to assist counties and to encourage counties to consider reporting data relevant to additional demographic groups of particular interest or concern in the County.

The Authority cited was updated to add section 5845(d)(6) of the Welfare and Institutions Code and the citation to Uncodified sections 2 and 3 of the Mental Health Services Act was clarified.

SECTION 3560.020.

Subdivision (a) was modified to revise the name of the report from the “Three-Year Evaluation Report” to the “Three-Year Program and Evaluation Report” to better reflect the required information for the report. Both the Three-Year and the Annual reports include both evaluation and program data, although there is more emphasis on evaluation results in the Three-Year Program and Evaluation Report.

Subdivision (a)(1) clarified the due date of the first Three-Year Program and Evaluation report due under the Prevention and Early Intervention regulations and each required report thereafter.

Subdivision (a)(2) was added as a way to address the need for information for state and local oversight and evaluation and also to protect potentially personally identifiable health information. Even though the regulations require only program-level aggregated information and do not request or require any individual patient-level information, this subdivision was added because the program-level data could reflect a small number of participants. To protect any possible personally identifiable information that could inadvertently result from the small number of individuals for whom data were reported, this subdivision provides that upon the County’s determination that information is personally identifiable under state or federal law, the County shall exclude such information from the public version of the Three-Year Program and Evaluation Report. The Mental Health Services Oversight and Accountability Commission will receive separately and securely the confidential information that had been excluded from the public reports. The section gives the County the option to provide one of the following: (1) a confidential supplement that contains only the information that had been excluded; or (2) a confidential version of the report that contains all of the information including the information excluded from the public report.

Subdivision (b) was modified to move some of the language in the introductory paragraph to subdivisions (b)(2) through (b)(4) and to add a new subdivision (b)(1). The new subdivision (b)(1) added the requirement to list the name of the Program. Since the County will report on each Program, specifying each Program by name is essential.

A new subdivision (e) was added to section 3560.020, changing the previous subdivision (e) to subdivision (f). This new subdivision requires a County to include the same information for the previous fiscal year in the Three-Year Program and Evaluation Report that otherwise would have been included in the Annual Program and Evaluation Report. Important program data for the previous fiscal year will be lost without this added language. Complete program and outcome information for all years of MHSA Prevention and Early Intervention Component implementation is necessary for accountability, including but not limited to evaluation and communication.

The Authority cited was updated to add section 5845(d)(6) of the Welfare and Institutions Code and the citation to Uncodified sections 2 and 3 of the Mental Health Services Act was clarified.

SECTION 3700.

No changes to the originally proposed text were made in this section.

SECTION 3701.

Section 3701(a) was added to provide a definition of the term “Prevention and Early Intervention regulations.” This was done for clarity.

Section 3701(b) was added to define “Program” to mean a stand-alone organized and planned work, action or approach that evidence indicates is likely to bring about positive mental health outcomes either for individuals and families with or at risk of serious mental illness or for the mental health system. The Mental Health Services Act in section 5840 refers to Prevention and Early Intervention Programs, a program, the program, mental health programs, and program elements. Due to this internal inconsistency, as well as inconsistency with the common meaning of “a program” in the field of mental health, it is essential to define the term in the Prevention and Early Intervention regulations.

Section 3701(c) was added to define “Strategy” to mean a planned and specified method within a Program intended to achieve a defined goal. The structure of the Mental Health Services Act and the proposed regulations create a need to differentiate “Strategy” from “Program.” The term “Strategy” is used in the proposed regulations to refer to methods by which counties implement Mental Health Services Act requirements for improving timely access to services for underserved populations, increasing access to treatment for individuals with a severe mental illness, and reducing mental illness-related stigma and discrimination by requiring these Strategies for all Prevention and Early Intervention Component Programs.

Section 3701(d) was added to define “mental illness” and “mental disorder”. This definition is based upon the definition of mental disorder found in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition; however, references to developmental disorders were removed for consistency with Welfare and Institutions Code section 5600.3. There is one definition for both terms because Welfare and Institutions Code section 5600.3 and section 5840 use the terms “mental disorder” and “mental illness” interchangeably.

Section 3701(e) was added to define “serious mental illness,” “serious mental disorder”, and “severe mental illness.” The definition is from Welfare and Institutions Code section 5600.3 and is necessary for clarity because these terms are used interchangeably in the Mental Health Services Act and in section 5600.3.

Subdivision (f) was added for consistency with Welfare and Institutions Code section 5600.3 and to clarify that the definition in subdivision (d) is applicable to serious emotional disturbance for individuals under the age of 18, other than a primary substance use disorder or developmental disorder, which results in behavior inappropriate to the individual’s age according to expected developmental norms. This new subdivision incorporates language from section 5600.3 that defines serious emotional disturbance for individuals under age 18.

SECTION 3705.

In section 3705(a)(2) the word “Strategy” was deleted to be consistent with the requirement that the County offer at least one Outreach for Increasing Recognition of Early Signs of Mental Illness Program. This new requirement for a “Program” instead of the option to offer a Strategy or a Program was added to be consistent with Welfare and Institutions Code section 5840(b)(1).

Section 3705, subdivision (a)(3) was changed to require at least one Prevention Program and section 3705, subdivision (a)(3)(A) was added to provide small counties a way to opt out from the requirement to offer a Prevention Program. Extensive research evidence demonstrates that intervening at the point of risk can often prevent a serious mental illness from developing and, if the mental illness develops, can prevent many severe and disabling consequences. The rationale for providing an opt out option for small counties from the requirement to offer a Prevention Program is that due to their small population, requiring a Prevention Program in addition to the Mental Health Services Act-mandated Early Intervention Program might not be feasible and may dilute the small counties’ efforts with more limited funds available.

Section 3705(a)(4) was added to require at least one Access and Linkage to Treatment Program as defined in newly added section 3726. This addition was made to be consistent with Welfare and Institutions Code section 5840(b)(2).

Section 3705(a)(5) was added to require at least one Stigma and Discrimination Reduction Program as defined in section 3725. This addition was made to be consistent with Welfare and Institutions Code section 5840(b)(3) and (b)(4).

In section 3705, the original subdivisions (b)(1) and (b)(2) were deleted because Prevention Program and Stigma and Discrimination Reduction Program were made mandatory in subdivisions (a)(3) and (a)(5) respectively.

Subdivision (b)(1) [subdivision (b)(3) in the originally proposed text] was changed to delete the term, “approach” from the term, “program/approach.” This change conforms to the new definition of a “Program,” which includes the concept of “approach.”

SECTION 3706.

Section 3706 was added to require counties to serve individuals of all ages in one or more Programs of the Prevention and Early Intervention Component; require 51% of Prevention and Early Intervention funds be used to serve children/youth; and provide an option for small counties to opt out of these two requirements. This section was added due to overwhelming support indicated by the public comments received. The all-ages requirement was added because Prevention and Early Intervention Component Programs are important and viable to bring about Mental Health Services Act outcomes for individuals across the lifespan who are at greater than average risk of developing serious mental illness or who have early onset of a mental illness. The requirement that 51% of Prevention and Early Intervention funds be used to serve children/youth was added because half of all lifetime cases of diagnosable mental illnesses begin by age 14, and three-fourths by age 24. There is also abundant evidence of the effectiveness of a wide range of prevention and early intervention programs for children and youth. The small county opt-out option was included because counties with populations of less than 200,000, which are frequently less diverse, need more flexibility in how to direct limited Prevention and Early Intervention funds among populations. These requirements are included in

the current Guidelines for Prevention and Early Intervention (PEI) Programs issued by the now former California Department of Mental Health.

SECTION 3710.

Section 3710, subdivision (b) was changed to add “including relapse prevention” to the definition of Early Intervention Program in response to numerous public comments that the priority to include relapse prevention was not sufficiently clear in the regulation text as initially proposed and needed to be called out specifically.

Subdivision (c)(1) was added to section 3710 to define a “serious mental illness or emotional disturbance with psychotic features.” The definition was adapted from the Diagnostic and Statistical Manual of Mental Disorders, 5th Edition to include additional “disorders with psychotic features.” A definition is necessary to provide a common frame of reference for “a serious mental illness or emotional disturbance with psychotic features” used in the regulations. The expansion of the DSM-5 definition is necessary because additional disorders with psychotic features can benefit from the expanded timeframe for an Early Intervention Program allowed for Programs that serve individuals with early onset of a disorder with psychotic features.

Subdivision (d) was modified by adding “may” to correct a proofreading error in the reference to Welfare and Institutions Code section 5840.

Section 3710, subdivision (e) of the originally proposed regulation text was deleted because the language added in section 3710, subdivision (b) eliminated the need for subdivision (e).

A new subdivision (e) was added to section 3710 to allow a County to combine an Early Intervention Program with a Prevention Program, as long as the requirements for both Programs are met. Proposed regulations instruct counties to report expenditures separately for a “combined” Prevention and Early Intervention Program [section 3755, subdivision (l)(2)], but do not specifically authorize counties to offer a combined Program. This provision corrects this inconsistency and clarifies that all separate requirements for each Program type apply to a combined Prevention and Early Intervention Program.

A new section 3710, subdivision (f) was added to clarify that all of the Strategies listed in section 3735 must be included. Section 3735 requires all Programs listed in sections 3710 through 3730 to include all the Strategies listed in section 3735. This additional cross-reference is needed for clarification in response to some public comments that indicated confusion about the requirement for all Prevention and Early Intervention Component Programs.

SECTION 3715.

Subdivision (a) was modified to delete the word “Strategy” and its definition. The language was not necessary because a new subdivision (c) was added to section 3701 to provide the definition of “Strategy.”

In section 3715, subdivision (c), the terms, “visiting nurses, family law practitioners such as mediators, and child protective services” were added to the list of examples of people well positioned to respond to early signs and symptoms of potentially severe and disabling mental illness. These additions to the list of examples of potential responders suggested by public comments are relevant and useful.

Subdivision (e) was modified to clarify that, in addition to offering the required Outreach for Increasing Recognition of Early Signs of Mental Illness Program, the County may also offer Outreach for Increasing Recognition of Early Signs of Mental Illness as a Strategy within a Prevention Program, a Strategy within an Early Intervention Program, a Strategy within another Program funded by Prevention and Early Intervention funds, or a combination thereof. This modification was necessary to be consistent with the changes made to section 3705(a)(2).

Section 3715, subdivision (f) was added to allow outreach as described in section 3715, to be provided through other Mental Health Services Act components as long as it meets all the section 3715 requirements. This subdivision was added to provide flexibility to counties.

Section 3715, subdivision (g) was added to clarify that all of the Strategies listed in section 3735 must be included. Section 3735 requires all Programs listed in sections 3710 through 3730 to include all the Strategies listed in section 3735. This additional cross-reference is needed for clarification in response to some public comments that indicated confusion about the requirement for all Prevention and Early Intervention Component Programs.

SECTION 3720.

In section 3720, subdivision (a) the language, “a County may offer at least one Prevention Program” was changed to, “a County shall offer at least one Prevention Program.” Extensive research evidence demonstrates that intervening at the point of risk can often prevent a serious mental illness from developing and, if the mental illness develops, can prevent many severe and disabling consequences.

In section 3720(b) the term, “significantly higher than average” was changed to “greater than average” because the original reference to “significantly” was vague and too difficult to calculate.

In section 3720(c) the term, “higher than average” was changed to “greater than average” because the original language was too vague.

Subdivision (c)(1) was modified to add “traumatic loss (e.g. complicated, multiple, prolonged, severe),” to the list of examples of risk factors in response to public comment.

In section 3720, subdivisions (e) the language was rewritten for clarity and reinforces the requirement of effectiveness in proposed section 3740. The changes are consistent with the original intent as follows: “Prevention Programs may include universal prevention if there is evidence to suggest that the universal prevention is an effective method for individuals and members of groups or populations whose risk of developing a serious mental illness is greater than average.”

Subdivision (e)(1) was deleted because “universal prevention” is a term of art in the mental health field and does not need to be defined.

Subdivision (f) was added to section 3720 to allow a County to combine an Early Intervention Program with a Prevention Program, as long as the requirements for both Programs are met. Proposed Regulations instruct counties to report expenditures separately for a “combined” Prevention and Early Intervention Program [3755, subdivision (l)(2)], but do not specifically authorize counties to offer a combined Program. This provision corrects this inconsistency and

clarifies that all separate requirements for each Program type apply to a combined Prevention and Early Intervention Program.

Section 3720, subdivision (g) was added to clarify that all of the Strategies listed in section 3735 must be included. Section 3735 requires all Programs listed in sections 3710 through 3730 to include all the Strategies listed in section 3735. This additional cross-reference is needed for clarification in response to some public comments that indicated confusion about the requirement for all Prevention and Early Intervention Component Programs.

SECTION 3725

Section 3725 was changed throughout to delete the term “Approach” from the name “Program/Approach.” This change conforms to the new proposed definition of a “Program,” which includes the concept of “approach.”

Section 3725(a) was changed to require the County to offer at least one Stigma and Discrimination Reduction Program. This addition was made to be consistent with Welfare and Institutions Code section 5840(b)(3) and (b)(4).

Language was added to section 3725, subdivision (b)(1) to clarify that the context for specific examples of “multiple stigmas” is the evidence that such multiple stigmas “have been shown to discourage individuals from seeking mental health services.” The suggested additional language ties examples more closely to the Mental Health Services Act purpose for Stigma and Discrimination Reduction Programs.

The new subdivision (b)(2) was added to require Stigma and Discrimination Reduction Programs to include approaches that are culturally congruent with the values of the populations for whom changes in attitudes, knowledge, and behavior are intended. Since cultural groups have varying beliefs, values, and attitudes regarding mental illness and about seeking mental health services, culturally and linguistically appropriate approaches are particularly important in Programs to reduce mental illness-related stigma and discrimination. The added language reinforces the cultural competency requirement of the Mental Health Services Act and reinforces the requirement of effectiveness in proposed section 3740.

Section 3725, subdivision (c) was added to clarify that that Counties must include all of the Strategies listed in section 3735. Section 3735 requires all Programs listed in sections 3710 through 3730 to include all the Strategies listed in section 3735. This additional cross-reference is needed for clarification in response to some public comments that indicated confusion about the requirement for all Prevention and Early Intervention Component Programs.

SECTION 3726.

Section 3726 was added to clarify that the County is required to offer at least one Access and Linkage to Treatment Program. This was done to be consistent with Welfare and Institutions Code section 5840(b)(2). Section 3726 also provides a definition of Access and Linkage to Treatment Program as defined in Welfare and Institutions Code section 5840(b)(2) and provides examples of Access and Linkage to Treatment Programs.

SECTION 3730.

Section 3730 was changed throughout to delete the term, “Approach” from the term, “Program/Approach.” This change conforms to the new proposed definition of a “Program,” which includes the concept of “approach.”

The term “survivor-informed models” was added to the list of examples of Suicide Prevention Programs in section 3730, subdivision (c). This additional example was the result of public comment and is relevant, useful, and consistent with the Client-Driven general standard in Mental Health Services Act regulations (Title 9, California Code of Regulations, sections 3320 and 3200.050).

Section 3730, subdivision (d) was added to clarify that that Counties must include all of the Strategies listed in section 3735. Section 3735 requires all Programs listed in sections 3710 through 3730 to include all the Strategies listed in section 3735. This additional cross-reference is needed for clarification in response to some public comments that indicated confusion about the requirement for all Prevention and Early Intervention Component Programs.

SECTION 3735.

Subdivision (a)(1)(B) was deleted because this subdivision was inconsistent with newly added section 3726.

“Shelters” was added to the list of examples of settings for services that might increase timely access to mental health services for underserved populations included in section 3735, subdivision (a)(2)(B). The additional example, suggested by public comment, is relevant and useful.

Section 3735, subdivision (a)(2)(C) was added to give a County the option to offer a Program to Improve Timely Access to Services for Underserved Populations, in addition to the requirement to include a Strategy to Improve Timely Access to Services for Underserved Populations in all Prevention and Early Intervention Component Programs. Consistent with the other required Strategies listed in section 3735, offering a Program to Increase Timely Access to Services for Underserved Populations is a viable and useful additional option for Counties.

In section 3735, subdivision (a)(3)(B), the word, “factual” was added to modify “messages” and the word, “practices” was added to the list of culturally appropriate language and concepts. These additional terms were the result of public comments and are useful and relevant. Also in this subdivision, the word, “sexual preference” was replaced with “sexual orientation” to conform with other parts of the proposed regulation text and with best practices in the field.

SECTION 3740.

No changes to the originally proposed text were made in this section.

SECTION 3745.

Section 3745 was changed from the originally proposed text by moving the current definition of “substantial change” from subdivision (a) to a new and separate subdivision (b) and clarifying the language. Language on stakeholder involvement was added to more fully reflect the requirement in Welfare and Institutions Code section 5848 that counties demonstrate

meaningful stakeholder involvement throughout the planning, implementation, monitoring, quality improvement, evaluation, and budget.

SECTION 3750.

Subdivisions (d)(1) through (d)(3)(A) was deleted and the text was moved to subdivision (b)(2) of section 3560.010 because the information requested in (d)(1) through (d)(3)(A) relates to data about the Program, not evaluation of the impact of the Program, and thus did not belong in section 3750.

In subdivision (d) [subdivision (e) in the originally proposed text] language was modified to be consistent with the new requirement in section 3705(a)(5) that a County offer a Stigma and Discrimination Reduction Program. In subdivision (d)(2) [subdivision (e)(2) in the originally proposed text] additional language was added for clarification.

In section 3750, subdivision (f)(2)(A) [subdivision (g)(2)(A) in the originally proposed text] language was modified to clarify that for instances in which methodologically sound sampling is permitted to meet evaluation requirements, it must be statistically generalizable to the larger population and representative of all relevant demographic groups included in the larger population. This is necessary to ensure that the sample is generalizable to the population and supports a meaningful comparison of possible differences among demographic groups.

In section 3750, subdivision (f)(3) [subdivision (g)(3) in the originally proposed text] the language was rewritten to clarify that the requirement to measure the duration of untreated mental illness applies only to individuals referred by a Prevention and Early Intervention Component Program to treatment for a previously untreated serious mental illness. Language was also added to clarify that for instances in which methodologically sound sampling is permitted to meet evaluation requirements, it must be statistically generalizable to the larger population and representative of all relevant demographic groups included in the larger population. This is necessary to ensure that the sample is generalizable to the population and supports a meaningful comparison of possible differences among demographic groups.

For section 3750, subdivisions (f)(4) and (g)(4) [previously (g)(4) and (h)(4) in the originally proposed regulation text] the requirement to report how long individuals received services in the Program to which referred was deleted. Differences in Program requirements and characteristics make this measure neither useful nor meaningful.

The deleted requirement from subdivisions (f)(4) and (g)(4) of section 3750 was replaced by a new requirement to report interval between referral and participation at least once in treatment to which referred in new subdivision (f)(4) and (g)(3). Measuring this interval is a critical measure of the timeliness of access to treatment.

In section 3750, subdivision (f)(4)(A) [previously (g)(4)(A) in the originally proposed text] language was modified to clarify that for instances in which methodologically sound sampling is permitted to meet evaluation requirements, it must be statistically generalizable to the larger population and representative of all relevant demographic groups included in the larger population. This is necessary to ensure that the sample is generalizable to the population and supports a meaningful comparison of possible differences among demographic groups.

For subdivision (g) of section 3750 [previously (h) in the originally proposed text] language was added to make it clear that the current measurement and reporting requirements for a Strategy

to Improve Timely Access to Services for Underserved Populations also apply to a Program to Improve Timely Access to Services for Underserved Populations. This is necessary to ensure consistent data for this essential Mental Health Services Act goal regardless if it is a Strategy or a Program. This is also necessary for consistency with 3560.010, subdivision (b)(4)(F).

In section 3750, subdivision (g)(2)(A) [previously (h)(2)(A) in the originally proposed text] language was modified to clarify that for instances in which methodologically sound sampling is permitted to meet evaluation requirements, it must be statistically generalizable to the larger population and representative of all relevant demographic groups included in the larger population. This is necessary to ensure that the sample is generalizable to the population and supports a meaningful comparison of possible differences among demographic groups.

Subdivisions (g)(3)(A) and (g)(3)(B) [previously (h)(3)(A) and (h)(3)(B) in the originally proposed text] were deleted. The deleted subdivisions required the County to report the interval between onset of symptoms of a mental illness or onset of indicators of risk of a mental illness and entry into services as a measurement of “timeliness” of care for Improving Timely Access to Services for Underserved Populations. Onset of risk indicators is too vague and variable to measure.

For subdivision (g)(3)(A) [previously (h)(3)(A) in the originally proposed text] the deleted requirement was replaced with a requirement to measure the interval between referral and participation at least once in service to which the individual was referred. This is a better way to measure timeliness of access.

For subdivision (h) [previously (i) in the originally proposed text] the term, “culturally appropriate” was replaced with the term, “culturally competent” consistent with the intent set forth in the Initial Statement of Reasons. “Culturally competent” is already defined in the current Mental Health Services Act regulations. The Initial Statement of Reasons states that the intent of this provision is to be consistent with the Mental Health Services Act General Standard of cultural competence as set forth in the current Mental Health Services Act regulations section 3200.100 of Title 9 of the California Code of Regulations.

New subdivision (j) was added to section 3750 to give counties with a population under 100,000 a one year exemption from the evaluation requirements. These very small counties have fewer resources and infrastructure for evaluations. A one year delay will give time both for the counties to develop resource capacity and for the state to develop appropriate supports.

SECTION 3755.

The language of subdivision (a) was modified to delete “fiscal year 2015/16” and replace it with “fiscal year 2016-17” to give the County more time to comply with the regulations.

In section 3755, subdivision (c) several changes were made to the originally proposed text. These changes are:

- Language was added to subdivision (c) for clarity and consistency with the introductory paragraph of subdivision (b) of section 3755.
- The requirement for the County to list the name of the Program was added in subdivision (c)(1). Since the County will report on each Program, specifying each Program by name is essential.

- Subdivision (c)(2) [subdivision (c)(1) in the originally proposed text] was changed to clarify that the only demographic information requested is that which is relevant to the intended target population for a specific Prevention or Early Intervention Program. The text as originally proposed divided the demographic information into some that always applied and some that might apply. The purpose is to support County flexibility to define target population for each Program to include any applicable demographics.
- The terms, “lesbian, gay, bisexual, transgender, and/or questioning” were replaced with “sexual orientation” for consistency within the proposed regulations and to provide counties flexibility to define target populations in subdivision (c)(2)(A) [subdivision (c)(1)(A) in the originally proposed text].
- The term, “mental health” was added to clarify that “indicators” of prolonged suffering are “mental health indicators” in subdivision (c)(4)(A) [subdivision (c)(3)(A) in the originally proposed text].
- The requirement was added that counties must ensure fidelity to community and or practice-based standards according to the practice model and program design. This requirement is needed to be consistent with the same requirement to ensure fidelity to evidence-based and promising practice standards. This change was made to subdivision (c)(5)(A) and (c)(5)(B) [subdivision (c)(4)(A) and (c)(4)(B) in the originally proposed text].
- The word, “applicable” was added to clarify that not all Mental Health Services Act outcomes are applicable to all Programs. This change was made to subdivision (c)(5)(B) [subdivision (c)(4)(B) in the originally proposed text].

In section 3755, subdivision (d) several changes were made to the originally proposed text. These changes are:

- The requirement for the County to list the name of the Program was added in subdivision (d)(1). Since the County will report on each Program, specifying each Program by name is essential.
- Language providing examples was added to clarify the existing language in subdivisions (d)(2)(A) and (B) [subdivision (d)(1)(A) and (d)(2)(B) in the originally proposed text].
- A new paragraph (C) was added to subdivision (d)(2) [subdivision (d)(1) in the originally proposed text] to require the Plan to describe demographic information relevant to the intended target population for a specific Prevention Program. This change was made to be consistent with subdivision (c)(2).
- The term, “higher” was changed to “greater” for clarity in subdivision (d)(3) [subdivision (d)(2) in the originally proposed text].
- The term, “mental health” was added to clarify that “indicators” of prolonged suffering are “mental health indicators” in subdivision (d)(4)(A) [subdivision (d)(3)(A) in the originally proposed text].
- Proofreading errors were corrected in subdivision (d)(5)(A) [subdivision (d)(4)(A) in the originally proposed text].

- The requirement was added that counties must ensure fidelity to community and or practice-based standards according to the practice model and program design. This requirement is needed to be consistent with the same requirement to ensure fidelity to evidence-based and promising practice standards. This change was made to subdivision (d)(5)(A) and (d)(5)(B) [subdivision (d)(4)(A) and (d)(4)(B) in the originally proposed text].
- The word, “applicable” was added to clarify that not all Mental Health Services Act outcomes are applicable to all Programs. This change was made to subdivision (d)(5)(B) [subdivision (d)(4)(B) in the originally proposed text].

In section 3755, subdivision (e) a few changes were made to the originally proposed text. These changes are:

- In subdivision (e) the words, “and for any” were added before the word, “Strategy” for clarification.
- The requirement for the County to list the name of the Program was added in subdivision (e)(1). Since the County will report on each Program, specifying each Program by name is essential.
- A grammatical correction for clarity was made because more than one responder can be based in more than one setting. This change was made to subdivision (e)(2)(A) [subdivision (e)(1)(A) in the originally proposed text].

In section 3755, subdivision (f) several changes were made to the originally proposed text. These changes are:

- The requirement for the County to list the name of the Program was added in subdivision (f)(1). Since the County will report on each Program, specifying each Program by name is essential.
- The word, “campaign” was replaced with the word, “Program” to conform with the newly added definition of “Program” in section 3701. This change was made to subdivision (f)(2) [subdivision (f)(1) in the originally proposed text].
- A requirement to include a brief description/reference to relevant evidence of the evidence-based or promising practice standard was added to be consistent with the same requirement for other Programs because both are applicable to this section. This change was made to subdivision (f)(4)(A) [subdivision (f)(3)(A) in the originally proposed text].
- The requirement was added that counties must ensure fidelity to community and or practice-based standards according to the practice model and program design. This requirement is needed to be consistent with the same requirement to ensure fidelity to evidence-based and promising practice standards. This change was made to subdivision (f)(4)(A) and (f)(4)(B) [subdivision (f)(3)(A) and (f)(3)(B) in the originally proposed text].
- The word, “applicable” was added to clarify that not all Mental Health Services Act outcomes are applicable to all Programs. This change was made to subdivision (f)(4)(B) [subdivision (f)(3)(B) in the originally proposed text].

In section 3755, subdivision (g) several changes were made to the originally proposed text. These changes are:

- The requirement for the County to list the name of the Program was added in subdivision (g)(1). Since the County will report on each Program, specifying each Program by name is essential.
- Proofreading errors were corrected in subdivision (g)(4)(A) [subdivision (g)(3)(A) in the originally proposed text].
- The requirement was added that counties must ensure fidelity to community and or practice-based standards according to the practice model and program design. This requirement is needed to be consistent with the same requirement to ensure fidelity to evidence-based and promising practice standards. This change was made to subdivision (g)(4)(A) and (g)(4)(B) [subdivision (g)(3)(A) and (g)(3)(B) in the originally proposed text].
- The word, “applicable” was added to clarify that not all Mental Health Services Act outcomes are applicable to all Programs. This change was made to subdivision (g)(4)(B) [subdivision (g)(3)(B) in the originally proposed text].

In section 3755, subdivision (h) several changes were made to the originally proposed text. These changes are:

- Changes were made throughout subdivision (h) to be consistent with newly added section 3726.
- Language requiring a description of how all the Prevention and Early Intervention Component Programs will be implemented to create Access and Linkage to Treatment as a required Strategy was clarified by moving it from the introductory sentence in (h) to new subdivision (h)(2).
- The requirement for the County to list the name of the Program was added in subdivision (h)(1). Since the County will report on each Program, specifying each Program by name is essential.
- An additional requirement was added for counties that intend to measure outcomes in addition to those required by section 3750 subdivision (g) to specify in the Plan their plan to measure these outcomes. This addition is necessary because only specifying intended outcomes without also understanding how the outcome will be measured is not useful or meaningful. This change was made to subdivision (h)(6) [subdivision (h)(4) in the originally proposed text].

In section 3755, subdivision (i) a few changes were made to the originally proposed text. These changes are:

- Language requiring a description in the Plan of how all the Prevention and Early Intervention Component Programs will be implemented to Improve Access to Services for Underserved Populations as a required Strategy was clarified by moving it from the introductory sentence in (i) to new subdivision (i)(2).

- The requirement for the County to list the name of the Program was added in subdivision (i)(1). Since the County will report on each Program, specifying each Program by name is essential.

In section 3755, subdivision (j) a few changes were made to the originally proposed text. These changes are:

- Language requiring a description of how all the Prevention and Early Intervention Component Programs will use strategies that are Non-Stigmatizing and Non-Discriminatory was clarified by moving it from the introductory sentence in (j) to new subdivision (j)(2).
- The requirement for the County to list the name of the Program was added in subdivision (j)(1). Since the County will report on each Program, specifying each Program by name is essential.

Subdivision (k)(2) of section 3755 was modified to delete “approach” from the name “program/approach.” This change conforms to the new proposed definition of “Program,” which includes the concept of “approach.” “Access and Linkage to Treatment” was added to be consistent with newly added section 3726.

In section 3755, subdivision (l) a few changes were made to the originally proposed text. These changes are:

- The word, “strategy” was deleted from the introductory paragraph of subdivision (l). Requiring counties to report projected expenditures on each Strategy is likely to impose an unacceptable burden on counties because Strategy as defined is not a separate Program but is a planned and specified method within a Program intended to achieve a defined goal.
- The phrase, “shall be broken down” was deleted from (l)(1) as originally proposed because the language was awkward.
- The requirement was added to section (l)(2) that counties must provide estimated expenditures on all Programs. This is the same change that was made in the Annual Revenue and Expenditure Report section 3510.010. The word, “element” was deleted to be consistent with section 3510.010(a)(1)(A)1..

SECTION 3755.010.

No changes to the originally proposed text were made in this section.

LOCAL MANDATE DETERMINATION

The proposed regulations do not impose any mandate on local agencies or school districts.

RESPONSE TO PUBLIC COMMENTS

Due to the volume of public comments received, summaries of and responses to the public comments are compiled in six separate documents. Public comment summaries and responses for the initial 45-day public comment period and the five additional 15-day public comment periods can be found in Binder 4 under Tabs A, B, C, D, and E and Binder 9 of the rulemaking file. Each of these documents was presented to the Mental Health Services Oversight and Accountability Commission for review and adoption at Commission Meetings held on August 28, 2014, September 30, 2014, October 23, 2014, December 18, 2014, January 22, 2015, and May 28, 2015. These six separate documents as well as meeting materials from the Commission meetings in which the proposed regulations were discussed are all hereby incorporated by reference into this document.

IDENTIFICATION OF EACH TECHNICAL, THEORETICAL, AND EMPIRICAL STUDY, REPORT, OR SIMILAR DOCUMENT, IF ANY, UPON WHICH THE AGENCY RELIES IN PROPOSING THE RULEMAKING ACTION

The MHSOAC has added the following items to the list of material upon which the Commission relies in proposing the rulemaking action:

81. Altamura AC, Dell'Osso B, Mundo E, & Del'Osso L. (2007). Duration of untreated illness in major depressive disorder: A naturalistic study. *International Journal of Clinical Practice* 6: 1697-1700.
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87. DeDiego J, et al. (2010). A short duration of untreated illness (DUI) improves response outcomes in first-depressive episodes. *Journal of Affective Disorders* 120: 238-246.
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 98. Kline, E. & Schiffman, J. (2014). Psychosis screening: a systematic review. *Schizophrenia Research* 158: 11-18.
 99. Okuda A, et al. (2010). Duration of untreated illness and antidepressant fluvoxamine response in major depressive disorder. *Psychiatry and Clinical Neurosciences* 64: 268-273.
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ALTERNATIVES THAT WOULD LESSEN ADVERSE ECONOMIC IMPACT ON SMALL BUSINESS

No alternatives were proposed to the Mental Health Services Oversight and Accountability Commission that would lessen any adverse economic impact on small business.

ALTERNATIVES DETERMINATION

The Mental Health Services Oversight and Accountability Commission has determined that no alternative it considered or that was otherwise identified and brought to its attention would be more effective in carrying out the purpose for which the action is proposed, would be as effective and less burdensome to affected private persons than the proposed action, or would be more cost-effective to affected private persons and equally effective in implementing the statutory policy or other provision of law.

The proposed regulations adopted by the Mental Health Services Oversight and Accountability Commission are the only regulatory provisions identified by the Commission that accomplish the goal of establishing regulations for the administration of the Prevention and Early Intervention component of the Mental Health Services Act. Except as set forth and discussed in the summary and responses to comments, no other alternatives have been proposed or otherwise brought to the Commission's attention.