Draft Proposed Prevention and Early Intervention Regulations with am~~m~~ ~~e~~ndements proposed by Mental Illness Policy Org

(Note: Actual section numbers will be assigned later to fit within the current MHSA regulations.)

Section 1. Prevention and Early Intervention (PEI)

(a) "Prevention and Early Intervention Program" means the component of the Three- Year Program and Expenditure Plan intended to prevent mental illnesses from becoming severe and disabling.

(b) The county shall only use PEI funds to implement Prevention and Early Intervention programs consistent with these regulations

(c) **The county shall include in its Prevention and Early Intervention Program**

(1) At least one Early Intervention Program
(A) "Early Intervention Program" means treatment and other interventions ~~to~~ that have demonstrated their effectiveness and address and promote recovery and related functional outcomes for a mental ~~health~~ illness ~~disorder~~ early in its emergence
(B) If the county has a Prevention Program, Early intervention services ~~shall not~~ do not have to exceed eighteen months, unless the individual receiving the service is identified as experiencing first onset of a serious mental illness/emotional disturbance with psychotic features, as defined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, criteria for Schizophrenia Spectrum and Other Psychotic Disorders, in which case an intervention shall not exceed four years. In counties with no Prevention Programs, Early Intervention Programs shall not be time limited.
(C) Early intervention services can include services to parents, caretakers,and other family members of the person with early onset of a mental illness, as long as such services are designed to prevent the individual with mental illness from having the mental illness become severe and disabelng~~applicable~~

The county may include in its Prevention and Early Intervention Program
(2) Outreach to Gatekeepers
(A) "Outreach" is a respectful process of building relationships, which meets people with mental illness where they
are with the goal of engaging people who are in a position to identify, support, and refer individuals who need mental health services
(B) "Gatekeepers" means doctors, nurses, psychiatric social workers, police, sheriffs, correction officials, psychologists, homeless services, families, ~~employers,~~ primary care health care providers, school
personnel, community service providers ~~and leaders,~~ and others most likely to come into contact with people likely to be mentally ill and are in a position to

identify early signs of potentially severe and disability mental illness, and support, and refer individuals who need mental health services
(C) Outreach to Gatekeepers Programs must have demonstrated their effectiveness. They includes encouraging and supporting individuals with mental illness to identify their own signs of potential mental illness and to seek treatment
(D) Outreach includes educating and learning from gatekeepers regarding ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness
(E) Outreach to Gatekeepers can be a stand- alone program, a component of a Prevention or an Early Intervention program, or a combination

(d) The county may shall include in its Prevention and Early Intervention Program

(1) One or more Prevention Programs

(A) "Prevention Program" means activities and interventions that have demonstrated their effectiveness at to preventing people with mental illnesses from having those illnesses become severe and disabling or reduce the duration of untreated serious mental illness bring about mental health and related functional outcomes for individuals and members of. Prevention Programs should target groups or populations whose who have a mental illness or risk of developing a serious mental illness is significantly higher than average and, as applicable, their parents, caregivers, and other family members

(i) Kinds of risk factors for serious mental illness include, but are not limited to,are primarily, not exclusively, biological including genetic and neurological, behavioral, social/economic, and environmental
(ii) Examples of risk factors for serious mental illness include, but are not limited to, having a first degree relative with mental illness or serious mental illness, having a first degree relative who has previously attempted or completed suicide, has previously attempted suicide, a serious chronic medical condition, adverse childhood experiences, experience of severe trauma, ongoing stress, exposure to drugs or toxins including in the womb, poverty, family conflict or domestic violence, experiences of racism and social inequality, prolonged isolation, or having a previous mental illness

(renumber) The county may include in it's Prevention and Early Intervention Progam a (2) Stigma and OR a Discrimination Reduction Campaign

(A) "Stigma and Discrimination Reduction Campaign" means direct efforts to people either diagnosed with a mental illness or seeking mental health services to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to having a mental illness or to seeking mental health services and to increase acceptance, dignity, inclusion, and fairness

(B) Examples of Stigma ~~and Discrimination~~ Reduction Campaigns include, but are not limited to, social marketing campaigns, speakers' bureaus and other direct- contact approaches, targeted education and training, anti- stigma advocacy, web- based campaigns, combatting stigma against those with psychotic features, as defined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, criteria for Schizophrenia Spectrum and Other Psychotic Disorders by those with less severe mental 'health' problems; efforts to combat multiple stigmas, and efforts to encourage self- acceptance that are targeted to those at high risk of being diagnosed with a mental illness or seeking mental health services.

(C) Discrimination Reduction Campaign means direct efforts to reduce discrimination against people with serious mental illness in people most likely to encounter those with serious mental illness. These include police, sheriffs, psychiatrists, psychologists, hospital workers, psychiatric social workers, those who work with the homeless, probation and parole officers, mental health care workers and peers. Special attention should be given to reducing stigma against those with psychotic features, as defined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, criteria for Schizophrenia Spectrum and Other Psychotic Disorders by other mental health clients and mental health programs.

The county may include in it's Prevention and Early Intervention Progam a
(3) Suicide Prevention Campaign
(A) Suicide Prevention Campaign means efforts to prevent suicide that ~~do not~~ focus on ~~specific individuals~~groups at increased risk of ~~or~~ suicide who have ~~with~~ serious mental illness
(B) Examples of direct efforts to combat mental ~~health~~illness- related suicide ~~that do not focus on specific individuals include, but are not limited to, public and~~are targeted information campaigns for people at increased risk of suicide. Individuals at increased risk of suicide, are those with mental illness, previous suicide attempts, or first degree relatives of those with mental illness or have previously attempted suicide ~~suicide prevention networks, capacity building programs, culturally specific approaches, screening programs, and training and education~~
~~(C) Programs that aim to reduce suicidality for specific individuals at risk of or with early onset of a potentially serious mental illness can be either Prevention or Early Intervention Programs~~

(Renumber) All prevention and early intervention funds may be used for AB1421 programs and individuals enrolled in those programs in counties that have implemented it.

(e) All programs listed in subdivisions (c) and (d) shall include all of the following strategies

(Reunumber)

Be evidence based. Be evidence based to reduce the duration of untreated serious mental illness or prevent mental illness from becoming severe and disabling. In determining whether a program is evidence based, preference should be given to programs supported by scientific peer reviewed independent research, are effective for people with serious mental illness; and are proven to reduce incarcerations, homelessnesss, suicide attempts, arrest, violence, and needless hospitalization.

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(1) Be designed and implemented to create Access and Linkage to Treatment

(A) "Access and Linkage to Treatment" means connecting children with severe mental illness, as defined in Section 5600.3, and adults and seniors with severe mental illness, as defined in Section 5600.3, as early in the onset of these conditions as practicable, to medically necessary care and treatment, including but not limited to hospitalization, respite care, and care provided by county mental health programs. Include processes and procedures to engage individuals with anosognosia and other individuals with serious mental illness who need but refuse treatment.

(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~~ with serious mental illness 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 proven effective at reducing the duration of untreated serious mental illness and/or prevents mental illness from becoming severe and disabling. ~~features~~ Features may also include inpatient care when needed, ~~such as~~ accessibility, cultural and language appropriateness, transportation, family focus, hours available, and cost of services

(B) PEI programs shall provide services to people with serious mental illness in the most effective and efficient culturually appropriate settings including ~~convenient, accessible, acceptable, culturally appropriate settings such as primary healthcare, schools, family resource centers, community- based organizations, places of worship, and public settings unless a~~ mental health settings that ~~enhances~~ provide access to quality services and outcomes for underserved populations

(3) Be designed, implemented, and promoted using Strategies that are Non-

Stigmatizing
(A) “Strategies that are Non- Stigmatizing” refers to promoting, designing, and implementing programs in ways that reduce and circumvent stigma and discrimination, including self- stigma, and make services accessible, welcoming, and positive. For purposes of this section, AB-1421 programs and inpatient hospitalization are not stigmatizing
(B) Examples include, but are not limited to, positive messages and approaches with a focus on recovery, wellness, and resilience; communicating the appropriate use of hospitalization; use of culturally appropriate language and concepts; efforts to acknowledge and combat multiple and confounding stigmas, such as those related to race, sexual preference, etc; co- location of 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. Special attention should be given to reducing stigma against people with psychotic features, as defined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, criteria for Schizophrenia Spectrum and Other Psychotic Disorders by mental health programs. For purposes of this section communicating the relationship between untreated serious mental illness and violence, use of AB-1421 programs, and inpatient hospitalization are non stigmatizing.

(f) The County shall measure and report outcomes for all programs listed in subdivisions (c) and (d) and for strategies listed in subdivision (e) (1) and (2)

(g) All programs listed in subdivisions (c) and (d) and all strategies listed in (e) shall use effective methods likely to bring about intended outcomes, based on one of the following standards, or a combination of the standards

(1) Evidence- based practice: interventions for which there is scientific evidence consistently showing improved mental health outcomes for the intended population, including, but not limited to, evidence from randomized clinical trials
~~(2) Community and or practice- based evidence: Interventions for which there is clinical, client/family, and community consensus that the practice achieves culturally relevant mental health outcomes for the intended population, especially for underserved communities~~

(h) A PEI program is consider changed f the county changes the intended outcomes or substantially changes the activities or interventions provided to bring about the intended outcomes

(RENUMBER)
Prevention and Early Intervention funds may not be used for public relations; to stigmatize those in inpatient units or AB-1421 programs; communicate falsehoods about serious mental illness; lobbying; or influencing legislation. Funds must serve individuals with serious mental illness, except that funds may

be used to prevent those with mental illness from having it become severe and disabling. No funds may be used to prevent mental illness since the focus on MHSA is on serious mental illness. No funds may be used to prevent serious mental illness without a waiver from MHSOAC as there is currently no evidence that serious mental illness can be prevented.

Section 2. Program Evaluation

(a) For each PEI program listed in subdivisions (c) and(d) of Section 1 and for strategies (1) and (2) listed in subdivision (e) of Section 1 the County shall define evaluation methods and measure program outcomes at least annually, report results as specified in Section 5, and use data from evaluations for quality improvement

(1) For Prevention and Early Intervention programs that serve specific clients, including families (A) The County shall measure the reduction of prolonged suffering that may result from untreated mental illness referenced in Section 5840(d)(5)

(i) Reduction in prolonged suffering is measured by a reduced ~~risk or~~ severity of mental illness as indicated by reduced ~~risk factors or~~ symptoms and direct measures of recovery, improved mental health status~~, or increased protective factors~~. ~~Examples~~ Required measures include reductions in violence, arrest, incarceration, suicide attempts, suicide, homelessness, and needless hospitalization. ~~mental and emotional well being, positive relationships and social connectedness, hopefulness, self- efficacy, perceived peace and harmony, a sense of meaning and life- satisfaction, pro- social behaviors, and choices and actions that promote wellness~~

(B) The county ~~may~~ must select, define, and measure indicators, ~~each of which is logically related to the reduction of any of the other MHSA negative outcomes~~ referenced in Section 5840(d) that may result from untreated mental illness

(i) Reduction in suicide, incarcerations, school failure or drop out, unemployment, homelessness, or removal of children from their homes as a consequence of untreated mental illness, if applicable to a particular program, is assessed for individuals at risk of or with a serious mental illness using appropriate indicators that the county selects. Examples include, but are not limited to, school success (attendance, grades, or graduation), lack of involvement in the criminal justice system, reduced suicidal ideation or attempts (increased help- seeking), having a place to live, children remaining in their homes (decrease in family risk factors, positive parent- child relationships and communication), or employment (participation in training or job readiness programs) among people with mental illness

(2) For Outreach to Gatekeepers programs referenced in subdivision (c) (2) of Section 1,the County shall measure

(A) The number and kind of gatekeepers engaged, with a breakdown by setting i. Examples of settings include, but are not limited to, jails, hospitals, mental health centers, homeless services, inpatient units, family resource centers, senior centers, schools, ~~cultural organizations,~~ churches, ~~recreation centers,~~ residences, shelters, and clinics

(3) For Stigma ~~and~~ or Discrimination Reduction Campaign referenced in subdivision (d)(2) of Section1, the County shall measure
(A) Changes in attitudes and knowledge related to mental illness: for example, more accurate information about mental illness and recovery, increased awareness of the effectiveness of ~~prevention and~~ treatment for mental illness, increased comfort and openness to interacting with people with mental illness
(i) County shall use a validated method to assess changes in attitude, knowledge, and/or behavior. Example of instruments: the CAMI – Social Restrictiveness Scale and the Brief Implicit Association Test

(B) Changes in attitudes and knowledge related to seeking mental health services
(i) County shall use a validated method to assess changes in attitude, knowledge, and/or behavior. Example of instruments: Self- Stigma of Seeking Psychological Help Scale, Perception of Stigmatization by Others for Seeking Help Scale, and the Attitudes toward Seeking Professional Psychological Help Scale

(4) For Suicide Prevention Campaign referenced in subdivision (d) (3) of Section 1, the County shall measure
(A) suicide rates and attempted suicide rates. ~~Changes in knowledge about suicide, for example about warning signs, most useful response to someone who is suicidal, available resources and most effective ways to encourage people to utilize them, cultural variations in attitudes about suicide and culturally- specific prevention strategies~~
(B) Changes in behavior: for example, decreased suicidal attempts, increased identification of individuals at risk of suicide, increased successful referrals ~~an~~m d support, increased positive self- care and help- seeking by individuals who are feeling suicidal

(5) For PEI strategy to provide Access and Linkage to Treatment referenced in subdivision (e)(1) of Section 1, the County shall measure
(A) Number of referrals to treatment by diagnosis, kind of treatment to which person was linked (level of care), and reduced duration of untreated mental illness defined as interval from medical records or when not available self-reported (or parent/family member- reported) onset of symptoms until initiation of treatment

(6) For PEI strategy to Increase Timely Access to Services for Underserved Populations referenced in subdivision (e)(2) of Section 1, the County shall measure

(A) Number of referrals of members of underserved groups to various kinds of care (prevention, early intervention, and treatment) by diagnosis, reduced duration of untreated mental illness defined as interval from medical records or if not available self- reported (or parent/family member-reported) onset of risk indicators or symptoms until initiation of services, including treatment. For treatment, indicate kind of treatment to which person was linked (level of care)

(b) Evaluation designs shall be culturally appropriate and shall include the perspective of diverse people with ~~lived experience of~~ mental illness, including their family members. For example, an assessment of increased integration of systems should reflect the extent to which individuals and families perceive an integrated service experience and intended outcomes should be meaningful and relevant to participant~~s~~

(c) A County may also, as relevant and applicable, define and measure the impact of PEI programs on the mental health and related systems, including, but not limited to jails, prisons, criminal justice, psychiatric hospitals and units, homeless shelters, education, physical healthcare, juvenile justice, social services, and community supports specific to age, racial, ethnic, and cultural groups with serious mental illness. Examples of system outcomes include, but are not limited to, increased provision of mental illness services to people with serious mental illness by ethnic and cultural community organizations, hours of operation, integration of services including co- location, involvement of ~~clients~~ persons with mental illness and families in key decisions, identification and response to co- occurring substance- use disorders, staff knowledge and application of recovery and symptom amelioration principles, collaboration with diverse community partners, or funds leveraged

(a) As part of the Three- Year Program and Expenditure Plan or annual update, the county shall include in the Prevention and Early Intervention Program Plan the following information:

(1) A description of how the county ensured that staff and stakeholders involved in the Community Program Planning process required by Title 9 CCR section 3300, were informed about and understood the purpose and requirements of the MHSA Prevention and Early Intervention component
(2) A description of the county's plan to involve community stakeholders meaningfully in all phases of Prevention and Early Intervention program, including program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations

(renumber) The process used to reject stakeholder suggestions that are inconsistent with the MHSA.

(3) A brief description, with specific examples of how each Prevention and Early Intervention funded program will reflect and be consistent with all relevant (potentially applicable) MHSA General Standards set forth in Title 9 CCR section 3320 and the requirement to limit services and programs to those with mental illness or serious mental illness.

(4) For each new Early Intervention program, the county shall include a description of the program including but not limited to:

(A) Identify the target population for the intended mental health outcomes-i.
Specify demographics including, but not limited to, age, race/ethnicity, gender, primary mental illness diagnosis; and if
relevant, primary language spoken, military status, and LGBTQ identification ii.
Specify the mental illness for which there is early onset and the mental illness whos duration is being reduced.
iii. Affirmation that each person has a mental illness, the primary diagnosis and s~~S~~pecify how each participant's early onset of a potentially serious mental illness will be verified
(B) Specify any MHSA negative outcomes referenced in Section 5840(d) that the program is expected to affect in persons with mental illness.
i. List the indicators that the county will use to measure reduction of prolonged suffering as referenced in Section 2(a)(1)(A)
ii. If the county decides to measure the reduction of any other specified MHSA negative outcome as referenced in Section 2(a)(1)(B), list the indicators that the county will use to measure the intended reductions in persons with mental illness or serious mental illness.
iii. 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

(C) Specify the type of problem(s) and need(s) for which the intervention will be directed and the activities and interventions to be included in the program that are intended to ~~bring about mental health and related functional~~ preven mental illness from becoming severe and disabling or reduce the duration of untreated serious mental illness. ~~outcomes for individuals with early onset of potentially serious mental illness~~
(D) Provide strong evidence that the approach is likely to reduce specified MHSA negative outcome referenced in Section 5840(d) for the intended population, including reduction of prolonged suffering as defined in Section 2 (a)(1)(A) and (B), using ~~one of~~ the ~~two~~ following standards ~~(or a combination)~~ using criteria specified in subdivision (g) of Section 1:
i. If evidence- based, provide a brief description of or reference to the peer-reviewed independent 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

evidence- based practice in implementing the program ii. ~~If practice- based, describe the evidence that the approach is likely to bring about MHSA outcomes for the intended population~~

(5) For each new Prevention program, the county shall include a description of the program including but not limited to: (A) Identify the target population for intended mental health outcomes by diagnosis

(i) Specify 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

(ii) Specify how each participant's risk of a potentially serious mental illness will be defined and verified

(B) Specify any MHSA negative outcomes referenced in Section 5840(d), in addition to reduction of prolonged suffering, that the program is expected to affect

i. List the indicators that the county will use to measure reduction of prolonged suffering as referenced in Section 2(a)(1)(A)

ii. If the county decides to measure the reduction of any other specified MHSA negative outcome as referenced in Section 2(a)(1)(B), list the indicators that the county will use to measure the intended reductions

iii. 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

(C) Specify the type of problem(s) and need(s) for which the intervention will be directed and the activities and interventions to be included in the program that are intended to bring about mental health and related functional outcomes for individuals with high~~er than average~~ risk of potentially serious mental illness

(D) Provide evidence that the approach is likely to bring about specified MHSA negative outcomes referenced in Section 5840(d) for the intended population, including reduction of prolonged suffering as defined in Section 2 (a)(1)(A) and (B), using ~~one of~~ the ~~two~~ following standards (~~or a combination)~~ using criteria specified in subdivision (g) of Section 1

i. If evidence- based, provide a brief description of or reference to the relevant peer review, independent, 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 evidence- based practice in implementing the program

~~ii. If practice- based, describe the evidence that the approach is likely to bring about MHSA outcomes for the intended population~~

~~(6) For each new Outreach to Gatekeepers program, the county shall include a description of the program including but not limited to:~~

(A) Identify the kinds of gatekeepers the program intends to reach,

i. Describe briefly the gatekeeper's setting and why they have a greater than average ~~opportunity to identify diverse~~ exposure to individuals with mental illness

who are likely to develop ~~early signs and symptoms of potentially~~ serious mental illness

(B) Specify the methods to be used to engage gatekeepers and for gatekeepers 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, including timeframes for measurement

(C) Provide evidence that the proposed method is likely to bring about intended outcomes using one of the two following standards (or a combination) using criteria specified in Section 1(g)

i. If evidence- based, provide a brief description of or reference to the relevant evidence applicable to intended outcome, explain how the practice's effectiveness has been demonstrated and explain how the county will ensure fidelity to the evidence- based practice in implementing the program

~~ii. If practice- based, describe the evidence that the approach is likely to bring about MHSA outcomes~~

(D) Indicate if the county intends to measure other outcomes than those required in Section 2 (a) (2)(A) (B), and (C) and, if so, what and how

For each new Stigma ~~and~~ or Discrimination Reduction Campaign, the county shall include a description of the program including but not limited:

(A) Identify whom the campaign intends to influence and the evidence that the group is at higher than average risk of having a serious mental illness.

(B) Specify the methods and activities to be used to ~~change~~ improve attitudes, knowledge, and/or behavior regarding mental illness and increasing the likelihood of seeking mental health services for mental illness, consistent with requirements in Section 2 (a)(3)(A) and (B), including timeframes for measurement

(C) Provide evidence that the proposed method is cost-effective and likely to bring about the selected outcomes using one of the two following standards (or a combination) using criteria specified in Section 1(g)

If evidence- based, provide a brief description of or reference to the relevant evidence applicable to the intended outcome, explain how the practice's effectiveness has been demonstrated and explain how the county will ensure fidelity to the evidence- based practice in implementing the campaign

~~If practice- based, describe the evidence that the approach is likely to bring about MHSA outcomes~~

(8) For each new Suicide Prevention Campaign, the county shall include a description of the program including but not limited:

(A) Identify whom the campaign intends to influence and why the group is at increased risk of suicide caused by mental illness.

(B) Specify the methods and activities to be used to change attitudes and behavior to prevent
suicide in individuals with mental illness.

(C) Indicate how the county will measure ~~changes in attitude, knowledge, and/or behavior related to suicide risk~~reduced suicide and suicide attempts due to

mental illness, consistent with requirements in Section 2(a)(4)(A) and (B), including timeframes for measurement

(D) Provide evidence that the proposed method is likely to bring about selected outcomes using ~~one of the two following standards (or a combination) using~~ criteria specified in Section 1(g)

i. If evidence- based, provide a brief description of or reference to the relevant evidence applicable to the intended outcome, explain how the practice's effectiveness has been demonstrated and explain how the county will ensure fidelity to the evidence- based practice in implementing the campaign

~~ii. If practice- based, describe the evidence that the approach is likely to bring about MHSA outcomes~~

(9) For all new programs referenced in subdivisions (4) through (8) above, explain how the program will be implemented to create Access and Linkage to treatment for individuals with serious mental illness as referenced in Section 1(e)

(A) 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 and

(B) 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

(C) Explain how the program will follow up with the referral to support engagement in treatment

(D) Indicate if the county intends to measure outcomes other than those required in Section 2 (a)(5)(A)

(10)For all new programs referenced in subdivisions (4) through (8) above, indicate how the program will use strategies to Increase Access to Services for Underserved Populations with serious mental illness or a mental illness that is likely to become severe and disabling, as required in Section 1(e)

(A) For each new program, the county shall indicate the intended setting and why this setting enhances access for specific, designated underserved ~~populations~~population with mental illness that is likely to become severe and disabling or has serious mental illness. If the county intends to locate the program in a non mental health setting, explain why this choice enhances access to quality services and outcomes for specific underserved populations and what steps are taken to ensure the funds are only used for those with serious mental illness or mental illness that is likely to become severe and disabling.

~~(B) Indicate if the county intends to measure other outcomes than those required in Section 2 (a) (6) (A) and, if so, what and how, including timeframes for measurement~~

(11)For all new programs referenced in subdivisions (4) through (8) above, indicate how the program will use Strategies that are Non- stigmatizing, including a description of the specific strategies to be employed and the reasons the

County believes they will be successful and meet intended outcomes in persons with serious mental illness.

(12)For all programs for the following fiscal year, the county shall include the following information
(A) Estimated number of children, adults, and seniors to be served in each Prevention and each Early Intervention program that serve specific individuals, by diagnosis.
(B) The county may also include estimates of the number of individuals with serious mental illness or mental illness that will likely become severe and disabling who will be reached by Outreach to Gatekeeper, Suicide Prevention Campaigns, and Stigma and Discrimination Reduction Campaigns

(13)Fiscal projections: The county shall include projections for each Prevention and Early Intervention program by fiscal year and the following sources of funding
(A) Estimated total mental health expenditures, MHSA Prevention and Early Intervention funding, Medi- Cal FFP, 1991 Realignment, Behavioral Subaccount, and other funding
(B) The county shall identify each PEI- funded program as Prevention, Early Intervention, Gatekeeper Outreach, Stigma and Discrimination Reduction Campaign, or Suicide Prevention Campaign and estimate expected expenditures for each program. If a program includes more than one element, the County shall estimate the percentage of funds dedicated to each element
i. The county shall estimate the amount of funding for PEI Administration ii. The county shall estimate the amount of funding for PEI Assigned Funds.
PEI

Assigned Funds represent funds voluntarily assigned by the County to CalMHSA or any other organization in which counties are acting jointly Total estimated PEI Assigned Funds is automatically calculated

(b) Changed PEI program: If a county determines a need to change the intended outcomes or to make a substantial change to the activities or interventions provided to bring about the intended outcomes of any of the PEI programs described in the county's most recent Three- Year Program and Expenditure Plan or annual update, the county shall in the next Three- Year Program and Expenditure Plan or annual update, whichever is closest in time to the planned change, include the following information
(1) A brief summary of the program as initially set forth in the original Three- Year Program and Expenditure Plan or annual update
(2) A description of the change
(3) Explanation for the change including, if any, evaluation data supporting the change and stakeholder involvement in the decision

Section 4. Prevention and Early Intervention Program Report

(a) The county shall report the following program 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 and Early Intervention program that serves specific clients, including families, list the numbers served and the number with serious mental illness by diagnosis. For those without serious mental illness, indicate the serious mental illness that is being prevented.
(A) Unduplicated numbers of individuals served in each Prevention and each Early Intervention program If a program serves both individuals at risk of ~~(Prevention)~~ and individuals with early onset of (Early Intervention) potentially serious mental illness, the county shall report numbers served separately for each category Programs that serve families shall report information for each individual family member served and the diagnosis of the family member that made the family eligible for MHSA funded support.

(2) For each Outreach to Gatekeepers program, number of gatekeepers as defined in Section1(c) successfully engaged broken out by kind of settings
(3) Access and Linkage to Treatment Strategy: (A) Number of individuals with serious mental illness successfully referred to treatment, and kind of treatment to which person was linked (level of care)
(B) Interval between onset of mental illness (as reported by client or parent) and entry into treatment
(4) Increase Timely Access to Services for Underserved Populations Strategy:
(A) Identify the specific underserved populations for whom outreach was conducted by diagnosis
(B) Number of successful referrals to PEI services or to treatment that resulted from this outreach
(C) Break down of access to services across the mental health continuum (prevention, early intervention, treatment including level of care, recovery support) for underserved populations compared to county demographics or other appropriate comparison
(D) Interval between onset of risk indicators or mental illness (as reported by client or parent, in most instances) and entry into treatment
(E) Interval between referral and client engagement in services, including treatment

(5) For the information reported under subdivisions (1) through (4) above, disaggregate numbers served, number of gatekeepers engaged, and number of referrals for treatment and other services by: (A) Age group by the following ages: 0- 15 (children/youth); 16- 25 (transition age youth); 26- 59 (adult); and ages 60+ (older adults)
(B) Race/ethnicity and diagnosis by the following categories:
(i) American Indian or Alaska Native
(ii) Asian Indian
(iii) Asian, other
(iv) Black or African American

(v) Cambodian
(vi) Chinese
(vii) Filipino
(viii) Gumanian
(ix) Hispanic/Latino (x) Multi- racial
(xi) Hmong
(xii) Japanese
(xiii) Korean
(xiv) Laotian
(xv) Mien
(xvi) Native Hawaiian
(xvii) Pacific Islander
(xviii) Samoan
(xix) Vietnamese
(xiv) Unknown/not reported
(xv) White or Caucasian

(C) Primary language spoken broken down by threshold languages (C) Sexual orientation ,if known,
(D) Disability, if any
, (E) Veteran status,
(F) Gender
(G) Any other data the County considers relevant

(6) For Stigma ~~and~~ or Discrimination Reduction Campaigns and Suicide Prevention Campaigns, counties shall report number of suicides and sucide attempts. Counties may report available numbers of individuals with serious mental illness reached, including demographic and diagnostic breakdowns. An example would be the number of individuals with mental illness who received training and education or who clicked on a web site.
(7) For all programs and strategies, counties may report implementation challenges, successful and unsuccessful approaches, lessons learned, and relevant examples.

Section 5. Evaluation Report
(a) The County shall submit the Evaluation Report to the MHSOAC every three years as part of the Three- Year Program and Expenditure Plan. The Evaluation Report answers questions about the impacts of PEI programs on individuals with r~~isk or early onset of~~ mental illness oor serious mental illness and on the mental health and related jail, homeless, corrections, criminal justice and hospital systems.

(b) The Evaluation Report shall describe the evaluation methodology, including methods used to select outcomes and indicators, collect data, and analyze results, including timelines.

(c) The Evaluation Report shall provide results and interpretation of results for all required evaluations set forth in Section 2

(d) The county may also include in the Evaluation Report any other evaluation data on selected outcomes and indicators, including evaluation results of the impact of PEI programs on mental health and related systems.

(e) The county may report any other available evaluation results in Annual Updates.

Section 6. Prevention and Early Intervention Annual Revenue and Expenditure Report

(a) The county shall report as part of the MHSA Annual Revenue and Expenditure Report the following:

(1) The total funding source dollar amounts expended during the reporting period on each PEI program broken by the following funding source: MHSA PEI funds, Medi- Cal FFP, 1991 Realignment, Behavioral Health Subaccount, and other funds

(A)The county shall identify PEI programs as either those focused on Prevention, Early Intervention, Gatekeeper Outreach, Stigma and Discrimination Reduction Campaign, or Suicide Prevention Campaign. If a program includes more than one element, the county shall estimate the percentage of funds dedicated to each element

(2) The amount of funding expended for PEI Administration broken by the following funding source: MHSA PEI funds, Medi- Cal FFP, 1991 Realignment, Behavioral Health Subaccount, and other funds.

(3) The amount of funding for PEI Assigned Funds.

(A) PEI Assigned Funds represent funds voluntarily assigned by the County to CalMHSA or any other organization in which counties are acting jointly.