

# Draft Proposed Prevention and Early Intervention Regulations (with suggested amendments necessary because of *mandatory* statutory language, proposed by MentalIllnessPolicy.org (“MIPO”), 10/10/13)

Mandatory language that has been ignored is in **yellow**.

## 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 pursuant to Welfare and Institutions Code 4840(a), **and at least one Early Intervention Program pursuant to Welfare and Institutions Code 5840(c).**<sup>1</sup>
- (A) “Early Intervention Program” pursuant to Welfare and Institutions Code 4840(a) means treatment and other interventions to address and promote recovery and related functional outcomes for a ~~mental health disorder~~ **severe mental illness** early in its emergence.
- (1) **Early intervention services pursuant to Welfare and Institutions Code 4840(a)** shall not 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 .
- (B) **“Early Intervention Program” pursuant to Welfare and Institutions Code 5840(c) means treatment and other interventions to address relapses and promote recovery and related functional outcomes for persons suffering from untreated severe mental illness, early enough in the individual’s relapse to reduce the duration of untreated severe mental illness and assist the individual in quickly regaining a productive life. Whenever possible, early intervention shall occur before the individual becomes dangerous to self or others.**

**(1) Early intervention programs pursuant to Welfare and Institutions Code 5840(c) include but are not limited to:**

**(i) Services under Welfare and Institutions Code 5345 *et seq*, also known as “Laura’s Law;**

**(ii) Services for severely mentally ill former inmates of jails and state prisons pursuant to Welfare and Institutions Code 5813.5(f), who are not subject to state parole.<sup>2</sup> Such services shall follow statutory standards**

<sup>1</sup> W.I.C. Section 5840(c) provides in relevant part:

The program. . . **shall also include** components similar to programs that have been successful in reducing the duration of untreated severe mental illnesses and assisting people in quickly regaining productive lives.

<sup>2</sup> Section 7 (f) of the Mental Health Services Act, codified at W.I.C. 5813.5(f) provides:

**Each county plan and annual update pursuant to Section 5847 shall consider ways to provide services similar to those established pursuant to the Mentally Ill Offender Crime Reduction Grant Program. Funds shall not be used to pay for persons incarcerated in state prison or parolees from state prisons.**

The operative language concerning prevention and early intervention in California Laws of 1998, Chapter 501, which created the Mentally Ill Offender Crime Reduction Grant Program, states as follows:

Strategies for prevention and intervention shall include, but are not limited to, both of the following:

set forth in California Laws of 1998, Ch. 501, which created the Mentally Ill Offender Crime Reduction Grant Program, with due regard for best practices shown by evaluative data generated by the Department of Corrections. Former inmates of state prisons who are receiving community supervision pursuant to Penal Code Sections 3450-3465. shall not be considered subject to state parole.

(C) Early intervention services can include services to parents, caretakers, and other family members of the person with early onset of a mental illness, receiving services, provided that such services are designed to prevent the individual with mental illness from having the mental illness become severe and disabling.

[provisions omitted]

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

(1) One or more Prevention Programs

(A) "Prevention Program" pursuant to Welfare and Institutions Code 5840(a) means activities and interventions to ~~bring about mental health~~ prevent onset of serious mental illness, or reduce its severity, ~~and related functional outcomes~~ for individuals and members of groups or populations whose risk of developing a ~~serious~~ severe mental illness is significantly higher than average and, ~~as applicable,~~ their parents, caregivers, and other family members, provided that services to parents, caregivers and other family members are designed to prevent the individual with mental illness from having the mental illness become severe and disabling.

(i) ~~Kinds of risk factors for severe serious mental illness include, but are not limited to are primarily but not exclusively biological including genetic and neurological, sometimes manifested as behavioral issues social/economic, and environmental~~

(ii) Examples of risk factors include, but are not limited to, ~~a serious chronic medical condition, adverse childhood experiences, having a first degree relative with mental illness or serious mental illness, having a first degree relative who has previously attempted or committed suicide, previous suicide attempts, experience of severe trauma, ongoing stress, prolonged exposure, including in the womb, to drugs or toxins demonstrated as causing mental illness, including in the womb, poverty, family conflict or domestic violence, experiences of racism and social inequality, prolonged isolation, or having a previous mental illness.~~

(B) "Prevention Program" pursuant to Welfare and Institutions Code 5840(c) means activities and interventions to reduce the duration of untreated severe mental illness by preventing relapses before they occur. Laura's Law programs and programs for former inmates pursuant to MHSA Section 7(f), as set forth above at (B)(1)(i) and (ii) may be considered either "prevention" or "early intervention" programs.

[provisions omitted]

The county may include in its Prevention and Early Intervention Program a Suicide Prevention Campaign

(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 suicide who have with serious mental illness

(B) Examples of direct efforts to combat mental illness health-related suicide that do not focus on specific individuals include, but are not limited to, public and targeted information campaigns for persons with mental illness who are at increased risk or suicide. Individuals at increased risk of suicide are those with mental illness, previous suicide

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(1) Mental health or substance abuse treatment for mentally ill offenders who have been released from law enforcement custody.

(2) The establishment of long-term stability for mentally ill offenders who have been released from law enforcement custody, including a stable source of income, a safe and decent residence, and a conservator or caretaker.

Article 4, formerly codified at Penal Code 6045.2(b).

~~attempts, or first degree relatives of those with mental illness and/or previous suicide attempts.; , suicide prevention networks, capacity building programs, culturally specific approaches, screening programs, and training and education~~  
(C) Programs that aim to reduce suicidality for **specific mentally ill** individuals ~~at risk of~~ or **individuals** with early onset of a potentially serious mental illness can be either Prevention or Early Intervention Programs

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

(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 care provided by county mental health programs

(2) Be designed, implemented, and promoted in ways that Improve Timely Access to Mental Health Services for Individuals and/or Families from Underserved Populations

(A) "Improving Timely Access to Services for Underserved Populations" means to increase the extent to which an individual or family from an underserved population as defined in Title 9 California Code of Regulations Section 3200.300 who needs mental health services because of risk or presence of a mental illness receives appropriate services as early in the onset as

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

(B) PEI programs shall provide services in 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 setting enhances 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

(B) Examples include, but are not limited to, positive messages and approaches with a focus on recovery, wellness, and resilience; 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

(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 if the county changes the intended outcomes or substantially changes the activities or interventions provided to bring about the intended outcomes

## **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)

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(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 include 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 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)

(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, family resource centers, senior centers, schools, cultural organizations, churches, recreation centers, residences, shelters, and clinics

(3) For Stigma and Discrimination Reduction Campaign referenced in subdivision (d)(2) of Section 1, 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

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(4) For Suicide Prevention