MentalIllnessPolicy.org November, 2013 Proposed Changes to MHSOAC 2d Draft of future Proposed Regulations relating to Prevention and Early Intervention Programs

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

Definitions

3200.___]"Prevention and Early Intervention" means the component of the Three-Year Program and Expenditure Plan intended to prevent mental illnesses from becoming severe and disabling or to reduce the duration of untreated severe mental illness.

3200.___]"Prevention/Early Intervention Program" means evidence-based programs that provide treatment and other interventions that have demonstrated their effectiveness at addressing and promoting symptom amelioration, ~~to address and promote~~ recovery and related functional outcomes for a mental illness early in its emergence, or for an existing severe mental illness early in the course of a relapse. Prevention/Early Intervention Programs can include services to parents, caregivers, 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 disabling or to reduce the duration of untreated severe mental illness.

3200.___]"Programs that have been successful in reducing the duration of untreated severe mental illnesses and assisting people in quickly regaining productive lives" within the meaning of Section 1(b)(1)(B) means evidence-based programs that have been successful in promoting symptom amelioration, recovery and related functional outcomes for an existing untreated severe mental illness.

3200.___"Untreated severe mental illness" within the meaning of Section 1(b)(1)(B) means a severe mental illness, as defined in WIC Section 5600.3,that is symptomatic, regardless of whether the severely mentally ill individual is receiving treatment or is self-treating.

Section 1. Prevention and Early Intervention

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

(b)The county shall include in its Prevention and Early Intervention Component:

(1)(A) At least one Prevention/Early Intervention Program that is the same or similar to those provided under other programs effective in preventing mental illnesses from becoming severe; and

(B)~~Early intervention services shall not exceed eighteen months, unless the individual receiving the service is identified as experiencing first onset of a serious mental illness or 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 early intervention services shall not exceed four years.~~

(B)at least one Prevention/Early Intervention program that is the same or similar to programs that have been successful in reducing the duration of untreated severe mental illnesses and assisting people in quickly regaining productive lives;

(C) Examples of Prevention/Early Intervention Programs described in (b)(1)(A) include, but are not limited to:

(i) The combination of medication and family-focused therapy described in Early Intervention for Symptomatic Youth at Risk for Bipolar Disorder: A Randomized Trial of Family-Focused Therapy, J Am Acad Child Adolesc Psychiatry. 2013 Feb;52(2):121-31. doi: 10.1016/j.jaac.2012.10.007. Epub 2013 Jan;

(D) Examples of Prevention/Early Intervention Programs described in (b)(1(B) include, but are not limited to:

(i) Services under Welfare and Institutions Code 5345 *et seq*, also known as "Laura's Law[1];

(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. Such services shall follow statutory standards 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.[2] Former inmates of state prisons who are receiving community supervision

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[1] Laura's Law has been proven effective at "preventing mental illnesses from becoming severe" and at "reducing the duration of untreated severe mental illness and assisting people in quickly gaining productive lives." Modeled on New York State's successful Kendra's Law, which, according to legislatively-requested studies, has saved public funds by reducing hospitalization by 77%, arrests by 83%, and incarceration by 87%; promoted public safety by reducing violence toward others by 47% and property destruction by 46%; and helped treatment-refusers by reducing homelessness by 74%, suicide attempts by 55%, and substance abuse by 48%. *See* Phelan, Sinkewicz, Castile and Link, Columbia University, *Effectiveness and Outcomes of Assisted Outpatient Treatment in New York State*, Psychiatric Services, Vol. 61 No.2 (February 2010). Though only two California counties have adopted Laura's Law, their statistics are as impressive as New York's. Nevada County has saved $1.81-$2.52 for every dollar spent on Laura's Law, through a 46% reduction in hospital days, 65.1% reduction in incarceration days, and 44.1% decrease in emergency interventions. *See* Michael Heggarty, *"The Nevada County Experience*," (November 15,2011), http:lauras-law.org/states/california/nevada-aot-heggarty-8.pptx.pdf. In Los Angeles, costs for this patient population decreased by an estimated 40% due to a 78% reduction in days of incarceration, an 86% decrease in days of hospitalization, and a 77% reduction in hospitalization even after Laura's Law discharge. *See* Outpatient Treatment Program Outcomes Report April 1, 2010 – December 31, 2010" sent under cover of Marvin Southard, Director of County of Los Angeles, Department of Mental Health to Cliff Allenby, Acting Director California Department of Mental Health February 24, 2011. (Savings data of 40 percent comes from Michael D. Antonovich, Los Angeles County Fifth District Supervisor to Los Angeles Daily News published December 12, 2011, http://www.dailynews.com/news/ci_19531616.)

[2]This grant program has already been proven effective at " preventing mental illnesses from becoming severe" and in "reducing the duration of untreated severe mental illness and assisting people in quickly regaining productive lives." See **MENTALLY ILL OFFENDER CRIME REDUCTION GRANT PROGRAM OVERVIEW OF STATEWIDE EVALUATION FINDINGS** http://www.bdcorr.ca.gov/cppd/miocrg/reports/miocrg_report_presentation.pdf. (Data on Mental Health Courts should be disregarded, as MHSA money should not be used to fund them. See Op. Ca. Atty Gen. No. 05-1007 (February 23, 2006)). This program is incorporated by reference in Section 7 (f) of the Mental Health Services Act, codified at W.I.C. 5813.5(f), which was overlooked in MHSA regulations and consequently not included in county plans, despite the mandatory ("shall") language. It provides, "Each county plan and annual update pursuant to Section 5847 ***shall consider*** ways to provide services similar to those established pursuant to the

pursuant to Penal Code Sections 3450-3465 shall not be considered subject to state parole.

(iii) Crisis intervention teams, including but not limited to mobile crisis units established in SB 364(2013).[3]

[Text omitted]

Section 2. Program Evaluation

[Text omitted]

(1) ~~For Prevention programs as defined in Section 1(d)(1) and Early Intervention programs as defined in Section 1(d)(1) that serve individuals, including families~~.

(A) ~~The County shall measure the reduction of prolonged suffering that may result from untreated mental illness as referenced in 55840(d)(5).~~

(i) ~~Reduction in prolonged suffering is measured by a reduced risk or severeity of mental illness as indicated by reduced risk for−actors or symptoms and direct measures of recover, 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-safisfaction pro-social behaviors, and choices and action that propote wellness.~~

(a) For each program selected by the county pursuant to Section 1(b)(1)(A) and Section 1(b)(1(B) above, the county shall follow a methodology sufficiently similar to that used in the program the county has selected as a model to allow for meaningful,evidence-based data comparing county success rates with the success rate of the earlier, proven program. The county's plan shall incorporate a description of the data methodology that will be used, and an analysis demonstrating that the methodology will allow for an evidence-based comparison.

[Text Omitted]

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." (Emphasis added.)

[3]Crisis intervention programs, and in particular the "Memphis Model," have proven to be effective in preventing mental illnesses "from becoming severe; and l in reducing the duration of untreated mental illnesses and assisting people in quickly regaining productive lives;" *see* **Crisis Intervention for People With Severe Mental Illnesses,Schizophrenia Bulletin** vol. 38 no. 4 pp. 676–677, 2012; **A Comprehensive Review of Extant Research on Crisis Intervention Team (CIT) Programs,** J Am Acad Psychiatry Law 36:47–55, 2008; **Evaluation of a Mobile Crisis Program: Effectiveness,** Efficiency,and Consumer Satisfaction, (*PsychiatricServices* 51:1153–1156, 2000).