

## PEI Regulations: Proposed Matrix

Term Requiring Interpretation/ Specification or Implementation	MHSA Statute Highlighted terms require interpretation/specification or implementation	Staff Suggestions (Concepts not exact words for regulations)	Rationale
1. Serious mental illness	Section 3(a): The people of the State of California hereby declare their purpose and intent in enacting this act to be as follows: To define <b>serious mental illness</b> among children, adults and seniors as a condition deserving priority attention, including prevention and early intervention services...	<b>Serious Mental Illness<sup>1</sup></b> : a mental disorder that is severe in degree and persistent in duration and that may cause behavioral disorder or impair functioning so as to interfere substantially with activities of daily living.	This definition is consistent with W&I Code 5600.3
2. Prevention services	<p>Section 3(a): The people of the State of California hereby declare their purpose and intent in enacting this act to be as follows: To define serious mental illness among children, adults and seniors as a condition deserving priority attention, including <b>prevention</b> and early intervention <b>services...</b></p> <p>5840(c): The program shall include mental health services similar to those provided under other programs effective in <b>preventing mental health illnesses from becoming severe</b></p> <p>Section 3(c): The people of the State of California hereby declare their purpose and intent in enacting this act to be as follows: To expand the kinds of successful, innovative service programs for children, adults and</p>	<p><b>Prevention Services</b>: programs and interventions intended to bring about mental health and related functional outcomes for individuals and members of groups or populations whose risk of developing a serious mental illness is significantly higher than average, and as applicable, their families</p> <p><b>At risk of serious mental illness</b>: individuals with identified risk factors or members of a group with demonstrated greater than average vulnerability to mental illness.</p> <p>Because there must be the intended outcome of reducing risk of serious mental illness, MHSA-funded Prevention</p>	<p>This definition is consistent with SAMHSA definition of prevention in mental health<sup>2</sup></p> <p>Prevention services are appropriately directed to reduce the likelihood of serious mental illness and its negative consequences for individuals and communities at elevated risk. See below for specific examples of elevated risk.</p> <p>This is consistent with SAMHSA definition of a risk factor for serious</p>

<sup>1</sup> There are varying definitions in the field of mental health of “serious mental illness.”

<sup>2</sup> “Creating communities where individuals, families, schools, faith-based organizations, and workplaces take action to promote emotional health and reduce the likelihood of mental illness, substance abuse including tobacco, and suicide.” Substance Abuse and Mental Health Services Administration, *Leading Change: A Plan for SAMHSA’s Roles and Actions 2011-2014*. HHS Publication No. (SMA) 11-4629. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2011. P. 3.

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	<p>seniors begun in California, including culturally and linguistically competent approaches for underserved populations. These programs have already demonstrated their effectiveness in providing outreach and integrated services, including medically necessary psychiatric services, and other services, to individuals most severely affected by or <b>at risk of serious mental illness</b>.</p>	<p>Services do not include services for the purpose of enhancing general or community wellness.</p> <p><u>Outcomes</u>: Counties measure and report on self-selected indicators that relate to one or more of the MHSA seven negative outcomes. See #11 below.</p> <p>[Note: Examples of “functional outcomes” are reduction in incarcerations, school failure or drop out, homelessness etc. as a consequence of untreated mental illness. See #11 below.]</p>	<p>mental illness:” a characteristic at the biological, psychological, family, community, or cultural level that precedes and is associated with a higher likelihood of problem outcomes” [from mental illness and substance abuse].<sup>3</sup></p> <p>Examples of risk factors for serious mental illness: include a serious chronic medical condition, experience of severe trauma, ongoing stress, exposure to drugs or toxins including in the womb, prolonged isolation, or having a previous mental illness.<sup>4</sup></p>
3. Early intervention services	<p>Section 3(a): The people of the State of California hereby declare their purpose and intent in enacting this act to be as follows: To define serious mental illness among children, adults and seniors as a condition deserving priority attention, including prevention and <b>early intervention services...</b></p>	<p><b>Early Intervention Services</b>: Treatment and other interventions intended to address a mental health disorder early in its emergence. Early Intervention services do not exceed one year, unless the individual receiving the service is identified as experiencing first onset of</p>	<p>This definition differentiates early intervention services from treatment for ongoing serious mental illness within the adult or children’s systems of care</p>

<sup>3</sup> SAMHSA (2013). *Levels of risk, levels of intervention: What are risk and protective factors?* Substance Abuse and Mental Health Services Administration, Training and Technical Assistance. Available at <http://captus.samhsa.gov/prevention-practice/prevention-and-behavioral-health/levels-risk-levels-intervention/1>.

<sup>4</sup> Mayo Clinic (2012), Risk Factors: Mental Illness, Available at <http://www.mayoclinic.com/health/mental-illness/DS01104/DSECTION=risk-factors>.

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	<p>5840(c): The program shall include mental health services similar to those provided under other programs effective in preventing mental health illnesses from becoming severe, and 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.</p>	<p>serious mental illness with psychotic features, as defined in the Diagnostic and Statistical Manual of Mental Disorders criteria for a psychotic disorder, in which case, an Early Intervention does not exceed five years.</p> <p><u>Outcomes:</u> Counties define, measure, and report outcomes of their Early Intervention Programs, including improved functionality as a consequence of recovery from mental illness. Counties report on self-selected indicators that relate to one or more of the MHSA seven negative outcomes. See #11, Negative Outcomes, below.</p>	(CSS).
4. Prevent mental illness from becoming severe	<p>5840(a): The State Department of Health Care Services, in coordination with counties, shall establish a program designed to prevent mental illnesses from becoming severe and disabling.</p>	<p><b>Severe:</b> Same definition as “serious” which is already defined. See #1: Serious Mental Illness</p> <p><u>Measure:</u> For Prevention and Early Intervention Services (serving individual clients), counties will measure prevention and reduction of severity by reduced risk (prevention) and signs and symptoms (early intervention) of serious mental illness and increased recovery, wellness, and resilience for individuals with risk or early onset of serious mental illness. See #12, Negative Outcomes and #13, Performance Outcomes.</p>	<p>Consistent with W&amp;I Code 5600.3</p> <p>Consistent with outcomes-based approach</p> <p>[Definition of early intervention is similar to standard used in PEI Guidelines]</p>

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5. Prevent mental illness from becoming disabling	5840(a): The State Department of Health Care Services, in coordination with counties, shall establish a program designed to prevent mental illnesses from becoming severe and disabling.	<p><b>Disabling:</b> impair functioning so as to interfere substantially with activities of daily living</p> <p><b>Measure:</b> Counties will measure prevention or reduction of disability as a consequence of serious mental illness using indicators consistent with MHSA negative outcomes. See #12, Negative Outcomes and #13, Performance Outcomes.</p>	<p>Definition is consistent with W&amp;I Code 5600.3.</p> <p>Consistent with outcomes-based approach.</p>
6. Effective practices	5840(c): PEI programs shall include mental health services similar to those provided under other programs effective in preventing mental illnesses from becoming severe.	<p><b>Effective Practices:</b> Requirement for use of effective practices applies to all PEI programs and to required strategies for all programs. Counties must have evidence that the practice is likely to bring about mental health or related functional outcomes, successful outreach to and engagement of potential responders, successful links to treatment for individuals with serious mental illness, and/or reduction of mental health-related stigma/discrimination.</p> <p><b>Evidence of effectiveness:</b> Evidence can range from: (1) evidence-based practice, which includes randomized controlled clinical trials (the research gold standard) or clinically relevant, methodologically sound research with a less thoroughly documented base of evidence; or (2) community and practice-based evidence which includes clinical and client/family</p>	<p>MHSA requires use of effective practices. Per Uncodified Section 3(c) one of the purposes of the MHSA is to expand the kinds of successful, innovative service programs for children, adults and seniors including culturally and linguistically competent approaches for underserved populations.</p> <p>Cultural competency requires range of acceptable evidence. Client- and family-focused general standards require practices that are acceptable to clients and, as applicable, to parents</p>

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		<p>expertise and community consensus that the practice achieves mental health outcomes, especially for underserved communities, and is consistent with client and, as applicable, parent preferences. This also includes a process to develop specific criteria by which effectiveness can be documented with the capacity eventually to give the approach equal standing with evidence-based practices validated by research. Measurement of outcomes will confirm or disconfirm the effectiveness of the practice.</p>	<p>and other family members. [Evidence of effectiveness is similar to standard used in PEI Guidelines]</p>
<p>7. Improving timely access to services for underserved populations</p>	<p>5840(a): ...The program shall emphasize improving timely access to services for underserved populations.</p>	<p><b>Improving Timely Access to Services for Underserved Populations:</b></p> <p>“Underserved population” is defined in Regulations. (9 CCR 3200.300)</p> <p>“Access” means the extent to which an individual who needs mental health services is able to receive them, based on conditions such as availability, cultural and language appropriateness, transportation needs, and cost of services.</p> <p>PEI programs serve individuals and populations in non-traditional mental health settings such as primary healthcare clinics, schools, and family resource centers; unless a traditional</p>	<p>Definition of “access” is similar to SAMHA definition and consistent with Prevention and Early Intervention Glossary of Acronyms, Terms, and definition included in PEI Guidelines.</p> <p>Consistent with outcomes-based approach.</p>

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		<p>mental health setting enhances access to quality services and outcomes for underserved populations.</p> <p><u>Outcomes:</u> Counties report number of individuals served by age group, gender, race/ethnicity/culture and language spoken. These will be flexible enough to account for individual county demographics. Counties measure and report data related to access to services for underserved populations, compared to populations that are not currently underserved using a few common indicators. See #12 Performance Outcomes.</p>	
8. Outreach	5840(b)(1): PEI programs shall include the following components: outreach to families, employers, primary care health care providers, and others to recognize the early signs of potentially severe and disabling mental illnesses	<p><b>Outreach to Potential Responders:</b> a respectful process of building relationships, which meets people where they are with the goal of engaging potential responders who would not otherwise identify and refer people who need mental health services.</p> <p>Outreach in this context includes training to increase skills and to change behavior of “responders” to recognize and respond to signs of potentially serious mental illness.</p>	<p>This definition is consistent with SAMHSA definition of evidence-based outreach practices.<sup>5</sup></p> <p>Training is included in “outreach” to be consistent with overall MHSA intention for conducting outreach to potential responders.</p> <p>Consistent with outcomes-based approach.</p>

<sup>5</sup> Olivet et al. (2009). Assessing the evidence: What we know about outreach and engagement. SAMHSA. Available at <http://homeless.samhsa.gov/resource/assessing-the-evidence-what-we-know-about-outreach-and-engagement-37555.aspx>.

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		<p><u>Outcomes:</u> Counties measure and report data and outcomes for their outreach to potential responders using a few common indicators.</p>	
9. Access and linkage	<p>5840(b)(2): PEI programs shall include the following components: ... <b>access and linkage</b> to medically necessary care provided by county mental health programs for children with severe mental illness, as defined in Section 5600.3, and for adults and seniors with severe mental illness, as defined in Section 5600.3, as early in the onset of these conditions as practicable.</p>	<p>“Access” is defined in #7.</p> <p>All PEI programs must use effective methods to provide children, adults, and seniors with serious mental illness access and linkage to treatment as early in the onset as practicable.</p> <p>Linkage: No specified method suggested other than the requirement that it be “effective.”</p> <p><u>Outcomes:</u> Counties measure, and report outcomes of the access and linkage elements of their PEI programs Using a few common indicators.</p>	<p>All PEI programs present opportunities to fulfill the MHSA PEI requirement to link individuals with serious mental illness to treatment.</p> <p>Suggested approach balances requirement for effective linkage to treatment be included in all PEI programs with flexibility for counties and stakeholders to prioritize specific practices.</p> <p>Suggested approach is consistent with PEI Guidelines</p>
10. Reduction in stigma and discrimination	<p>5840(b)(3): PEI programs shall include the following components: ... <b>reduction in stigma</b> associated with either being diagnosed with a mental illness or seeking mental health services.</p> <p>5840(b)(4): PEI programs shall include the following components: <b>reduction in discrimination</b> against people with mental illness</p>	<p>Stigma and discrimination reduction encompasses: (a) direct efforts to combat mental health-related stigma and discrimination, and (b) Indirect efforts to design, implement, and describe programs in ways that circumvent stigma, including self-stigma, and make services accessible and acceptable.</p> <p>All MHSA-funded PEI programs include</p>	<p>This approach provides a way for counties to fulfill the MHSA mandate to work to reduce stigma and discrimination related to mental illness or seeking mental health services through indirect approaches without a requirement to offer a</p>

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		<p>the indirect element of addressing mental health stigma using effective practices.</p> <p>Counties may also fund direct efforts to combat mental health related stigma and discrimination.</p> <p><u>Outcome:</u> For both PEI indirect Stigma and Discrimination Reduction strategies and direct Stigma and Discrimination Reduction Programs, counties measure, and report on intended outcomes and use resulting data for purposes of quality improvement using a few common indicators.</p>	<p>specific stigma and discrimination reduction program.</p> <p>Consistent with outcomes-based approach.</p>
11. Negative Outcomes	5840(d): The program shall emphasize strategies to reduce the following <b>negative outcomes</b> that may result from untreated mental illness: suicide, incarcerations, school failure or drop out, unemployment, prolonged suffering, homelessness, and removal of children from their homes.	<p><b>Negative Outcomes:</b> Reduction of suffering and suicide are considered direct mental health outcomes. Reductions in incarcerations, school failure or drop out, unemployment, homelessness, or removal of children from their homes as a consequence of untreated mental illness are considered functional outcomes.</p> <p><u>Outcomes:</u> For Prevention and Early Intervention programs that serve specific clients (including families), counties select, define, measure, and report indicators that relate to one or more of the MHSA seven negative outcomes.</p>	Defining and measuring outcomes tied to the seven negative outcomes provides a basis for assessing the cumulative focus and outcomes of MHSA-funded PEI programs.

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12. Performance Outcomes	5848(c): The plans shall include reports on the achievement of <b>performance outcomes</b> for services pursuant to ... Part 3.6 (commencing with Section 5840)... of this division funded by the Mental Health Services Fund and established jointly by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, in collaboration with the California Mental Health Directors Association.	<p><b>Performance Outcomes:</b> All PEI-funded programs will measure and report outcomes and use outcome data to improve the quality of their PEI efforts.</p> <p><u>Outcomes:</u> Counties will measure and report on a few common indicators established by the state for the following: Improve Timely Access Services for Underserved Populations (See #7); Outreach to Potential Responders (See #8); Linking individuals with Serious Mental Illness to Treatment (See #9); Stigma/ Discrimination Reduction (See #10).</p> <p><u>Outcomes:</u> Counties will measure and report on self-selected indicators that relate to one or more of the MHSA seven negative outcomes for the following PEI programs: Prevention (See #2) and Early Intervention (See #3).</p>	<p>Defining common indicators of outcomes provides a basis to measure and communicate statewide progress and impact of the MHSA PEI component.</p> <p>Selecting, defining and measuring outcomes tied to the seven negative outcomes for Prevention and Early Intervention Programs provides a basis for assessing the cumulative focus and outcomes of MHSA-funded PEI programs.</p>
13. Number served	5847(e): Each expenditure update shall indicate the number of children, adults, and seniors to be served pursuant to Part 3 (commencing with Section 5800), and Part 4 (commencing with Section 5850), and the cost per person.	<b>Number Served:</b> Counties report both estimated and actual numbers of individual clients (and, as applicable, members of their families) for programs that serve individual clients.	<p>Per 5845(d)(6) MHSOAC has authority to request data and information to use in its oversight, review, training and technical assistance, accountability, and evaluation capacity.</p> <p>It is important that public and policy makers are informed about use of</p>

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			<p>MHSA funds.</p> <p>There was consensus from counties and stakeholders to include this reporting requirement in the 3 year Plan Instructions for PEI.</p>
14. Expenditure plan	<p>5847(b): The three-year program and expenditure plan shall be based on available unspent funds and estimated revenue allocations provided by the state and in accordance with established stakeholder engagement and planning requirements as required in Section 5848. The three-year program and expenditure plan and annual updates shall include all of the following: A program for prevention and early intervention in accordance with Part 3.6 (commencing with Section 5840).</p> <p>5847(e): Each county mental health program shall prepare expenditure plans pursuant to...Part 3.6 (commencing with Section 5840) for prevention and early intervention programs..., and updates to the plans developed pursuant to this section. The expenditure update shall include utilization of unspent funds allocated in the previous year and the proposed expenditure for the same purpose.</p> <p>5892(a)(3): Twenty percent of funds distributed to the counties pursuant to subdivision (c) of Section 5891 shall be used for prevention and</p>	<p>Counties report: (1) estimated total mental health expenditures for each PEI program, and identify each applicable program as either focusing on prevention or early intervention (Outreach to Potential Responders and Stigma and Discrimination Reduction Programs generally cannot be categorized as either prevention or early intervention, since they combine both elements); (2) estimated PEI, Medi-Cal FFP, 1991 realignment, behavioral health subaccount, and other funding used for each PEI program, and identify each applicable program as either focusing on prevention or early intervention (see previous note); (3) estimated PEI funding for PEI administration; and (4) actual and estimated PEI funds voluntarily assigned by the county to CalMHSA or any other organization in which counties are acting jointly.</p> <p>Counties report actual expenditures (need to insert information from the ARER and Annual Update and Three-</p>	<p>Sufficient expenditure information is necessary to allow for informed local approval and local and MHSOAC oversight of use of PEI funds.</p> <p>Sufficient information about actual expenditures is necessary for local and state oversight and accountability and to report to the public and decision-makers about the use of MHSA funds.</p> <p>The reporting requirements were included in the FY 2014-2015 through FY 2016-2017 MHSA Program and Expenditure Plan Instructions (3- year Plan Instructions).</p> <p>See attached fiscal forms from 3-year Plan</p>

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	early intervention programs in accordance with Part 3.6 (commencing with Section 5840) of this division.	Year Plan Reports on Actual Expenditures	Instructions and Annual Revenue and Expenditure Report for Fiscal Year (need year)
15. Impact on need and cost for additional services to individuals with serious mental illness	5892(a)(4): The expenditure for prevention and early intervention may be increased in any county in which the department determines that the increase will decrease the need and cost for additional services to severely mentally ill persons in that county by an amount at least commensurate with the proposed increase.	Will need to determine if DHCS needs additional information to support their capacity to make this determination.	