Mental Health Services Act Funded Program Monitoring Guidelines

PURPOSE
These guidelines address the need to strengthen monitoring of Mental Health Services Act (MHSA) funded projects and ensure that Alameda County Behavioral Health Services (ACBH) staff appropriately perform and document their monitoring activities.

AUTHORITY
California Welfare and Institutions Code (WIC) Section 5898, and California Code of Regulations Title 9 (CCR).

SCOPE
These guidelines cover all ACBH county-operated programs in addition to entities, individuals and programs providing behavioral health services under a contract or subcontract with ACBH and is underwritten by MHSA funding.

The ACBH MHSA Division Director along with MHSA staff and ACBH Network Office Director along with Network Office staff will be responsible for planning, implementing, and monitoring all MHSA funded programs.

GUIDELINES
The MHSA Monitoring Guidelines establishes standards regarding reports, and monitoring thereof, for each ACBH provider whose contract is underwritten with MHSA funding.

PROCESSES
I. General Information

The actions taken to comply with these guidelines shall be documented. Supporting documents shall be maintained and accessible upon receipt of information document requests from interested parties.
These guidelines do not preclude completing any additional reporting or monitoring actions required by funders or programs.

The responsible staff job titles mentioned herein may change depending on the operations of each department.

The Mental Health Services Act (MHSA), also known as Prop 63, was passed by California voters in 2004. MHSA is funded by a 1% tax on personal incomes above a million dollars and is designed to expand and transform California’s county mental health systems. There are five plan components to the MHSA funding stream: Community Services and Supports (CSS); Prevention and Early Intervention (PEI); Workforce, Education, and Technology (WET); Capital Facilities and Technology (CFT); and Innovative Programs (INN). Each component program has an overarching umbrella of basic requirements for reporting and how the reporting is monitored based on the MHSA, MHSOAC guidelines and local practices. These basic requirements may include entry of data into collection programs, narrative reporting which are due quarterly, bi-annually, or annually. Along with basic requirements, each program has additional reporting requirements. These reporting specifics are based on goals of each program and/or deliverables listed in their ACBH contract.

MHSA funded providers email their program narrative reports to their MHSA funded providers email their program narrative to their program contract manager by the due date listed in their ACBH contract with a courtesy copy to an email box monitored by the MHSA team (prevention@acgov.org). Contract managers also, forward the reports to their respective operational leads, or other staff assigned. Report receipt recordation is to be maintained in a data file which will establish:

- When report was received;
- What reports are tardy;
- Staff who are receiving reports;
- Past due notices; and
- Any follow up information regarding tardy reports or withholding invoice payments.

II. Required Reporting For All MHSA Funded Programs

All programs funded with MHSA funds must submit an annual narrative report beginning Fiscal Year 2018/2019. This annual report must cover basic programmatic information including, but not limited to:
• Program Description;
• Target Population to be served;
• Number of clients served in the fiscal year;
• How does program link to MHSA principles;
• Impact of services, including a case study;
• Program challenges; and
• Other relevant information the provider deems necessary to share.

III. **Desk Monitoring, Category 1: When All or Bulk of Program Paid Under a Rate**

**Types of Programs**

a) Full Service Partnership (FSP) programs (exceptions: Housing Programs operated by providers other than BACS)
b) Outreach Engagement System Development (OESD) Programs (exceptions: Integrated Behavioral Health; In Home Outreach Team (IHOT), and Individual Placement Services (IPS))
c) INN Programs (if the program design includes being rate-based)

**Primary Monitoring Strategy**

Fiscal Contract Manager (FCM):

a) Monthly review of units of service in BHCS electronic data entry and claiming system.
b) Timely communication with providers and other BHCS partners around flags for reducing or withholding payment.

**Other Monitoring (Select Programs):**

Program Contract Manager (PCM) and/or Operational Lead review of:

a) Other program-specific reports, on a quarterly, semi-annual and/or annual basis, depending on type of program.
b) Client engagement for outpatient programs, on an annual basis.
c) Review of MHSA annual report.
d) Re-admissions into crisis services for many Transition Adult Youth (TAY) and adult programs, on an annual basis.

**For Programs Without Other Dashboard Monitoring:**

Programs without other dashboard monitoring currently includes: residential, day rehab, and case and care management programs. However, beginning at the end of Fiscal Year 2018/2019, all of these programs must provide an annual report to be
included in the County’s MHSA Three Year Plan Update or MHSA Yearly Update, whichever applies to given fiscal year. MHSA plans are posted here: http://www.acbhcs.org/mhsa-doc-center/.

BHCS is working to identify additional indicators and reporting around quantity, quality, and/or impact for these programs.

IV. **Desk Monitoring, Category 2: When All or Bulk of Program Paid at Actual Line-Item Cost**

Types of Programs

a) FSPs (exceptions: Housing Programs operated by providers other than BACS)
b) OESD Programs (exceptions: Integrated Behavioral Health; IHOT, and IPS)
c) PEI Programs
d) INN Programs (exception: INN re-entry)

Primary Monitoring Strategy

Fiscal Contract Manager (FCM):

a) Monthly review of units of service in BHCS electronic data entry and claiming system.
b) Timely communication with provider and other BHCS partners around flags for reducing or withholding payment.

Other Monitoring (Select Programs):

Program Contract Manager and/or Operational Lead review of:

a) Review of quality/impact data in Program Reports on an annual basis
b) Review of MHSA annual report
c) Re-admissions into crisis services for many TAY and adult programs, on an annual basis

Other Types of Monitoring for Categories 1 and 2:

BHCS may conduct technical assistant contacts, meetings, and site visits on an as-needed basis in relation to changes in key staffing changes or requirements and/or potential performance issues.

Provider deliverables are also reviewed throughout the fiscal year by program contract managers. These reviews are designed to assess whether the provider is
on schedule with their deliverables or are they in need of technical assistance and/or further support.

**PEI only:** Due to new PEI regulations, additional monitoring processes will include site visits beginning FY 2019/2020. *(Refer to Appendix A)*

**V. Contract Compliance Plan Due to MHSA Reporting Deficiencies**

The data file has been designed to indicate how long overdue reports are when received after their due date and when late notices have been sent. PCMs are notified by data administrator if providers have missed their report(s) due dates.

The following is intended to provide instruction on monitoring late notices for tardy reports, and escalation therein:

- a. PCMs are to notify the data administrator when the date reports are received. These are saved in an online accessible folder;
- b. Administrator sends out a summary email notice to PCMs, after each report submission due date alerting them that a first late notice will be sent to providers who have failed to submit timely reports by the administrator;
- c. Data administrator sends out first late notices to provider using a designated email mailbox cc'ing PCMs;
- d. Data administrator sends summary email to PCMs noting reports more than 30 days past due;
- e. PCMs send second late notice, if necessary, to tardy providers, which serves as 30-day notice of withholding payments, and reiterating concern on any reports more than one month past due;
- f. Administrator sends summary email to PCMs/FCMs noting reports more than 60 days past due.
- g. FCMs to send a formal action email to providers, which serves as notice that payments will be held until submission of identified reports.
- h. Exceptions to withholding payments may be made if provider circumstances warrant such an exception.

All late notices must be noted in the monitoring data file. Additionally, please refer to *Contract Compliance and Sanctions for BHCS-Contracted Providers*, Policy No: 1302-1-1 for standard accountability measures/systems of County-funded program.

**CONTACT**

ACBH Office with responsibility for answering implementation questions:
In the fall of 2017, the California State Auditor’s Office conducted an audit of two state entities, the Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission as well as three local mental health agencies—Alameda, Riverside, and San Diego counties. The focus of the audit for the three local mental health agencies was to assess their monitoring of the projects that they support with MHSA funding. The report can be located here: https://www.auditor.ca.gov/pdfs/reports/2017-117.pdf

As a result of this audit, Alameda County Behavioral Health Care received a finding because ACBH was unable to furnish sufficient evidence it has a mechanism for ensuring accuracy of its monitoring for each MHSA funded programs. Due to the auditor’s finding, a recommendation was given to ACBH to develop and implement MHSA monitoring guidelines encompassing all MHSA funded programs.

Alameda County agreed with the auditor’s comments. ACBH began development and implementation of MHSA program monitoring guidelines by having each MHSA
program contract manager document the policies and procedures currently used to
monitor their respective MHSA programs by June 30, 2018. ACBH then consolidated
these documents into one user manual that will be available to all staff members
via ACBH website in FY 2019/2020. Revisions to the users’ manual will be made as
needed to ensure the manual is current at all times. The staff will be advised of all
revisions.

As a first tier in ACBH’s new MHSA monitoring guidelines, all ongoing MHSA funded
programs became required to submit an annual report beginning Fiscal Year
2018/2019. Programs that had no reporting requirements expressly written in their
deliverables were notified of this change in September, 2018. Since there is
language in the Master Contract requiring the submission of any additional reports
requested by the department, there was no need to augment current contracts with
new language. Beginning Fiscal Year 2019/2020, all MHSA funded programs must
have explicit language requiring an annual report.

DEFINITIONS

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract Compliance Plan</td>
<td>Written plan describing how provider will remedy a finding. The contracts compliance plan needs to include:</td>
</tr>
<tr>
<td></td>
<td>a) Tasks that will be taken that are sufficient to remedy the finding;</td>
</tr>
<tr>
<td></td>
<td>b) Who is responsible for completing each task; and</td>
</tr>
<tr>
<td></td>
<td>c) The date by which each task will be completed.</td>
</tr>
<tr>
<td>Desk Monitoring</td>
<td>An approach to review and track program performance by using quantitative data that serves as a supplement to on-site monitoring.</td>
</tr>
<tr>
<td>Fiscal Contract Manager</td>
<td>Processes invoices, and answers any fiscal-related questions.</td>
</tr>
<tr>
<td>Program Contract Manager</td>
<td>Monitors contract deliverables; leads contract negotiations; and receives provider reports required per providers’ deliverables.</td>
</tr>
<tr>
<td>Operational Lead</td>
<td>Supervisors, sometimes in a management role, who are subject matter experts in their corresponding delivery program; and who facilitate provider meetings and resources; support program development and growth; and assist in navigating ACBH system.</td>
</tr>
<tr>
<td>Network Office</td>
<td>ACBH division that writes, monitors, and resolves financial variances within provider contracts.</td>
</tr>
<tr>
<td>---------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Provider</td>
<td>An entity that receives a contract from the County to purchase property or services needed to carry out a County program.</td>
</tr>
</tbody>
</table>
| Site Visit    | A site visit is a physical inspection of an MHSA funded provider conducted by the provider’s ACBH Program/Fiscal Contract Manager or Operational Lead for the purpose of evaluating the provider’s program. Generally using the provider’s contract as a guide, the inspection includes, but not limited to:  
  a) Compliance with MediCal;  
  b) Fire clearance;  
  c) Proper storage of records;  
  d) Encryption on computers; and  
  e) Whether contract deliverables are being achieved and providing course correction if applicable. |
Alameda County Behavioral Health Services
Checklist for Annual Site Visits

PROGRAM-SPECIFIC INFORMATION (PREVENTION AND EARLY INTERVENTION)

<table>
<thead>
<tr>
<th>Provider Program-Specific / ACBH Staff Information</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Name</td>
<td>Date(s) of Site Visit</td>
</tr>
<tr>
<td>Program Name</td>
<td>Site Address</td>
</tr>
<tr>
<td>Site Manager Name / Title</td>
<td>Completed by</td>
</tr>
<tr>
<td>Phone / Fax Number</td>
<td>Other Provider or ACBH Staff Present (Name/Title)</td>
</tr>
<tr>
<td>Email Address</td>
<td></td>
</tr>
</tbody>
</table>

Include notes on any TA provided/needed and/or “no” responses.
### A. Compliance with required postings and site safety

<table>
<thead>
<tr>
<th></th>
<th>1. ACBH informing materials are prominently posted for clients*</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Documentation of program being in compliance, or type of TA provided</td>
<td>If not posted, provide copy/link to materials <a href="http://www.acbhcs.org/providers/Forms/SUD/Grievance_Appeal_Poster.pdf">http://www.acbhcs.org/providers/Forms/SUD/Grievance_Appeal_Poster.pdf</a>.</td>
</tr>
<tr>
<td></td>
<td>2. No observable safety or accessibility issues with site</td>
<td>Documen &amp; provide TA about any observable safety issues for clients and families (especially young children), i.e., trip hazards, excessive temperatures, etc. If concern is egregious, request immediate resolution and report immediately to supervisor.</td>
</tr>
<tr>
<td></td>
<td>3. Access to services and reasonable accommodation for people with disabilities</td>
<td>Conduct a visual inspection. Ask about any inspections around ADA access, and the status. If identified ADA issues, ask provider how they serve clients with ADA concerns.</td>
</tr>
<tr>
<td></td>
<td>4. Implementation of services and training of staff around culturally and linguistically appropriate services (CLAS)</td>
<td>Provide list of CLAS Standards, ask which the program is using, and ask for and document 2-3 detailed examples. Show documentation that staff has attended a training or webinar.</td>
</tr>
</tbody>
</table>

### B. Evidence of required data collection

<table>
<thead>
<tr>
<th></th>
<th>1. Registration/sign-in kiosk, sign-in sheets, other data collection protocols in place being used to document program activities and collect demographic data?</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Documentation of evidence of required data collection. Technical Assistance needed?</td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>2. Something about entering data into CG?</td>
<td>Provide a copy of the mechanism or tool used to document and check the accuracy of service documentation prior to entry into the electronic data entry system</td>
</tr>
<tr>
<td></td>
<td>3. System in place for monitoring and tracking attendance of the clients in your program to ensure non duplication of clients*</td>
<td>Provide copies of intake forms/registration/contact info…etc. Provide an example. (remove names of clients).</td>
</tr>
<tr>
<td></td>
<td>4. Annual PEI Data Report was submitted for the prior year</td>
<td>X</td>
</tr>
</tbody>
</table>

Last Update: 9/28/18

Program-Specific Information, Substance Use Prevention - Page 2 of 6
5. Evaluation report was submitted for the prior period (if applicable)  

6. Is provider currently receiving Technical Assistance? For what program aspect?

* Indicates new monitoring item for FY 18-19.

### C. Compliance with staffing/personnel requirements

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Documentation of program being in compliance, or type of TA provided</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>1. Written job descriptions</strong>*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Review job descriptions</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>2. Written code of conduct</strong>*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Review code of conduct and/or personnel manual. Should include clauses re: use of alcohol/drugs; scope of services; confidentiality; cooperation w/investigations; conflict of interest; prohibition against discrimination, harassment &amp; inappropriate sexual conduct.</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>3. Personnel files</strong>*</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Review files. Should include some record of screening (e.g., fingerprinting, background checks); performance evaluation/written feedback; and trainings attended. Ask for detail if you don’t see evidence of screening.</td>
</tr>
</tbody>
</table>

### D. Compliance with confidentiality requirements

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Documentation of program being in compliance, or type of TA provided</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td><strong>1. Double-locked client charts and records, and no loose client charts</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Visual inspection</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>2. Locked computers in non-secure areas</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Visual inspection</td>
</tr>
</tbody>
</table>
### D. Compliance with confidentiality requirements

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
<th>Documentation of program being in compliance, or type of TA provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Password changes every 90 days</td>
<td></td>
<td></td>
<td>Review policy &amp; procedure</td>
</tr>
<tr>
<td>4. Secure/encrypted emails, that include a warning banner*</td>
<td></td>
<td></td>
<td>Review a secure/encrypted email to ensure that warning banner is in place stating that: data is confidential, systems are logged, system use is for business purposes only by authorized users, and direction to users to log off of the system if they do not agree with these requirements (p. 26, Section J. of Privacy and Security Provisions).</td>
</tr>
<tr>
<td>5. Logs of unauthorized access to system*</td>
<td></td>
<td></td>
<td>Review system log and procedure for routine review of system logs for unauthorized access (p. 27, III.B. of Privacy and Security Provisions).</td>
</tr>
</tbody>
</table>

### E. Documentation of program implementation

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Documentation of program being in compliance, or type of TA provided</th>
</tr>
</thead>
</table>

### F. What PEI Category is provider implementing?

- Increase Access and Linkage, Stigma and Discrimination Reduction; Outreach for Increasing Recognition; Prevention; Early Intervention; Timely Access to Services; Suicide Prevention

| Evidence-based practice standard Promising practice standard Community and/or practice-based evidence standard are being implemented | Yes | No | N/A | Documentation of the standard that they are implementing (i.e. curriculum or other lesson/activity plan and supporting documentation). |

a. Be designed and implemented to help create Access and Linkage to Treatment.
b. Be designed, implemented, and promoted in ways that Improve Timely Access to Mental Health Services for Individuals and/or Families from Underserved Populations.
c. Be designed, implemented, and promoted using Strategies that are Non-Stigmatizing and Non-Discriminatory.
1.

2. How is provider’s program implemented to help create Access and Linkage to Treatment?  
   Provide evidence.

c. How is provider’s program designed, implemented, and promoted in ways that improve Timely Access to Mental Health Services for Individuals and/or Families from Underserved Populations. Does provider have a referral process in place to MH treatment for clients that need such services?  
   Provide evidence.

3.

4. How is provider’s program designed, implemented, and promoted using Strategies that are Non-Stigmatizing and Non-Discriminatory.  
   Provide evidence.

5.

6. Provide evidence if applicable.

<table>
<thead>
<tr>
<th>G. Compliance with additional requirements of program design</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Identify and briefly describe the research-based model / best practice, and how it is being implemented by the provider. Request a copy of the curriculum used</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>2. Ongoing program evaluation and improvement activities</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Provide evidence that provider monitors their program, and identifies problems, challenges, and/or opportunities for improvement. Examples include documentation of staff productivity reports and monitoring, satisfaction surveys, staff training.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>3.</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>
### G. Compliance with religious content/charitable choice?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
<th>Documentation of program being in compliance, or type of TA provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the program include any religious content?</td>
<td></td>
<td></td>
<td>N/A</td>
<td>Request copies of all written policies and procedures and client informing materials. When there is any religious content, document a “no” response to #2, #3, and #4.</td>
</tr>
<tr>
<td>2. If so, are clients notified at intake that they have the right to be referred to another program if they object to the religious nature of the program?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Is there a policy and procedure to ensure #2?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Are there client informing materials to ensure #2?</td>
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<tr>
<td>5. If there is religious content, how many referrals to other programs have been made during the past fiscal year for this reason?</td>
<td></td>
<td></td>
<td></td>
<td>#</td>
</tr>
</tbody>
</table>

### H. Other TA Resources Shared at Site Visit

Web links shown below, or saved on PCM Drive at N:\Monitoring\SUD Site Visits. Bring copies of those not linked below (i.e., 1st three below) to Site Visit with provider.

- ☐ Information Systems Requirements, including Required Language for Secure/Encrypted Warning Banner
- ☐ Trafficking Victims Protection Act Tri-fold
- ☑ BHCS’ Network Office website with forms and documents, including access to standard Exhibits: [http://www.acbhcs.org/providers/network/forms.htm](http://www.acbhcs.org/providers/network/forms.htm)
- ☑ BHCS’ Training Calendar, at [http://www.acbhcs.org/Training/default.htm](http://www.acbhcs.org/Training/default.htm)
- ☑ Alameda County Training Registration Site, at [http://alameda.netkeepers.com/TPOnline/TPOnline.dll/Home](http://alameda.netkeepers.com/TPOnline/TPOnline.dll/Home)
Title 9 California Code of Regulations, Division 1, Chapter 14 MHSA

Article 2. Definitions

Section 3200.245. Prevention and Early Intervention Component.

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


Section 3200.246. Prevention and Early Intervention Fund.

(a) “Prevention and Early Intervention funds” means the Mental Health Services funds allocated for prevention and early intervention programs pursuant to Welfare and Institutions Code section 5892, subdivision (a)(3).


Article 5. Reporting Requirements

Section 3510.010. Prevention and Early Intervention Annual Revenue and Expenditure Report.

(a) As part of the Mental Health Services Act Annual Revenue and Expenditure Report the County shall report the following:

(1) The total funding source dollar amounts expended during the reporting period, which is the previous fiscal year, on each Program funded with Prevention and Early Intervention funds by the following funding sources:

(A) Prevention and Early Intervention funds

1. The County shall identify each Program funded with Prevention and Early Intervention funds as a Prevention Program, Early Intervention Program, Outreach for Increasing Recognition of Early Signs of Mental Illness Program, Stigma and Discrimination Reduction Program, Suicide Prevention Program, Access and Linkage to Treatment Program, or Program to Improve Timely Access to Services for Underserved Populations. If the Programs are combined, the County shall estimate the percentage of funds dedicated to each Program.

(B) Medi-Cal Federal Financial Participation

(C) 1991 Realignment

(D) Behavioral Health Subaccount
(E) Any other funding
(2) The amount of funding expended for Prevention and Early Intervention Component Administration by the following funding sources:
   (A) Prevention and Early Intervention funds
   (B) Medi-Cal Federal Financial Participation
   (C) 1991 Realignment
   (D) Behavioral Health Subaccount
   (E) Any other funding
(3) The amount of funding expended for evaluation of the Prevention and Early Intervention Component by the following funding sources:
   (A) Prevention and Early Intervention funds
   (B) Medi-Cal Federal Financial Participation
   (C) 1991 Realignment
   (D) Behavioral Health Subaccount
   (E) Any other funding
(4) The amount of Prevention and Early Intervention funds voluntarily assigned by the County to California Mental Health Services Authority or any other organization in which counties are acting jointly.

(b) The County shall within 30 days of submitting to the state the Mental Health Services Act Annual Revenue and Expenditure Report:
   (1) Post a copy on the County’s website; and
   (2) Provide a copy to the County’s Mental Health Board


Section 3560. Prevention and Early Intervention Reporting Requirements.

(a) The County shall submit to the Mental Health Services Oversight and Accountability Commission the following:
   (1) The Annual Prevention and Early Intervention report as specified in Section 3560.010.
   (2) The Three-Year Prevention and Early Intervention Evaluation Report as specified in Section 3560.020.

Section 3560.010. Annual Prevention and Early Intervention Report.

(a) The requirements set forth in this section shall apply to the Annual Prevention and Early Intervention Report.

(1) The first Annual Prevention and Early Intervention Report is due to the Mental Health Services Oversight and Accountability Commission on or before December 30, 2017 as part of an Annual Update or Three-Year Program and Expenditure Plan. Each Annual Prevention and Early Intervention Report thereafter is due as part of an Annual Update or Three-Year Program and Expenditure Plan within 30 calendar days of Board of Supervisors approval but no later than June 30 of the same fiscal year whichever occurs first. The Annual Prevention and Early Intervention Report is not due in years in which a Three-Year Prevention and Early Intervention Evaluation Report is due.

(2) The Annual Prevention and Early Intervention Report shall report on the required data for the fiscal year prior to the due date. For example, the Report that is due no later than June 30, 2020 is to report the required data from fiscal year 2018-19 (i.e. July 1, 2018 through June 30, 2019).

(3) The County shall exclude from the Annual Prevention and Early Intervention Report personally identifiable information as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH) and their implementing privacy and security regulations, the California Information Practices Act, and any other applicable state or federal privacy laws.

(A) When the County has excluded information pursuant subdivision (3) above, the County shall submit to the Mental Health Services Oversight and Accountability Commission one of the following:

1. A supplemental Annual Prevention and Early Intervention Report that contains all of the information including the information that was excluded pursuant to subdivision (3). This supplemental report shall be marked “confidential.”
2. A supplement to the Annual Prevention and Early Intervention Report that contains the information that was excluded pursuant to subdivision (3). This supplement to the report shall be marked “confidential.”

(b) The County shall report the following 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 Program and each Early Intervention Program list:

(A) The Program name.

(B) Unduplicated numbers of individuals served in the preceding fiscal year

1. If a Program served both individuals at risk of a mental illness (Prevention) and individuals with early onset of a mental illness (Early Intervention), the County shall report numbers served separately for each category.
2. If a Program served families the County shall report the number of individual family members served.
(2) For each Outreach for Increasing Recognition of Early Signs of Mental Illness Program or Strategy within a Program, the County shall report:
   (A) The Program name
   (B) The number of potential responders
   (C) The setting(s) in which the potential responders were engaged
       1. Settings providing opportunities to identify early signs of mental illness include, but are not limited to, family resource centers, senior centers, schools, cultural organizations, churches, faith-based organizations, primary health care, recreation centers, libraries, public transit facilities, support groups, law enforcement departments, residences, shelters, and clinics.
   (D) The type(s) of potential responders engaged in each setting (e.g. nurses, principals, parents)

(3) For each Access and Linkage to Treatment Strategy or Program the County shall report:
   (A) The Program name
   (B) Number of individuals with serious mental illness referred to
       1. Treatment that is provided, funded administered, or overseen by county mental health programs, and the kind of treatment to which the individual was referred.
       2. Treatment that is not provided, funded, administered, or overseen by county mental health, and the kind of treatment to which the individual was referred.
   (C) For referrals to treatment that are provided, funded, administered, or overseen by county mental health, the number of individuals who followed through on the referral and engaged in treatment, defined as the number of individuals who participated at least once in the Program to which they were referred.
   (D) For referrals to treatment that are provided, funded, administered, or overseen by county mental health, the average duration of untreated mental illness as defined in Section 3750, subdivision (f)(3)(A) and standard deviation.
   (E) For referrals to treatment that are provide, funded, administered, or overseen by county mental health, the average interval between the referral and participation in treatment, defined as participating at least once in the treatment to which referred, and standard deviation.
   (F) “Referral” as used in this subdivision means the process by which an individual is given a recommendation in writing to one or more specific service providers for a higher level of care and treatment. Distributing a list of community resources to an individual does not constitute a referral under this subdivision.

(4) For each Improve Timely Access to Services for Underserved Populations Strategy or Program the County shall report:
   (A) The program name
   (B) Identify the specific underserved populations for whom the County intended to increase timely access to services.
(C) Number of referrals of members of underserved populations to a Prevention Program, an Early Intervention Program and/or to treatment beyond early onset.

(D) Number of individuals who followed through on the referral, defined as the number of individuals who participated at least once in the Program to which they were referred.

(E) Average interval between referral and participation in services to which referred, defined as participating at least once in the service to which referred, and standard deviation.

(F) Description of ways the County encouraged access to services and follow-through on referrals.

(G) “Referral” as used in this subdivision means the process by which a member of an underserved population is given a recommendation in writing to one or more specific service providers for a Prevention Program, an Early Intervention Program and/or a program providing treatment beyond early onset. Distributing a list of community resources to an individual does not constitute a referral under this subdivision.

(5) For the information reported under subdivisions (1) through (4) of this section, disaggregate numbers served, number of potential responders engaged, and number of referrals for treatment and other services by:

(A) The following age groups:
   1. 0-15 (children/youth)
   2. 16-25 (transition age youth)
   3. 26-59 (adult)
   4. ages 60+ (older adults)
   5. Number of respondents who declined to answer the question

(B) Race by the following categories:
   1. American Indian or Alaska Native
   2. Asian
   3. Black or African American
   4. Native Hawaiian or other Pacific Islander
   5. White
   6. Other
   7. More than one race
   8. Number of respondents who declined to answer the question

(C) Ethnicity by the following categories:
   1. Hispanic or Latino as follows
      a. Caribbean
      b. Central American
      c. Mexican/Mexican-American/Chicano
      d. Puerto Rican
      e. South American
      f. Other
      g. Number of respondents who declined to answer the question
   2. Non-Hispanic or Non-Latino as follows
      a. African
b. Asian Indian/South Asian
c. Cambodian
d. Chinese
e. Eastern European
f. European
g. Filipino
h. Japanese
i. Korean
j. Middle Eastern
k. Vietnamese
l. Other
m. Number of respondents who declined to answer the question

3. More than one ethnicity
4. Number of respondents who declined to answer the question

(D) Primary language used listed by threshold languages for the individual county

(E) Sexual orientation,
1. Gay or Lesbian
2. Heterosexual or Straight
3. Bisexual
4. Questioning or unsure of sexual orientation
5. Queer
6. Another sexual orientation
7. Number of respondents who declined to answer the question

(F) Disability, defined as a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a severe mental illness
1. Yes, report the number that apply in each domain of disability(ies)
   a. Communication domain separately by each of the following
      (i) Difficulty seeing,
      (ii) Difficulty hearing, or having speech understood
      (iii) Other (specify)
   b. Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability, dementia)
   c. Physical/mobility domain
d. Chronic health condition (including, but not limited to, chronic pain)
e. Other (specify)
2. No
3. Number of respondents who declined to answer the question

(G) Veteran status,
1. Yes
2. No
3. Number of respondents who declined to answer the question

(H) Gender
  1. Assigned sex at birth:
     a. Male
     b. Female
     c. Number of respondents who declined to answer the question
  2. Current gender identity:
     a. Male
     b. Female
     c. Transgender
     d. Genderqueer
     e. Questioning or unsure of gender identity
     f. Another gender identity
     g. Number of respondents who declined to answer the question

(6) Any other data the County considers relevant, for example, 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 funded services.

(7) For Stigma and Discrimination Reduction Programs and Suicide Prevention Programs, the County may report available numbers of individuals reached, including demographic breakdowns. An example would be the number of individuals who received training and education or who clicked on a web site.

(8) For all programs and Strategies, the County may report implementation challenges, successes, lessons learned, and relevant examples.

(c) For a program serving children or youth younger than 18 years of age, the demographic information required under subdivision (b)(5) of this section relating to children or youth younger than 18 years of age shall be collected and reported only to the extent permissible by California Education Code, Family Educational Rights and Privacy Act (FERPA), Health Insurance Portability and Accountability Act of 1996 (HIPAA), California Information Practices Act, and other applicable state and federal privacy laws.

(d) Except for sexual orientation, current gender identity, and veteran status, a county shall collect the demographic information required under subdivision (b)(5) of this section from a minor younger than 12 years of age. Information that cannot be obtained directly from the minor may be obtained from the minor’s parent, legal guardian, or other authorized source.

(e) A County with a population under 100,000, according to the most recent projection by the California State Department of Finance, may report the demographic information required under subdivision (b)(5) of this section for the County’s entire Prevention and Early Intervention Component instead of by each Program or Strategy.
NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5840, 5845(d)(6), and 5847, Welfare and Institutions Code; Uncodified Sections 2 and 3 of Proposition 63, the Mental Health Services Act.


(a) The County shall submit the Three-Year Prevention and Early Intervention Evaluation Report to the Mental Health Services Oversight and Accountability Commission every three years as part of a Three-Year Program and Expenditure Plan or Annual Update. The Three-Year Prevention and Early Intervention Evaluation Report answers questions about the impacts of Prevention and Early Intervention Component Programs on individuals with risk or early onset of serious mental illness and on the mental health and related systems.

(1) The first Three-Year Prevention and Early Intervention Evaluation Report is due to the Mental Health Services Oversight and Accountability Commission as part of a Three-Year Program and Expenditure Plan or Annual Update within 30 calendar days of Board of Supervisors approval but no later than June 30, 2019 whichever occurs first. The first Three-Year Prevention and Early Intervention Evaluation Report shall report the required evaluations from fiscal year 2017-2018 and from fiscal year 2016-2017 if available. Each subsequent Three-Year Prevention and Early Intervention Evaluation Report shall be due within 30 calendar days of Board of Supervisors approval but no later than June 30th every third year thereafter whichever occurs first, as part of a Three-Year Program and Expenditure Plan or Annual Update and shall report on the evaluation(s) for the three prior fiscal years.

(2) The County shall exclude from the Three-Year Prevention and Early Intervention Evaluation Report personally identifiable information as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH) and their implementing privacy and security regulations, the California Information Practices Act, and any other applicable state or federal privacy laws.

(A) When the County has excluded information pursuant subdivision (2) above, the County shall submit to the Mental Health Services Oversight and Accountability Commission one of the following:

1. A supplemental Three-Year Prevention and Early Intervention Evaluation Report that contains all of the information including the information that was excluded pursuant to subdivision (2). This supplemental report shall be marked “confidential.”

2. A supplement to the Three-Year Prevention and Early Intervention Evaluation Report that contains the information that was excluded pursuant to subdivision (2). This supplement to the report shall be marked “confidential.”

(b) The Three-Year Prevention and Early Intervention Evaluation Report shall describe the evaluation of each Prevention and Early Intervention Component Program and two Strategies: Access and Linkage to Treatment and Improving Timely Access to Services for Underserved Populations. The Report shall include the following:
(1) The name of each Program for which the county is reporting
(2) The outcomes and indicators selected for each Prevention, Early Intervention, Stigma and Discrimination Reduction, or Suicide Prevention Program
(3) The approaches used to select the outcomes and indicators, collect data, and determine results for the evaluation of each Program and the Access and Linkage to Treatment and Improving Timely Access to Services for Underserved Populations Strategies
(4) How often the data were collected for the evaluation of each Program and for the Access and Linkage to Treatment and Improving Timely Access to Services for Underserved Populations Strategies
(c) The Three-Year Prevention and Early Intervention Evaluation Report shall provide results and analysis of results for all required evaluations set forth in Section 3750 for the three fiscal years prior to the due date.
(d) The County may also include in the Three-Year Prevention and Early Intervention Evaluation Report any additional evaluation data on selected outcomes and indicators, including evaluation results related to the impact of Prevention and Early Intervention Component Programs on mental health and related systems.
(e) The County shall include the same information for the previous fiscal year that otherwise would be reported in the Annual Prevention and Early Intervention Report in response to requirements specified in 3560.010(b).
(f) The County may report any other available evaluation results in the County’s Annual Updates.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5840, 5845(d)(6), and 5847, Welfare and Institutions Code; Uncodified Sections 2 and 3 of Proposition 63, the Mental Health Services Act.

Article 7. Prevention and Early Intervention

Section 3700. Rule of General Application.
(a) The use of Prevention and Early Intervention funds shall be governed by the provisions specified in this Article and Articles 1 through 5, unless otherwise specified.

Section 3701. Definitions.
(a) “Prevention and Early Intervention regulations” means sections 3200.245 and 3200.246 of Article 2, sections 3510.010, 3560, 3560.010, and 3560.020 of Article 5, and Article 7.
(b) “Program” as used in the Prevention and Early Intervention regulations means 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.
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(c) “Strategy” as used in the Prevention and Early Intervention regulations means a planned and specified method within a Program intended to achieve a defined goal.

(d) “Mental illness” and “mental disorder” as used in the Prevention and Early Intervention regulations means, a syndrome characterized by clinically significant disturbance in an individual’s cognition, emotion regulation, or behavior that reflects a dysfunction in the psychological or biological processes underlying mental functioning. Mental illness is usually associated with significant distress or disability in social, occupational, or other important activities. An expected or culturally approved response to a common stressor or loss, such as the death of a loved one, is not a mental illness. Socially variant behavior (e.g. political, religious, or sexual) and conflicts that are primarily between the individual and society are not mental illness unless the variance or conflict results from a dysfunction in the individual, as described above.

(e) “Serious mental illness,” “serious mental disorder” and “severe mental illness” as used in the Prevention and Early Intervention regulations means, a mental illness that is severe in degree and persistent in duration, which may cause behavioral functioning which interferes substantially with the primary activities of daily living, and which may result in an inability to maintain stable adjustment and independent functioning without treatment, support, and rehabilitation for a long or indefinite period of time. These mental illnesses include, but are not limited to, schizophrenia, bipolar disorder, post-traumatic stress disorder, as well as major affective disorders or other severely disabling mental disorders.

(f) 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.


Section 3705. Prevention and Early Intervention Component General Requirements.

(a) The County shall include in its Prevention and Early Intervention Component:
   (1) At least one Early Intervention Program as defined in Section 3710.
   (2) At least one Outreach for Increasing Recognition of Early Signs of Mental Illness Program as defined in Section 3715.
   (3) At least one Prevention Program as defined in Section 3720
       (A) Small counties may opt out of the requirement to have at least one Prevention Program if:
           1. The Small County obtains a resolution from the Board of Supervisors that the County cannot meet this requirement.
       (B) A Small County that opts out of the requirement in (a)(3) above shall include in its Three-year Program and Expenditure Plan and/or Annual Update documentation describing the rationale for the County’s decision and how the County ensured meaningful stakeholder involvement in the decision to opt out.
(4) At least one Access and Linkage to Treatment Program as defined in Section 3726
   (A) A County with a population under 100,000, according to the most recent projection by the California State Department of Finance, may opt out of the requirement to have at least one Access and Linkage to Treatment Program if:
      1. The County obtains a resolution from the Board of Supervisors that the County cannot meet this requirement.
   (B) A County that opts out of the requirement in (a)(4) above shall include in its Three-year Program and Expenditure Plan and/or Annual Update documentation describing the rationale for the County’s decision and how the County ensured meaningful stakeholder involvement in the decision to opt out.
(5) At least one Stigma and Discrimination Reduction Program as defined in Section 3725
(6) The Strategies defined in Section 3735.

(b) The County may include in its Prevention and Early Intervention Component:
   (1) One or more Suicide Prevention Programs as defined in Section 3730.
   (c) A County with a population under 100,000, according to the most recent projection by the California State Department of Finance, may satisfy the requirements in subdivisions (a)(1) through (a)(5) of this Section by combining and/or integrating the Early Intervention Program, the Outreach for Increasing Recognition of Early Signs of Mental Illness Program, the Prevention Program, the Access and Linkage to Treatment Program, and the Stigma and Discrimination Reduction Program.
   (1) A county that utilizes this provision shall not also opt-out of the requirement to have at least one Prevention Program under subdivision (a)(3) or of the requirement to have at least one Access and Linkage to Treatment Program under subdivision (a)(4).


Section 3706. General Requirements for Services.

(a) The County shall serve all ages in one or more Programs of the Prevention and Early Intervention Component.
   (b) At least 51 percent of the Prevention and Early Intervention Fund shall be used to serve individuals who are 25 years old or younger.
   (c) Programs that serve parents, caregivers, or family members with the goal of addressing MHSA outcomes for children or youth at risk of or with early onset of a mental illness can be counted as meeting the requirements in (a) and (b) above.
   (d) A Small County may opt out of the requirements in (a) and/or (b) above if:
      1. The Small County obtains a declaration from the Board of Supervisors that the County cannot meet the requirements because of specified local conditions.
   (e) A Small County that opts out of the requirements in (a) and/or (b) shall include in its Three-year Program and Expenditure Plan and/or Annual Update documentation describing the rationale for the County's decision and how the County ensured meaningful stakeholder involvement in the decision to opt out.

Section 3710. Early Intervention Program.
(a) The County shall offer at least one Early Intervention Program as defined in this section.
(b) “Early Intervention Program” means treatment and other services and interventions, including relapse prevention, to address and promote recovery and related functional outcomes for a mental illness early in its emergence, including the applicable negative outcomes listed in Welfare and Institutions Code Section 5840, subdivision (d) that may result from untreated mental illness.
(c) Early Intervention Program 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, in which case early intervention services shall not exceed four years.
(1) For purpose of this section, "serious mental illness or emotional disturbance with psychotic features" means, schizophrenia spectrum and other psychotic disorders including schizophrenia, other psychotic disorders, disorders with psychotic features, and schizotypal (personality) disorder). These disorders include abnormalities in one or more of the following five domains: delusions, hallucinations, disorganized thinking (speech), grossly disorganized or abnormal motor behavior (including catatonia), and negative symptoms.
(d) Early Intervention Program services may include services to parents, caregivers, and other family members of the person with early onset of a mental illness, as applicable.
(e) The County may combine an Early Intervention Program with a Prevention Program, as long as the requirements in Section 3710 and Section 3720 are met
(f) The County shall include all of the Strategies in each Early Intervention Program as referenced in Section 3735


Section 3715. Outreach for Increasing Recognition of Early Signs of Mental Illness.
(a) The County shall offer at least one Outreach for Increasing Recognition of Early Signs of Mental Illness Program as defined in this section.
(b) “Outreach” is a process of engaging, encouraging, educating, and/or training, and learning from potential responders about ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness.
(c) “Potential responders” include, but are not limited to, families, employers, primary health care providers, visiting nurses, school personnel, community service providers, peer providers, cultural brokers, law enforcement personnel, emergency medical service providers, people who provide
services to individuals who are homeless, family law practitioners such as mediators, child protective services, leaders of faith-based organizations, and others in a position to identify early signs of potentially severe and disabling mental illness, provide support, and/or refer individuals who need treatment or other mental health services.

(d) Outreach for Increasing Recognition of Early Signs of Mental Illness may include reaching out to individuals with signs and symptoms of a mental illness, so they can recognize and respond to their own symptoms.

(e) 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.

(f) An Outreach for Increasing Recognition of Early Signs of Mental Illness Program may be provided through other Mental Health Services Act components as long as it meets all of the requirements in this section.

(g) The County shall include all of the Strategies in each Outreach for Increasing Recognition of Early Signs of Mental Illness Program as referenced in Section 3735.


Section 3720. Prevention Program.

(a) The County shall offer at least one Prevention Program as defined in this section.

(b) “Prevention Program” means a set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors. The goal of this Program is to bring about mental health including reduction of the applicable negative outcomes listed in Welfare and Institutions Code Section 5840, subdivision (d) as a result of untreated mental illness for individuals and members of groups or populations whose risk of developing a serious mental illness is greater than average and, as applicable, their parents, caregivers, and other family members.

(c) “Risk factors for mental illness” means conditions or experiences that are associated with a greater than average risk of developing a potentially serious mental illness. Risk factors include, but are not limited to, biological including family history and neurological, behavioral, social/economic, and environmental.

(1) Examples of risk factors include, but are not limited to, 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, traumatic loss (e.g. complicated, multiple, prolonged, severe), having a previous mental illness, a previous suicide attempt, or having a family member with a serious mental illness.
(d) Prevention Program services may include relapse prevention for individuals in recovery from a serious mental illness.

(e) 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.

(f) The County may combine an Early Intervention Program with a Prevention Program, as long as the requirements in Section 3710 and Section 3720 are met.

(g) The County shall include all of the Strategies in each Prevention Program as referenced in Section 3735.


Section 3725. Stigma and Discrimination Reduction Program.

(a) The County shall offer at least one Stigma and Discrimination Reduction Program as defined in this section.

(b) “Stigma and Discrimination Reduction Program” means the County’s direct activities to reduce negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or to seeking mental health services and to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families.

(1) Examples of Stigma and Discrimination Reduction Programs 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, efforts to combat multiple stigmas that have been shown to discourage individuals from seeking mental health services, and efforts to encourage self-acceptance for individuals with a mental illness.

(2) Stigma and Discrimination Reduction Programs shall include approaches that are culturally congruent with the values of the populations for whom changes in attitudes, knowledge, and behavior are intended.

(c) The County shall include all of the Strategies in each Stigma and Discrimination Reduction Program as referenced in Section 3735.


Section 3726. Access and Linkage to Treatment Program.

(a) The County shall offer at least one Access and Linkage to Treatment Program as defined in this section.

(b) “Access and Linkage to Treatment Program” means a set of related activities to connect children with severe mental illness, as defined in Welfare and Institutions Code Section 5600.3, and adults and seniors with severe mental illness, as defined in Welfare and Institutions Code Section 5600.3,
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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.

(1) Examples of Access and Linkage to Treatment Programs, include but are not limited to, Programs with a primary focus on screening, assessment, referral, telephone help lines, and mobile response.

(c) In addition to offering the required Access and Linkage to Treatment Program, the County is also required to offer Access and Linkage to Treatment as a Strategy within all Prevention and Early Intervention Programs.

(d) The County shall include all of the Strategies in each Access and Linkage to Treatment Program as referenced in Section 3735.

(e) An Access and Linkage to Treatment Program may be provided through other Mental Health Services Act components as long as it meets all of the requirements in this section.


Section 3730. Suicide Prevention Programs.

(a) The County may offer one or more Suicide Prevention Programs as defined in this section.

(b) Suicide Prevention Programs means organized activities that the County undertakes to prevent suicide as a consequence of mental illness. This category of Programs does not focus on or have intended outcomes for specific individuals at risk of or with serious mental illness.

(1) Suicide prevention activities that aim to reduce suicidality for specific individuals at risk of or with early onset of a potentially serious mental illness can be a focus of a Prevention Program pursuant to Section 3720 or a focus of an Early Intervention Program pursuant to Section 3710.

(d) Suicide Prevention Programs pursuant to this section include, but are not limited to, public and targeted information campaigns, suicide prevention networks, capacity building programs, culturally specific approaches, survivor-informed models, screening programs, suicide prevention hotlines or web-based suicide prevention resources, and training and education.

(e) The County shall include all of the Strategies in each Suicide Prevention Program as referenced in Section 3735.


Section 3735. Prevention and Early Intervention Strategies.

(a) The County shall include all of the following Strategies as part of each Program listed in Sections 3710 through 3730 of Article 7:

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

(A) “Access and Linkage to Treatment” means connecting children with severe mental illness, as defined in Welfare and Institutions Code Section 5600.3, and adults and seniors with severe mental illness, as defined in Welfare and Institutions Code 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 practicable, through program features such as accessibility, cultural and language appropriateness, transportation, family focus, hours available, and cost of services.

(B) Services shall be provided in convenient, accessible, acceptable, culturally appropriate settings such as primary healthcare, schools, family resource centers, community-based organizations, places of worship, shelters, and public settings unless a mental health setting enhances access to quality services and outcomes for underserved populations.

(C) In addition to offering the required Improve Timely Access to Services for Underserved Populations Strategy, the County may also offer Improve Timely Access to Services for Underserved Populations as a Program.

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

(A) “Strategies that are Non-Stigmatizing and Non-Discriminatory” means promoting, designing, and implementing Programs in ways that reduce and circumvent stigma, including self-stigma, and discrimination related to being diagnosed with a mental illness, having a mental illness or seeking mental health services, and making services accessible, welcoming, and positive.

(B) Non-Stigmatizing and Non-Discriminatory approaches include, but are not limited to, using positive, factual messages and approaches with a focus on recovery, wellness, and resilience; use of culturally appropriate language, practices, and concepts; efforts to acknowledge and combat multiple social stigmas that affect attitudes about mental illness and/or about seeking mental health services, including but not limited to race and sexual orientation; co-locating 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.

Section 3740. Effective Methods.

(a) For each Program and each Strategy in Article 7, the County shall use effective methods likely to bring about intended outcomes, based on one of the following standards, or a combination of the following standards:

(1) Evidence-based practice standard: Evidence-based practice means activities for which there is scientific evidence consistently showing improved mental health outcomes for the intended population, including, but not limited to, scientific peer-reviewed research using randomized clinical trials.

(2) Promising practice standard: Promising practice means Programs and activities for which there is research demonstrating effectiveness, including strong quantitative and qualitative data showing positive outcomes, but the research does not meet the standards used to establish evidence-based practices and does not have enough research or replication to support generalizable positive public health outcomes.

(3) Community and or practice-based evidence standard: Community and or practice-based evidence means a set of practices that communities have used and determined to yield positive results by community consensus over time, which may or may not have been measured empirically. Community and or practice-defined evidence takes a number of factors into consideration, including worldview, historical, and social contexts of a given population or community, which are culturally rooted.


Section 3745. Changed Program.

(a) If the County determines a need to make a substantial change to a Program or Strategy described in the County’s most recent Three-Year Program and Expenditure Plan or Annual Update that was adopted by the local county board of supervisors as referenced in Welfare and Institutions Code Section 5847, the County shall ensure that stakeholders contributed meaningfully to the planning process that resulted in the decision to make the change.

(b) “Substantial change” as used in this section means, change(s) to the essential elements of a Program or Strategy or change(s) to the intended outcomes or target population.


Section 3750. Prevention and Early Intervention Component Evaluation.

(a) For each Early Intervention Program the County shall evaluate the reduction of prolonged suffering as referenced in Welfare and Institutions Code Section 5840, subdivision (d) that may result from untreated mental illness by measuring reduced symptoms and/or improved recovery, including
mental, emotional, and relational functioning. The County shall select, define, and measure appropriate indicators that are applicable to the Program.

(b) For each Prevention Program the County shall measure the reduction of prolonged suffering as referenced in Welfare and Institutions Code Section 5840, subdivision (d) that may result from untreated mental illness by measuring a reduction in risk factors, indicators, and/or increased protective factors that may lead to improved mental, emotional, and relational functioning. The County shall select, define, and measure appropriate indicators that are applicable to the Program.

(c) For each Early Intervention and each Prevention Program that the County designates as intended to reduce any of the other Mental Health Services Act negative outcomes referenced in Welfare and Institutions Code Section 5840, subdivision (d) that may result from untreated mental illness, the County shall select, define, and measure appropriate indicators that the County selects that are applicable to the Program.

(d) For each Stigma and Discrimination Reduction Program referenced in Section 3725, the County shall select and use a validated method to measure one or more of the following:

1. Changes in attitudes, knowledge, and/or behavior related to mental illness that are applicable to the specific Program.

2. Changes in attitudes, knowledge, and/or behavior related to seeking mental health services that are applicable to the specific Program.

(e) If the County chooses to offer a Suicide Prevention Program referenced in Section 3730, the County shall select and use a validated method to measure changes in attitudes, knowledge, and/or behavior regarding suicide related to mental illness that are applicable to the specific Program.

(f) For each Strategy or Program to provide Access and Linkage to Treatment the County shall track:

1. Number of referrals as defined in subdivision (b)(3)(F) of section 3560.010 to treatment, and kind of treatment to which person was referred.

2. Number of persons who followed through on the referral as defined in subdivision (b)(3)(F) of section 3560.010 and engaged in treatment, defined as the number of individuals who participated at least once in the Program to which the person was referred.

(A) The County may use a methodologically sound random sampling method to satisfy this requirement. The sample must be statistically generalizable to the larger population and representative of all relevant demographic groups included in the larger population.

3. Duration of untreated mental illness.

(A) Duration of untreated mental illness shall be measured for persons who are referred as defined in subdivision (b)(3)(F) of section 3560.010 to treatment and who have not previously received treatment as follows:

1. The time between the self-reported and/or parent-or-family-reported onset of symptoms of mental illness and entry into treatment, defined as participating at least once in treatment to which the person was referred.
(B) The County may use a methodologically sound random sampling method to satisfy this requirement. The sample must be statistically generalizable to the larger population and representative of all relevant demographic groups included in the larger population.

(4) The interval between the referral as defined in subdivision (b)(3)(F) of section 3560.010 and engagement in treatment, defined as participating at least once in the treatment to which referred

(A) The County may use a methodologically sound random sampling method to satisfy this requirement. The sample must be statistically generalizable to the larger population and representative of all relevant demographic groups included in the larger population.

(g) For each Strategy or Program to Improve Timely Access to Services for Underserved Populations the County shall measure:

(1) Number of referrals as defined in subdivision (b)(4)(G) of section 3560.010 of members of underserved populations to a Prevention Program, an Early Intervention Program, and/or treatment beyond early onset.

(2) Number of persons who followed through on the referral as defined in subdivision (b)(4)(G) of section 3560.010 and engaged in services, defined as the number of individuals who participated at least once in the Program to which the person was referred.

(A) The County may use a methodologically sound random sampling method to satisfy this requirement. The sample must be statistically generalizable to the larger population and representative of all relevant demographic groups included in the larger population.

(3) Timeliness of care.

(A) Timeliness of care for individuals from underserved populations with a mental illness is measured by the interval between referral as defined in subdivision (b)(4)(G) of section 3560.010 and engagement in services, defined as participating at least once in the service to which referred.

(h) The County shall design the evaluations to be culturally competent and shall include the perspective of diverse people with lived experience of mental illness, including their family members, as applicable.

(i) In addition, to the required evaluations listed in this section, the County may also, as relevant and applicable, define and measure the impact of Programs funded by Prevention and Early Intervention funds on the mental health and related systems, including, but not limited to education, physical healthcare, law enforcement and justice, social services, homeless shelters and other services, and community supports specific to age, racial, ethnic, and cultural groups. Examples of system outcomes include, but are not limited to, increased provision of services by ethnic and cultural community organizations, hours of operation, integration of services including co-location, involvement of clients and families in key decisions, identification and response to co-occurring substance-use disorders, staff knowledge and application of recovery principles, collaboration with diverse community partners, or funds leveraged.
(j) A County with a population under 100,000, according to the most recent projection by the California State Department of Finance, is exempt from the evaluation requirements in this section for one year from the effective date of this section.

(k) A County with a population under 100,000, according to the most recent projection by the California State Department of Finance, electing to follow subdivision (c) of section 3705 may satisfy the requirements of subdivisions (a) through (g) of this section by selecting, defining, and measuring appropriate indicators that the County selects to evaluate the negative outcomes referenced in Welfare and Institutions Code section 5840, subdivision (d), identified in the County’s Three-year Program and Expenditure Plan and/or Annual Update pursuant to subdivision (o)(3) of section 3755.


Section 3755. Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update.

(a) The requirements set forth in this section shall apply to the Annual Update due for the fiscal year 2016-17 and each Annual Update and/or Three-Year Program and Expenditure Plan thereafter.

(b) The Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan or Annual Update shall include the following general information:

(1) A description of how the County ensured that staff and stakeholders involved in the Community Program Planning process required by Title 9 California Code of Regulations, Section 3300, were informed about and understood the purpose and requirements of the Prevention and Early Intervention Component.

(2) A description of the County’s plan to involve community stakeholders meaningfully in all phases of the Prevention and Early Intervention Component of the Mental Health Services Act, including program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations.

(3) A brief description, with specific examples of how each Program and/or Strategy funded by Prevention and Early Intervention funds will reflect and be consistent with all applicable Mental Health Services Act General Standards set forth in Title 9 California Code of Regulations, Section 3320.

(c) Except as provided in subdivision (o), the Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include a description of each Early Intervention Program as defined in Section 3710 including, but not limited to:

(1) The Program name

(2) Identification of the target population for the specific Program including:

(A) Demographics relevant to the intended target population for the specific Program, including, but not limited to, age, race/ethnicity, gender or gender identity, primary language used, military status, and sexual orientation.
(B) The mental illness or illnesses for which there is early onset.

(C) Brief description of how each participant’s early onset of a potentially serious mental illness will be determined.

(3) Identification of the type(s) of problem(s) and need(s) for which the Program will be directed and the activities to be included in the Program that are intended to bring about mental health and related functional outcomes including reduction of the negative outcomes referenced in Welfare and Institutions Code Section 5840, subdivision (d) for individuals with early onset of potentially serious mental illness.

(4) The Mental Health Services Act negative outcomes as a consequence of untreated mental illness referenced in Welfare and Institutions Code Section 5840, subdivision (d) that the Program is expected to affect, including the reduction of prolonged suffering as a consequence of untreated mental illness, as defined in Section 3750, subdivision (a).

(A) List the mental health indicators that the County will use to measure reduction of prolonged suffering as referenced in Section 3750, subdivision (a).

(B) For any other specified Mental Health Services Act negative outcome as a consequence of untreated mental illness, as referenced in Section 3750, subdivision (c), list the indicators that the County will use to measure the intended reductions.

(C) 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.

(5) Specify how the Early Intervention Program is likely to reduce the relevant Mental Health Services Act negative outcomes as referenced in Welfare and Institutions Code Section 5840, subdivision (d) by providing the following information:

(A) If the County used the evidence-based standard or promising practice standard to determine the Program’s effectiveness as referenced in Section 3740, subdivisions (a)(1) and (a)(2), provide a brief description of or reference to the 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 practice according to the practice model and program design in implementing the Program.

(B) If the County used the community and/or practice-based standard to determine the Program’s effectiveness as referenced in Section 3740, subdivision (a)(3), describe the evidence that the approach is likely to bring about applicable Mental Health Services Act outcomes for the intended population(s) and explain how the County will ensure fidelity to the practice according to the practice model and program design in implementing the Program.

(d) Except as provided in subdivision (o), the Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include a description of the Prevention Program including but not limited to the following information:

(1) The Program name
(2) Identification of the target population for the specific Program, including:
   (A) 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, i.e. the condition, experience, or behavior associated with greater than average risk.
   (B) How the risk of a potentially serious mental illness will be defined and determined, i.e. what criteria and process the County will use to establish that the intended beneficiaries of the Program have a greater than average risk of developing a potentially severe mental illness.
   (C) Demographics relevant to the intended target population for the specific Program including but not limited to age, race/ethnicity, gender or gender identity, sexual orientation, primary language used, and military status.

(3) Specify the type of problem(s) and need(s) for which the Prevention Program will be directed and the activities to be included in the Program that are intended to bring about mental health and related functional outcomes including reduction of the negative outcomes referenced in Welfare and Institutions Code Section 5840, subdivision (d) for individuals with greater than average risk of potentially serious mental illness.

(4) Specify any Mental Health Services Act negative outcomes as a consequence of untreated mental illness as referenced in Welfare and Institutions Code Section 5840, subdivision (d) that the Program is expected to affect, including reduction of prolonged suffering, as defined in Section 3750, subdivision (b).
   (A) List the mental health indicators that the County will use to measure reduction of prolonged suffering as referenced in Section 3750, subdivision (b).
   (B) If the County intends the Program to reduce any other specified Mental Health Services Act negative outcome as a consequence of untreated mental illness as referenced in Section 3750, subdivision (c), list the indicators that the County will use to measure the intended reductions.
   (C) 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.

(5) Specify how the Prevention Program is likely to bring about reduction of relevant Mental Health Services Act negative outcomes referenced in Welfare and Institutions Code Section 5840, subdivision (d) for the intended population by providing the following information:
   (A) If the County used the evidence-based standard or promising practice standard to determine the Program’s effectiveness as referenced in Section 3740, subdivisions (a)(1) and (a)(2), provide a brief description of or reference to the 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 practice according to the practice model and program design in implementing the Program.
   (B) If the County used the community and/or practice-based standard to determine the Program’s effectiveness as referenced in Section 3740, subdivision (a)(3), describe the
evidence that the approach is likely to bring about applicable Mental Health Services Act outcomes for the intended population(s) and explain how the County will ensure fidelity to the practice according to the practice model and program design in implementing the Program.

(e) Except as provided in subdivision (o), the Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include a description of each Outreach for Increasing Recognition of Early Signs of Mental Illness Program and for any Strategy within a Program, including, but not limited to:

(1) The Program name

(2) Identify the types and settings of potential responders the Program intends to reach.

(A) Describe briefly the potential responders’ setting(s), as referenced in Section 3750, subdivisions (d)(3)(A), and the opportunity the potential responders will have to identify diverse individuals with signs and symptoms of potentially serious mental illness.

(3) Specify the methods to be used to reach out and engage potential responders and the methods to be used for potential responders 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.

(f) Except as provided in subdivision (o), the Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include a description of each Stigma and Discrimination Reduction Program, including, but not limited to:

(1) The Program name

(2) Identify whom the Program intends to influence.

(3) Specify the methods and activities to be used to change attitudes, knowledge, and/or behavior regarding being diagnosed with mental illness, having mental illness and/or seeking mental health services, consistent with requirements in Section 3750, subdivision (e), including timeframes for measurement.

(4) Specify how the proposed method is likely to bring about the selected outcomes by providing the following information:

(A) If the County used the evidence-based standard or promising practice standard, to determine the Program’s effectiveness as referenced in Section 3740, subdivisions (a)(1) and (a)(2), provide a brief description of or reference to the 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 practice according to the practice model and Program design in implementing the Program.

(B) If the County used the community and/or practice-based standard to determine the Program’s effectiveness as referenced in Section 3740, subdivision (a)(3), describe the evidence that the approach is likely to bring about applicable Mental Health Services Act outcomes for the intended population and explain how the County will ensure fidelity to the practice according to the practice model and Program design in implementing the Program.
(g) Except as provided in subdivision (o), the Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include a description of each Suicide Prevention Program including, but not limited to:

(1) The Program name
(2) Specify the methods and activities to be used to change attitudes and behavior to prevent mental illness-related suicide.
(3) Indicate how the County will measure changes in attitude, knowledge, and/or behavior related to reducing mental illness-related suicide consistent with requirements in Section 3750, subdivision (f) including timeframes for measurement.
(4) Specify how the proposed method is likely to bring about suicide prevention outcomes selected by the County by providing the following information:
   (A) If the County used the evidence-based standard or promising practice standard to determine the Program’s effectiveness as referenced in Section 3740, subdivisions (a)(1) and (a)(2), explain how the practice’s effectiveness has been demonstrated and explain how the County will ensure fidelity to the practice according to the practice model and Program design in implementing the Program.
   (B) If the County used the community and/or practice-based standard to determine the Program’s effectiveness as referenced in Section 3740, subdivision (a)(3), describe the evidence that the approach is likely to bring about applicable Mental Health Services Act outcomes and explain how the County will ensure fidelity to the practice according to the practice model and Program design in implementing the Program.

(h) Except as provided in subdivision (o), the Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include a description of the Access and Linkage to Treatment Program and Strategy within each Program including, but not limited to:

(1) Program name
(2) An explanation of how the Program and Strategy within each Program will create Access and Linkage to Treatment for individuals with serious mental illness as referenced in Section 3735, subdivision (a)(1)
(3) 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.
(4) 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.
(5) Explain how the Program will follow up with the referral to support engagement in treatment.
(6) Indicate if the County intends to measure outcomes in addition to those required in Section 3750, subdivision (f) and if so, specify what outcome(s) and how will it be measured, including timeframes for measurement.
(i) Except as provided in subdivision (o), the Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include for all Programs:

1. Program name
2. An explanation of how the Program will be implemented to help improve access to services for underserved populations, as required in Section 3735, subdivision (a)(2).
3. For each Program, the County shall indicate the intended setting(s) and why the setting enhances access for specific, designated underserved populations. If the County intends to locate the Program in a mental health setting, explain why this choice enhances access to quality services and outcomes for the specific underserved population.
4. Indicate if the County intends to measure outcomes in addition to those required in Section 3750, subdivision (g) and, if so, what outcome(s) and how will it be measured, including timeframes for measurement.

(j) Except as provided in subdivision (o), the Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include for all Programs:

1. The Program name
2. An explanation of how the Program will use Strategies that are Non-Stigmatizing and Non-Discriminatory, including a description of the specific Strategies to be employed and the reasons the County believes they will be successful and meet intended outcomes.

(k) Except as provided in subdivision (o), the Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include for all Programs the following information for the fiscal year after the plan is submitted.

1. Estimated number of children, adults, and seniors to be served in each Prevention Program and each Early Intervention Program.
2. The County may also include estimates of the number of individuals who will be reached by Outreach for Increasing Recognition of Early Signs of Mental Illness Program, Access and Linkage to Treatment Program, Suicide Prevention Programs, and Stigma and Discrimination Reduction Programs.

(l) Except as provided in subdivision (o), the Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include projected expenditures for each Program funded with Prevention and Early Intervention funds by fiscal year.

1. Projected expenditures by the following sources of funding:
   A. Estimated total mental health expenditures
   B. Prevention and Early Intervention funds
   C. Medi-Cal Federal Financial Participation
   D. 1991 Realignment
   E. Behavioral Subaccount
   F. Any other funding
2. The County shall identify each Program funded with Prevention and Early Intervention funds as a Prevention Program, an Early Intervention Program, Outreach for Increasing Recognition of
Early Signs of Mental Illness Program, Stigma and Discrimination Reduction Program, Suicide Prevention Program, Access and Linkage to Treatment Program, or Program to Improve Timely Access to Services for Underserved Populations and shall estimate expected expenditures for each Program. If the Programs are combined, the County shall estimate the percentage of funds dedicated to each Program.

(A) The County shall estimate the amount of Prevention and Early Intervention funds for Administration of the Prevention and Early Intervention Component.

(m) The Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include the previous fiscal years’ unexpended Prevention and Early Intervention funds and the amount of those funds that will be used to pay for the Programs listed in the Annual Update and/or Three-year Program and Expenditure Plan.

(n) The Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include an estimate of the amount of Prevention and Early Intervention funds voluntarily assigned by the County to California Mental Health Services Authority or any other organization in which counties are acting jointly.

(o) A County with a population under 100,000, according to the most recent projection by the California State Department of Finance, electing to follow subdivision (c) of section 3705 shall include in the Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update a description of the combined and/or integrated program including but not limited:

1. Name of the combined and/or integrated program.
2. Description of how the five required programs were combined and/or integrated.
3. Identification of the negative outcomes referenced in Welfare and Institutions Code Section 5840, subdivision (d) the combined and/or integrated program is intended to reduce.
4. Description of how the combined and/or integrated program is likely to reduce the outcomes identified in part (3) above.
5. Identification of the indicators that the County will use to measure the intended outcomes identified in part (3) above.
6. Explanation of how the combined and/or integrated program will be implemented to help Improve Access to Services for Underserved Population, as required in Section 3735, subdivision (a)(2).
7. Explanation of how the combined and/or integrated program will use Strategies that are Non-Stigmatizing and Non-Discriminatory, as required in Section 3735, subdivision (a)(3).
8. Estimated numbers of children, adults, and seniors, respectively, to be served in the combined and/or integrated program.
9. List of the projected expenditures for the combined and/or integrated program funded with Prevention and Early Intervention funds by fiscal year and by the following sources of funding:
   (A) Estimated total mental health expenditures
   (B) Prevention and Early Intervention funds
   (C) Medi-Cal Federal Financial Participation
   (D) 1991 Realignment
   (E) Behavioral Subaccount
(F) Any other funding

(10) Estimated amount of Prevention and Early Intervention funds budgeted for Administration of the Prevention and Early Intervention Component.


Section 3755.010. Prevention and Early Intervention Program Change Report.

(a) If the County determines a need to make a substantial change to a Program, Strategy, or target population as described in Section 3745, 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 originally adopted Three-Year Program and Expenditure Plan or Annual Update.

(2) A description of the change including the resulting changes in the intended outcomes and the planned evaluation.

(3) Explanation for the change including, stakeholder involvement in the decision and, if any, evaluation data supporting the change.

Title 9 California Code of Regulations, Division 1, Chapter 14 MHSA

Article 2. Definitions

Adopt Section 3200.182 as follows:

Section 3200.182. Innovation Component.
(a) “Innovation Component” means the section of the Three-year Program and Expenditure Plan that consists of one or more Innovative Projects.


Adopt Section 3200.183 as follows:

Section 3200.183. Innovation Funds.
(a) “Innovation Funds” means the Mental Health Services Fund distributed to the County pursuant to Welfare and Institutions Code Section 5892, subdivision (a)(6).


Adopt Section 3200.184 as follows:

Section 3200.184. Innovative Project.
(a) “Innovative Project” means a project that the County designs and implements for a defined time period and evaluates to develop new best practices in mental health services and supports.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Section 5830(b) and (c), Welfare and Institutions Code.

Article 5. Reporting Requirements

Adopt Section 3510.020 as follows:

(a) As part of the Mental Health Services Act Annual Revenue and Expenditure Report the County shall report the following:
   (1) The total dollar amount expended during the reporting period on each Innovative Project by the following funding sources:
      (A) Innovation Funds
      (B) Medi-Cal Federal Financial Participation
      (C) 1991 Realignment
      (D) Behavioral Health Subaccount
      (E) Any other funding
   (2) Total dollar amount expended during the reporting period for the administration of each Innovative Project by the following funding sources:
(A) Innovation Funds
(B) Medi-Cal Federal Financial Participation
(C) 1991 Realignment
(D) Behavioral Health Subaccount
(E) Any other funding

(3) Total dollar amount expended during the reporting period for the evaluation of each Innovative Project by the following funding sources:
   (A) Innovation Funds
   (B) Medi-Cal Federal Financial Participation
   (C) 1991 Realignment
   (D) Behavioral Health Subaccount
   (E) Any other funding

(b) The County shall within 30 days of submitting to the state the Mental Health Services Act Annual Revenue and Expenditure Report:
   (1) Post a copy on the County’s website; and
   (2) Provide a copy to the County’s Mental Health Board


Adopt Section 3580 as follows:

Section 3580. Innovative Project Reports.

(a) For each approved Innovative Project, the County shall submit to the Mental Health Services Oversight and Accountability Commission the following reports, as applicable.
   (1) For a continuing Innovative Project, an Annual Innovative Project Report as specified in Section 3580.010.
      (A) The first Annual Innovative Project Report is due no later than December 31 following the end of the fiscal year for which the County is reporting. The County may submit the Annual Innovative Project Report as part of a Three-Year Program and Expenditure Plan or Annual Update. Each Annual Innovative Project Report thereafter is due to the Mental Health Services Oversight and Accountability Commission as part of a Three-Year Program and Expenditure Plan or an Annual Update within 30 calendar days of Board of Supervisors approval but no later than June 30 of the same fiscal year, whichever occurs first.
      (B) The County shall exclude from the Annual Innovative Project Report personally identifiable information as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH) and their implementing privacy and security regulations, the California Information Practices Act, and any other applicable state or federal privacy laws.
1. When the County has excluded information pursuant to subdivision (B) above, the County shall submit to the Mental Health Services Oversight and Accountability Commission one of the following:
   a. A supplemental Annual Innovative Project Report that contains all of the information including the information that was excluded pursuant to subdivision (B). This supplemental report shall be marked “confidential”.
   b. A supplement to the Annual Innovative Project Report that contains the information that was excluded pursuant to subdivision (B). This supplement to the report shall be marked “confidential”.

(2) Upon completion of an Innovative Project, a Final Innovative Project Report as specified in Section 3580.020.
   (A) The County may submit the Final Innovative Project Report as part of the Three-Year Program and Expenditure Plan, Annual Update, or within six months from completion of the Innovative Project whichever is closest in time to the completion of the Innovative Project.
   (B) The County shall exclude from the Final Innovative Project Report personally identifiable information as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH) and their implementing privacy and security regulations, the California Information Practices Act, and any other applicable state or federal privacy laws.

1. When the County has excluded information pursuant to subdivision (B) above, the County shall submit to the Mental Health Services Oversight and Accountability Commission one of the following:
   a. A supplemental Final Innovative Project Report that contains all of the information including the information that was excluded pursuant to subdivision (B). This supplemental report shall be marked “confidential”.
   b. A supplement to the Final Innovative Project Report that contains the information that was excluded pursuant to subdivision (B). This supplement to the report shall be marked “confidential”.


Adopt Section 3580.010 as follows:

Section 3580.010. Annual Innovative Project Report.

(a) The Annual Innovative Project Report shall include:
   (1) Name of the Innovative Project
   (2) Whether and what changes were made to the Innovative Project during the reporting period and the reasons for the changes.
   (3) Available evaluation data, including outcomes of the Innovative Project and information about which elements of the Project are contributing to outcomes.
Innovative Project Regulations
As of July 1, 2018

(4) Program information collected during the reporting period, including for applicable Innovative Projects that serve individuals, number of participants served by:

(A) Age by the following categories:
   1. 0-15 (children/youth)
   2. 16-25 (transition age youth)
   3. 26-59 (adult)
   4. ages 60+ (older adults)
   5. Number of respondents who declined to answer the question

(B) Race by the following categories:
   1. American Indian or Alaska Native
   2. Asian
   3. Black or African American
   4. Native Hawaiian or other Pacific Islander
   5. White
   6. Other
   7. More than one race
   8. Number of respondents who declined to answer the question

(C) Ethnicity by the following categories:
   1. Hispanic or Latino as follows
      a. Caribbean
      b. Central American
      c. Mexican/Mexican-American/Chicano
      d. Puerto Rican
      e. South American
      f. Other
      g. Number of respondents who declined to answer the question
   2. Non-Hispanic or Non-Latino as follows
      a. African
      b. Asian Indian/South Asian
      c. Cambodian
      d. Chinese
      e. Eastern European
      f. European
      g. Filipino
      h. Japanese
      i. Korean
      j. Middle Eastern
      k. Vietnamese
      l. Other
      m. Number of respondents who declined to answer the question
   3. More than one ethnicity
   4. Number of respondents who declined to answer the question

(D) Primary language used by threshold languages for the individual county

(E) Sexual orientation,
1. Gay or Lesbian
2. Heterosexual or Straight
3. Bisexual
4. Questioning or unsure of sexual orientation
5. Queer
6. Another sexual orientation
7. Number of respondents who declined to answer the question

(F) A Disability, defined as a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a severe mental illness.

1. Yes, report the number that apply in each domain of disability(ies)
   a. Communication domain separately by each of the following
      (i) Difficulty seeing
      (ii) Difficulty hearing, or having speech understood
      (iii) Other (specify)
   b. Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability, dementia)
   c. Physical/mobility domain
   d. Chronic health condition (including but not limited to chronic pain)
   e. Other (specify)
2. No
3. Number of respondents who declined to answer the question

(G) Veteran status,

1. Yes
2. No
3. Number of respondents who declined to answer the question

(H) Gender

1. Assigned sex at birth
   a. Male
   b. Female
   c. Number of respondents who declined to answer the question
2. Current gender identity
   a. Male
   b. Female
   c. Transgender
   d. Genderqueer
   e. Questioning or unsure of gender identity
   f. Another gender identity
   g. Number of respondents who declined to answer the question

(S) Any other data the County considers relevant.
Innovative Project Regulations  
As of July 1, 2018

(b) For an Innovative Project serving children or youth younger than 18 years of age, the demographic information required under subdivision (a)(4) of this section relating to children or youth younger than 18 years of age shall be collected and reported only to the extent permissible by Article 5 of Chapter 6.5 of Part 27 of Division 4 of Title 2 of the California Education Code (commencing with Section 49073), Family Educational Rights and Privacy Act (FERPA), Health Insurance Portability and Accountability Act of 1996 (HIPAA), California Information Practices Act, and other applicable state and federal privacy laws.

(c) Except for sexual orientation, current gender identity, and veteran status, a county shall collect and report the demographic information required under subdivision (a)(4) of this section from a minor younger than 12 years of age. Information that cannot be obtained directly from the minor may be obtained from the minor’s parent, legal guardian, or other authorized source.


Adopt Section 3580.020 as follows:


(a) The Final Innovative Project Report shall include:

(1) Name of the Innovative Project
(2) Brief summary of the priority issue related to mental illness or to an aspect of the mental health service system for which the County chose to design and test the Innovative Project.
(3) Description of any changes that the County made to the Innovative Project during the course of its implementation and evaluation and the reasons for and impact of the changes, including any changes in the timeline.
(4) Program information collected during the reporting period as specified in Section 3580.010, subdivision (a)(4).
(5) Final evaluation results, including but not limited to:
   (A) Description of the evaluation methodology;
   (B) Outcomes of the Innovative Project including those related to the selected primary purpose, with a focus on whatever was new or changed compared to established mental health practices;
   (C) Any variation in outcomes based on demographics of participants, if applicable;
   (D) Assessment of which activities or elements of the Innovative Project contributed to successful outcomes;
   (E) Explanation of how the evaluation was culturally competent;
   (F) Explanation of how stakeholders contributed to the evaluation.
(6) Whether and how the County will continue the Innovative Project, the source of ongoing funding, if applicable, the reason for the decision, and how the County involved stakeholders in the decision.
(7) Whether the Innovative Project achieved its intended outcomes and a summary of what was learned.
(8) Description of how the County disseminated the results of the Innovative Project to stakeholders, and if applicable to other counties (e.g. as the County determined that the information would be of benefit to other counties).
(9) Any other data or information the County considers relevant.
(b) The County shall include a copy of any presentations, reports, articles, manuals, CDs, DVDs, videos, or any other materials developed to communicate successful new or changed mental health practices, lessons learned and evaluation results of the Innovative Project.


Article 9. Innovation

Adopt Section 3900 as follows:
Section 3900. Rule of General Application.
(a) The use of Innovation Funds shall be governed by the provisions specified in this Article and Articles 1 through 5, unless otherwise specified.


Adopt Section 3905 as follows:
Section 3905. Required Approval.
(a) The County shall expend Innovation Funds for a specific Innovative Project only after the Mental Health Services Oversight and Accountability Commission approves the funds for that Innovative Project.
(b) The County shall expend Innovation Funds only to implement one or more Innovative Projects.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5830(e), and 5892(a)(6), Welfare and Institutions Code.

Adopt Section 3910 as follows:
Section 3910. Innovative Project General Requirements.
(a) The County shall design and implement an Innovative Project to do one of the following:
   (1) Introduce a mental health practice or approach that is new to the overall mental health system, including, but not limited to, prevention and early intervention.
   (2) Make a change to an existing practice in the field of mental health, including but not limited to, application to a different population.
   (3) Apply to the mental health system a promising community-driven practice or approach that has been successful in non-mental health contexts or settings.
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(b) A mental health practice or approach that has already demonstrated its effectiveness is not eligible for funding as an Innovative Project unless the County provides documentation about how and why the County is adapting the practice or approach, consistent with subdivision (a)(2) above and with section 3930(c)(3). For example, the change can include specific adaptation(s) to respond to unique characteristics of the County or a community within the County such as an adaptation for a rural setting of a mental health practice that has demonstrated its effectiveness in an urban setting, or vice versa. 

(1) For purposes of this section, a mental health practice is deemed to have demonstrated its effectiveness if there is documentation in mental health literature of the effectiveness of the practice. 
(A) “Mental health literature” refers to any report, published or online, including, but not limited to, peer-reviewed articles, nationally circulated (online or print) articles, reports of conference proceedings, program evaluation reports, and published training manuals. 

(c) Primary Purpose: The County shall select one of the following as its primary purpose for developing and evaluating the new or changed mental health practice referenced in subdivision (a) of this section. 

(1) Increase access to mental health services to underserved groups as defined in Title 9 California Code of Regulations, Section 3200.300, 
(2) Increase the quality of mental health services, including measurable outcomes, 
(3) Promote interagency and community collaboration related to mental health services or supports or outcomes, 
(4) Increase access to mental health services. 

(d) Focus on Mental Health and Mental Illness: An Innovative Project may affect virtually any aspect of mental health practices or assess a new or changed application of a promising approach to solve persistent mental health challenges, including but not limited to, administrative, governance, and organizational practices, processes, or procedures; advocacy; education and training for services providers, including nontraditional mental health practitioners; outreach, capacity building, and community development; system development; public education efforts; research; services and interventions, including prevention, early intervention, and treatment. 
(1) “Persistent mental health challenge” means a priority issue related to mental illness or to an aspect of the mental health service system that the County, with meaningful stakeholder involvement, decides to address by designing and evaluating an applicable Innovative Project. 
(2) The challenge addressed must be consistent with the selected primary purpose for Innovative Projects referenced in subdivision (c) of this section. 

Adopt Section 3910.010 as follows:

Section 3910.010. Time-Limited Pilot Project.

(a) An Innovative Project shall have an end date that is not more than five years from the start date of the Innovative Project.
   (1) “Start date” means the date the County begins the implementation of the Innovative Project.
   (2) “End date” means the date the County finalizes the decision whether to continue the Innovative Project.

(b) The County designates the timeframe to complete the Innovative Project based on the complexity of the evaluation and the approach to be evaluated.
   (1) If, after the Innovative Project has been approved by the Mental Health Services Oversight and Accountability Commission, the County determines a need to extend the length of the Innovative Project, the County shall, within 30 days of the decision, notify the Mental Health Services Oversight and Accountability Commission of the new start date and/or end date of the Innovative Project. In no case shall the Innovative Project last longer than five years.

(c) The County shall have a preliminary plan, from the outset, about how it will decide whether to continue an Innovative Project.

(d) If applicable, the County shall have a plan about how to protect and provide continuity for individuals with serious mental illness who are receiving services from the Innovative Project at the conclusion of implementation with Innovation Funds.


Adopt Section 3910.015 as follows:

Section 3910.015. Continuation of an Innovative Project.

(a) After completion of the evaluation pursuant to section 3915 (i.e. when the evaluation questions are answered), the County, with meaningful involvement of stakeholders, shall decide whether and how Innovative Projects or elements of Innovative Projects, will be continued and incorporated into the local mental health delivery system and with what other funding sources, if funding is required.

(b) An Innovative Project proven to be successful that the County, with meaningful stakeholder involvement, chooses to continue, in whole or in part, shall not be funded with Innovation Funds.

(c) To continue a successful Innovative Project, the County shall transition the Project, or successful elements of the Project, if funding is required, to another category of funding. In some instances, the County may be able to incorporate successful practices demonstrated through an Innovative Project into existing mental health programs or services without the need for additional funds.

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Adopt Section 3910.020 as follows:

Section 3910.020. Early Termination of an Innovative Project.

(a) The County, with meaningful involvement from stakeholders, may terminate an Innovative Project prior to the planned end date.
   (1) The County shall notify stakeholders and the Mental Health Services Oversight and Accountability Commission within 30 days of the County’s decision to terminate an Innovative Project prior to the planned end date, including the reasons for the decision.
   (A) If the Innovative Project provides services for individuals with serious mental illness, the notification shall include a description of the steps the County took to protect and provide continuity of services for those individuals with serious mental illness who were being served.

   (2) If applicable, the County, prior to terminating an Innovative Project, shall take all reasonably necessary steps to protect and provide continuity of services for individuals with serious mental illness.

(b) The County may, without involvement of stakeholders, terminate an Innovative Project prior to the planned end date, due to unforeseen legal, ethical or other risk-related reasons.

   (1) The County shall inform stakeholders and the Mental Health Services Oversight Accountability Commission as soon as possible but in no case more than 30 days after the decision to terminate, including the reasons for the termination
   (A) If the Innovative Project provides services to individuals with serious mental illness, the notification shall include a description of the steps the County took to protect and provide continuity of services for those individuals who were being served.


Adopt Section 3915 as follows:

Section 3915. Innovative Project Evaluation.

(a) The County shall design a method for evaluating the effectiveness and feasibility of the Innovative Project and shall conduct the evaluation according to the method designed.

(b) The evaluation shall measure intended mental health outcomes selected by the County that are relevant to the risk of, manifestation of, and /or recovery from mental illness or to the improvement of the mental health system.

   (1) The County shall select appropriate indicators to measure the intended mental health outcomes.

(c) The evaluation shall include a measurement related to the selected primary purpose. For example, if the primary purpose is to increase access to mental health services, the evaluation must include a measurement of access.

(d) The evaluation shall assess the impact of whatever element(s) of the Innovative Project are new and /or changed, compared to established practices in the field of mental health.
(e) The evaluation shall use quantitative and/or qualitative evaluation methods to determine which elements of the Innovative Project contributed to successful outcomes in order to support data-driven decisions about incorporating new and/or revised mental health practices into the County’s existing systems and services and disseminating successful practices.

(f) The County shall collect and analyze necessary data to complete the evaluation.

(g) The evaluation shall be culturally competent and must include meaningful involvement by diverse community stakeholders.

Adopt Section 3925 as follows:

Section 3925. Changed Innovative Project.

(a) If the County determines a need to change an Innovative Project that was approved by the Mental Health Services Oversight and Accountability Commission in one of the following ways, the County shall submit the Innovative Project Change Request pursuant to Section 3935 to the Mental Health Services Oversight and Accountability Commission and receive approval from the Mental Health Services Oversight and Accountability Commission before the change may be made.

(1) Change the primary purpose.

(2) Change the basic practice or approach that the County is piloting and evaluating. Minor changes in how the approach is being implemented are expected and do not require prior approval from the Mental Health Services Oversight and Accountability Commission.

(A) Examples of minor changes that do not require submission of an Innovative Project Change Request and Commission approval include, but are not limited to, (a) changes in the design of the evaluation, including adding intended outcomes to be measured, (b) adding intended beneficiaries (e.g. population, demographics), (c) changing the methods to disseminate results of the Innovative Project, and (d) refining program methods based on interim evaluation results.

(3) Expend more Innovation Funds than previously approved.


Adopt Section 3930 as follows:

Section 3930. Innovation Component of the Three-Year Program and Expenditure Plan and Annual Update.

(a) To request approval to use Innovation Funds for a specific Innovative Project, the County shall submit to the Mental Health Services Oversight and Accountability Commission an Innovative Project Plan for each new Innovative Project to be funded.

(b) The Innovation Component of the Three-Year Program and Expenditure Plan or Annual Update shall include an Innovative Project Plan with the following general information for each new Innovative Project:

(1) A description of how the County ensured that staff and stakeholders involved in the Community Program Planning process required by Title 9 California Code of Regulations, Section 3300 were informed about and understood the purpose and requirements of the Mental Health Services Act Innovation Component

(2) A description of the County’s plan to involve community stakeholders meaningfully in all phases of Innovative Projects, including evaluation of the Innovative Project and decision-making regarding whether to continue the Innovative Project, or elements of the Project, without Innovation Funds.
(c) The Innovation Component of the Three-Year Program and Expenditure Plan or Annual Update shall include an Innovative Project Plan which shall include a description of the Innovative Project including but not limited to the following information:

1. **Name of the Innovative Project**

2. **The selected primary purpose as described in Section 3910, subdivision (c) and the reasons that this purpose is a priority for the County for which there is a need for the County to design, develop, pilot, and evaluate approaches not already demonstrated as successful within the mental health system.**

3. **Whether and how the Innovative Project introduces a new mental health practice or approach; makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community; or introduces a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting.**

   - **(A) The description shall include the key activities of the Innovative Project. Key activities are the activities the County plans to implement as part of the Innovative Project with the expectation that the activities will contribute to bringing about change and achieving the intended outcomes of the Innovative Project.**
   - **(B) The description shall address specifically how the Innovative Project is expected to contribute to the development and evaluation of a new or changed practice within the field of mental health.**

4. **Description of the new or changed mental health approach the County will develop, pilot, and evaluate.**

   - **(A) Differentiate the elements that are new or changed from existing practices in the field of mental health already known to be effective.**
   - **(B) If applicable, describe the population to be served, including demographic information such as age, gender identity, race, ethnicity, sexual orientation, and language used if relevant to the specific Project.**
   - **(C) If applicable, describe the estimated number of clients expected to be served annually.**
   - **(D) Describe briefly, with specific examples, how the Innovative Project will reflect and be consistent with all relevant Mental Health Services Act General Standards set forth in Title 9 California Code of Regulations, Section 3320.**

5. **Description of the method the County will use to evaluate the effectiveness of the Innovative Project including:**

   - **(A) Intended outcomes, including at least one outcome relevant to the selected primary purpose, and how those outcomes will be measured, including specific indicators for each intended outcome.**
   - **(B) Methods the County will use to assess the project elements that contributed to the outcomes.**
   - **(C) How the evaluation will assess the effectiveness of the element(s) of the Innovative Project that are new or changed compared to existing practice in mental health.**
(6) Description of how the County will decide whether and how to continue the Innovative Project, or elements of the Project, without Innovation Funds pursuant to the preliminary plan specified in section 3910.010(c).

(7) If applicable, description of how the County plans to protect and provide continuity for individuals with serious mental illness who are receiving services from the Innovative Project after the end of implementation with Innovation Funds.

(8) Specify the total length of the Innovative Project.
   (A) Provide a brief explanation of how this time period will allow sufficient time for the development, time-limited implementation, evaluation, decision-making, and communication of results, including new effective practices and lessons learned.
   (B) Include a timeline that specifies key milestones for development and refinement of the approach; ongoing assessment and final evaluation of the Innovative Project; decision-making, including meaningful involvement of stakeholders, about whether and how to continue a successful Innovative Project or parts of the project; and communication of the results and lessons learned with a focus of dissemination of successful Innovative Projects.

(d) The Innovation Component of the Three-Year Program and Expenditure Plan or Annual Update shall include an Innovative Project Plan which shall include a budget which shall include but not be limited to the following information:

(1) The total Innovation Funds requested for each Innovative Project

(2) Estimated total mental health expenditures for the entire duration of each Innovative Project by fiscal year and the following funding sources:
   (A) Innovation Funds
   (B) Medi-Cal Federal Financial Participation
   (C) 1991 Realignment
   (D) Behavioral Health Subaccount
   (E) Any other funding

(3) The County shall include a brief narrative to explain how the estimated total budget
   (A) Is consistent with the time-limited, evaluation focus of the project
   (B) Includes sufficient funds for the development, refinement, piloting, and evaluation; the decision-making process of determining whether to continue the Innovative Project without Innovation Funds; and dissemination of the Innovative Project results

(4) Estimated total mental health expenditures for evaluation for the entire duration of each Innovative Project by fiscal year and the following funding sources.
   (A) Innovation Funds
   (B) Medi-Cal Federal Financial Participation
   (C) 1991 Realignment
   (D) Behavioral Health Subaccount
   (E) Any other funding

(5) Estimated total mental health expenditures for the administration for the entire duration of each Innovative Project by fiscal year and the following sources of funding.
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(A) Innovation Funds
(B) Medi-Cal Federal Financial Participation
(C) 1991 Realignment
(D) Behavioral Health Subaccount
(E) Any other funding

(6) Total projected expenditures of Innovation Funds for each Innovative Project by fiscal year for
(A) Personnel expenditure, including salaries, wages and benefits
(B) Operating expenditure
(C) Non-recurring expenditures, such as cost of equipping new employees with technology
necessary to perform MHSA duties to conduct the Innovative Project
(D) Training consultant contracts
(E) Other expenditures projected to be incurred on items not listed above and provide a
justification for the expenditures

(7) Document that the source of Innovation Funds is 5 percent of the County’s PEI allocation and 5
percent of the CSS allocation.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5830, 5845, and
5847, Welfare and Institutions Code.

Adopt Section 3935 as follows:
Section 3935. Innovative Project Change Request.
(a) If, after the Innovative Project has been approved by the Mental Health Services Oversight and
Accountability Commission, the County determines the need to change the Innovative Project as
described in 3925, the County shall submit a Change Request for approval by the Mental Health
Services Oversight and Accountability Commission. The Change Request shall describe the change,
the reasons for the change, and stakeholder involvement in the decision.
(b) The County may submit the Innovative Project Change Request to the Mental Health Services
Oversight and Accountability Commission as part of a Three-Year Program and Expenditure Plan,
Annual Update, or as a separate request.
   (1) If the County submits the Innovative Project Change Request as a separate request and not part
       of a Three-Year Program and Expenditure Plan or Annual Update, the County shall document
       how it complied with the community planning and the local review requirements in Title 9
       California Code of Regulations sections 3300 and 3315.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5830,
5845(d)(6), and 5847, Welfare and Institutions Code.