

California Mental Health Planning Council

**ADVOCACY COMMITTEE**  
**REVISED AGENDA**

**October 15, 2014**

Lake Natoma Inn  
702 Gold Lake Drive  
Folsom CA 95630  
(916) 351-1500

**Board Room Folsom**

**1:30 to 5:00 p.m.**

<b>Time</b>	<b>Topic</b>	<b>Presenter or Facilitator</b>	<b>Tab</b>
1:30	Welcome and Agenda Packet Review	Barbara Mitchell, Co-Chair	
1:35	New Business	Adam Nelson, Co-Chair	
1:45	Developing Legislative Proposals for Next Session	Barbara Mitchell Sunshine Borelli Senator Beall's Office	A (page 26)
3:00	Discussion/Next Steps	Adam Nelson	
3:20	<b>Break</b>		
3:40	Advocacy Committee Work Plan	Barbara Mitchell	B (page 42)
4:10	Legislative Platform Review	Adam Nelson	C (page 46)
4:25	PEI Revised Regulations Review	TBD	D (page 47)
4:40	Public Comment	Barbara Mitchell	
4:45	Plan Agenda For January Meeting & Develop Report Out	Adam Nelson	
4:55	Plus/Delta	Barbara Mitchell	
5:00	Adjourn		

**The scheduled times on the agenda are estimates and subject to change.**

**Committee Members:** (as of March 2014)

**Co-Chairs:**            **Barbara Mitchell**    **Adam Nelson**

**Members:**            Karen Bachand        Justin Lock  
                         Kathleen Derby        John Ryan  
                         Nadine Ford            Daphne Shaw  
                         Steve Leoni            Monica Wilson, Ph.D

**Staff:**                 **Andi Murphy**

**If reasonable accommodations are required, please contact Andi Murphy at (916) 323-4501 within 5 working days of the meeting date in order to work with the venue.**

\_\_\_\_ INFORMATION

TAB SECTION:  D

X  ACTION REQUIRED

DATE OF MEETING:  10/15/14

PREPARED BY:  Murphy

DATE MATERIAL  
PREPARED:  10/3/14

AGENDA ITEM: PEI Revised Regulations Review  
**Proposed Changes to PEI Regulations**

ENCLOSURES: **Timeline for Adoption**

OTHER MATERIAL RELATED TO  
ITEM:

---

**ISSUE:**

The latest revision to the proposed Prevention and Early Intervention Regulations attempt to provide a definitive interpretation of the term “mental illness” which includes language about biology and developmental processes. Does the Advocacy Committee wish to recommend changes to the following text. Written responses are due October 25, 2014.

**To wit:**

**Article 7. Prevention and Early Intervention**  
**Adopt Section 3703 as follows:**

**Section 3703. Definition of Mental Illness.**

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

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5840, Welfare and Institutions Code; Sections 2 and 3 of the Mental Health Services Act.

**Adopt Section 3704 as follows:**

**Section 3704. Definition of Serious Mental Illness and Severe Mental Illness.**

“Serious mental illness” 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.

Prevention and Early Intervention Regulations  
Proposed Changes to Sections 3510.010, 3745, 3755, 3755.010  
and new Sections 3703, 3704, and 3706

---

Below are staff's suggested changes to proposed Prevention and Early Intervention (PEI) regulations sections 3510.010, 3745, 3755, and 3755.010 and new section 3703, 3704, and 3706. The recommended added language is in underline text and deleted language is in strikethrough text. These proposed changes will be discussed at the September 30, 2014 Mental Health Services Oversight and Accountability Commission meeting.

**Article 5. Reporting Requirements**

**Adopt Section 3510.010 as follows:**

**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 ~~and strategy~~ funded with Prevention and Early Intervention funds by the following funding sources:
    - (A) Prevention and Early Intervention funds
      - (i) 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/~~Approach~~, Stigma and Discrimination Reduction Program, ~~or~~ Suicide Prevention Program/~~Approach~~, Access to Treatment Program, or Program to Improve Timely Access to Services for Underserved Populations. If a program includes more than one element, the County shall estimate the percentage of funds dedicated to each element.
    - (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:

Prevention and Early Intervention Regulations  
Proposed Changes to Sections 3510.010, 3745, 3755, 3755.010  
and new Sections 3703, 3704, and 3706

---

- (A) Prevention and Early Intervention funds
  - (B) Medi-Cal Federal Financial Participation
  - (C) 1991 Realignment
  - (D) Behavioral Health Subaccount
  - (E) Any other funds
- (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.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5840, 5845, 5847, and 5899, Welfare and Institutions Code; Sections 2 and 3 of the Mental Health Services Act.

**Article 7. Prevention and Early Intervention**

**Adopt Section 3703 as follows:**

**Section 3703. Definition of Mental Illness.**

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

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5840, Welfare and Institutions Code; Sections 2 and 3 of the Mental Health Services Act.

**Adopt Section 3704 as follows:**

**Section 3704. Definition of Serious Mental Illness and Severe Mental Illness.**

- (a) “Serious mental illness” 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,

Prevention and Early Intervention Regulations  
Proposed Changes to Sections 3510.010, 3745, 3755, 3755.010  
and new Sections 3703, 3704, and 3706

---

schizophrenia, bipolar disorder, post-traumatic stress disorder, as well as major affective disorders or other severely disabling mental disorders.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Section 5840, Welfare and Institutions Code; Sections 2 and 3 of the Mental Health Services Act.

**Adopt Section 3706 as follows:**

**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) Small Counties are excluded from the requirements in (a) and (b) above.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Section 5840, Welfare and Institutions Code; Sections 2 and 3 of the Mental Health Services Act.

**Adopt Section 3745 as follows:**

**Section 3745. Changed Program.**

- (a) If the County determines a need to make a substantial change to a program or strategy ~~or target population of the 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 ~~comply with the requirements described in Section 3755.010 regarding a Prevention and Early Intervention Program Change Report~~ 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.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5840 and 5848, Welfare and Institutions Code.

Prevention and Early Intervention Regulations  
Proposed Changes to Sections 3510.010, 3745, 3755, 3755.010  
and new Sections 3703, 3704, and 3706

---

**Adopt Section 3755 as follows:**

**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 for fiscal year 2015/16 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) For each Early Intervention program as defined in Section 3710, the County shall include a description of the program including but not limited to:
  - (1) The program name
  - (2) Identification of the target population for the intended mental health outcomes including:
    - (A) Demographics including, but not limited to, age, race/ethnicity, gender, and if relevant, primary language spoken, military status, and sexual orientation ~~lesbian, gay, bisexual, transgender, and/or questioning identification~~.
    - (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 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).

Prevention and Early Intervention Regulations  
Proposed Changes to Sections 3510.010, 3745, 3755, 3755.010  
and new Sections 3703, 3704, and 3706

---

- (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 ~~evidence-based~~ practice 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 in implementing the program.
- (d) 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 intended mental health outcomes, 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.
  - (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 higher than average risk of potentially serious mental illness.

Prevention and Early Intervention Regulations  
Proposed Changes to Sections 3510.010, 3745, 3755, 3755.010  
and new Sections 3703, 3704, and 3706

---

- (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 ~~evidence-based~~ practice 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 in implementing the program.
- (e) 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 or 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 responder's' 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.

Prevention and Early Intervention Regulations  
Proposed Changes to Sections 3510.010, 3745, 3755, 3755.010  
and new Sections 3703, 3704, and 3706

---

- (f) 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/~~approach~~, including but not limited:
- (1) The program name
  - (2) Identify whom the ~~campaign~~ 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 ~~evidence-based~~ practice in implementing the program ~~campaign~~.
    - (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 in implementing the program.
- (g) 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/~~approach~~ including but not limited:
- (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 ~~evidence-based~~ practice in implementing the campaign.
    - (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

Prevention and Early Intervention Regulations  
Proposed Changes to Sections 3510.010, 3745, 3755, 3755.010  
and new Sections 3703, 3704, and 3706

---

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 in implementing the program.

- (h) The Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include for all programs: ~~referenced in subdivisions (c) through (g) of this section an explanation of how the program will be implemented to help create Access and Linkage to Treatment for individuals with serious mental illness as referenced in Section 3735, subdivision (a)(1).~~
- (1) Program name
  - (2) An explanation of how the program will be implemented to help create Access and Linkage to Treatment for individuals with serious mental illness as referenced in Section 3755, 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 (g) and if so, specify what outcome(s) and how will it be measured, including timeframes for measurement.
- (i) The Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include for all programs: ~~referenced in subdivisions (c) through (g) of this section 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).~~
- (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 (h) and, if so, what outcome(s) and how will it be measured, including timeframes for measurement.
- (j) The Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include for all programs: ~~referenced in subdivisions (c) through (g) of this section~~

Prevention and Early Intervention Regulations  
Proposed Changes to Sections 3510.010, 3745, 3755, 3755.010  
and new Sections 3703, 3704, and 3706

---

- (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) 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 or strategy within a program, Suicide Prevention programs/~~approaches~~, and Stigma and Discrimination Reduction programs/~~approaches~~.
- (l) The Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan and Annual Update shall include projected expenditures for each program ~~and strategy~~ funded with Prevention and Early Intervention funds by fiscal year
  - (1) Projected expenditures shall be broken down 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/~~approach~~, ~~or~~ Suicide Prevention program/~~approach~~, Access to Treatment Program, or Program to Improve Timely Access to Services for Underserved Populations and shall estimate expected expenditures for each program. If a program includes more than one element, the County shall estimate the percentage of funds dedicated to each element.
    - (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 which 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

**Prevention and Early Intervention Regulations**  
**Proposed Changes to Sections 3510.010, 3745, 3755, 3755.010**  
**and new Sections 3703, 3704, and 3706**

---

funds voluntarily assigned by the County to California Mental Health Services Authority or any other organization in which counties are acting jointly.

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5840, ~~and 5847,~~ and 5848 Welfare and Institutions Code.

**Timeline for Decision-Making Process on PEI and INN Regulations**  
**(Revised as of September 20, 2014)**

**8/28/14 MHSOAC Meeting:**

- (1) PEI Regulations sections 3704 through 3740 (“Phase 1”): Responses to Comments Received During Original 45-day Public Comment Period. Staff presented the public comments that were received and the recommended responses. Commission voted to make changes to some of these sections and a 15-day notice was required (“15-day notice PEI #1). This 15-day comment period started on September 9<sup>th</sup>. See below.

**Sept 9 through Sept 26, 2014: “15-day notice period PEI #1”:** This public comment period is limited to comments only on the changes to the PEI regulations sections that were made at the August 28, 2014 MHSOAC meeting.

**9/30/14 MHSOAC Meeting:**

- (1) PEI Regulations sections 3200.245, 3200.246, 3510.010, 3745, 3755, and 3755.010 (“Phase 2”): Responses to Comments Received During Original 45-day Public Comment Period. Staff will present the public comments that were received and recommended responses. Commission will vote on whether to make changes to these sections. If changes are made a 15-day notice will be required (“15-day notice PEI #2”). This comment period will start mid-Oct. See below.

**Mid to end Oct. “15-day notice PEI #2”:** This public comment period is limited to comments only on the changes to the PEI regulations that were made at the September 30, 2014 MHSOAC meeting.

**10/23/14 MHSOAC Meeting:**

- (1) PEI Regulations sections (“Phase 3”): Responses to Comments Received During Original 45-day Public Comment Period. Staff will present the public comments that were received on the remainder of the PEI regulation sections (i.e. all sections that were not presented at the August 28<sup>th</sup> or at the September 30<sup>th</sup> MHSOAC meetings) and recommended responses. Commission will vote on whether to make changes to these sections. If changes are made a 15-day public comment notice period is required (“15-day notice PEI #3”). This comment period will start mid-Nov. See below.
- (2) INN Regulations: Responses to Comments Received During Original 45-day Public Comment Period. Staff will present public comments received on INN regulations and recommended responses. Commission will vote on whether to make changes to INN regulations based on public comments received during the original 45-day public comment period. If the Commission votes to change the language of the INN regulations a 15-day notice period is required (“15-day notice INN #1”). This comment period will start mid-Nov. See below.

**Mid to end Nov. “15-day notice PEI #3” and “15-day notice INN #1”:** This public comment period is limited to comments only on the changes to the PEI and INN regulations sections that were made at the October 23, 2014 MHSOAC meeting.

**11/20/14 MHSOAC Meeting:**

- (1) PEI Regulations: Responses to Comments Received during 15-day notice PEI #1. Staff will present public comments received during the “15-day Notice PEI #1” and the recommended responses. Commission will vote on whether to keep the changes that were proposed at the August 28<sup>th</sup> meeting. If no changes are made, then no further public comment period is needed. If the Commission votes to make additional changes, another 15-day public comment notice period is required on the additional changes. Any additional 15-day public comment period is not factored into this timeline.
- (2) PEI Regulations: Responses to Comments Received during 15-day notice PEI #2. Staff will present public comments received during the “15-day notice PEI #2” and recommended responses. Commission will vote on whether to keep the changes that were proposed at the September 30<sup>th</sup> meeting. If no changes are made, then no further public comment period is needed. If the Commission votes to make additional changes, another 15-day public comment notice period is required on the additional changes. Any additional 15-day public comment period is not factored into this timeline.

**12/18/14 MHSOAC Meeting:**

- (1) PEI Regulations: Responses to Comments Received during 15-day notice PEI #3. Staff will present public comments received during the “15-day notice PEI #3” and recommended responses. Commission will vote on whether to keep the changes that were proposed at the October 23<sup>rd</sup> meeting. If no changes are made, then no further public comment period is needed. If the Commission votes to make additional changes, another 15-day public comment notice period is required on the additional changes. (Depending on the volume of the comments, this item may have to be presented at the January 2015 MHSOAC meeting.) Any additional 15-day public comment period is not factored into this timeline.
- (2) INN Regulations: Responses to Comments Received during 15-day notice INN #1. Staff will present public comments received during the 15-day Notice INN #1 and recommended responses. Commission will vote on whether to keep the changes that were proposed at the October 23<sup>rd</sup> meeting. If no changes are made, then no further public comment period is needed. If the Commission votes to make additional changes, another 15-day public comment notice period is required on the additional changes. Any additional 15-day public comment period is not factored into this timeline.