

**Regulations Implementation Project Subcommittee Meeting**

**February 23 and 24, 2016**

Access and Linkage Requirements and  
Measurement of Duration of Untreated Mental Illness

**Relevant Sections of the Prevention and Early Intervention Regulations  
(Effective October 6, 2015)**

**I. Relevant Definitions**

Section 3701

- (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.
- (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.

## **II. Program Requirements**

### **General: Section 3705**

- (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 declaration 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
  - (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.

### **Access and Linkage to Treatment Program: Section 3726**

- (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, 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.

### **Access and Linkage to Treatment Strategy: Section 3735(a)(1)**

- (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.

### **III. Evaluation Requirements for each Access and Linkage to Treatment program or strategy**

#### **Section 3750(f)**

- (f) For each Strategy or Program to provide Access and Linkage to Treatment the County shall track:
  - (1) Number of referrals to treatment, and kind of treatment to which person was referred.
  - (2) Number of persons 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 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 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 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.

### **IV. Reporting Requirements for each Access and Linkage to Treatment program or strategy**

#### **Annual Report: Section 3560.010(b)(3)**

- (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:

...

- (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 treatment, and the kind of treatment to which the individual was referred.
- (C) 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) Average duration of untreated mental illness as defined in Section 3750, subdivision (f)(3)(A) and standard deviation.
- (E) Average interval between the referral and participation in treatment, defined as participating at least once in the treatment to which referred, and standard deviation.

...

- (c) 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: [demographic information]

...

**Three-Year Report: Section 3560.020(b)**

- (b) The Three-Year Program and 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

**Due Dates for Reports**

Annual Report

No later than December 30, 2017 for data from Fiscal Year 2016-2017

Three-Year Report

No later than December 30, 2018 for data from Fiscal Years 2015-2016\*, 2016-2017, and 2017-2018. [\*However, due to delay in regulatory process data from Fiscal Year 2015-2016 will not be required.]