

PEI Regulations

MHSOAC Meeting
October 24, 2013

Order of Presentation

- ▶ Authority
- ▶ Process to Date
- ▶ Essential principles for drafting PEI regulations
- ▶ MSHA requirements for PEI
- ▶ Tracking and Evaluation requirements
- ▶ Structure of the Regulations
- ▶ Input Received to Date

Authority

- ▶ Assembly Bill (AB) 82
 - Signed by the Governor on June 27, 2013
 - Effective immediately
 - Requires the Commission for the first time to issue and adopt regulations for programs and expenditures for:
 - Innovative (INN) programs
 - Prevention and Early Intervention (PEI) programs

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Process to Date

- ▶ PEI/INN Regulation Workgroup
 - Three members from each MHSOAC committee
 - Two meetings
 - Concepts and matrices
 - Proposed draft regulation language
- ▶ Presented PEI concepts and framework at September 26 MHSOAC meeting
- ▶ Presented draft regulation language at October Services Committee meeting
- ▶ Incorporated feedback obtained to date

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Essential Principles for Drafting PEI Regulations

- ▶ Consistent with Administrative Procedures Act
 - Interpret, clarify, and implement the MHSA
- ▶ Based on the MHSA
- ▶ Flexible: supports county/community priorities and wisdom
- ▶ Outcomes-focused

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MHSA: Kinds of PEI Efforts Prevention and Early Intervention

- ▶ Prevent mental illnesses from becoming severe and disabling
- ▶ Assist people in quickly regaining productive lives
- ▶ Reduce negative consequences associated with untreated serious mental illness

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MHSA: Kinds of PEI Efforts Linking People to Services

- ▶ Increase timely access to services for underserved populations
- ▶ Outreach to families, employers, primary care health care providers, and others to recognize early signs of potentially severe and disabling mental illness
- ▶ Access and linkage to medically necessary care for children, adults, and seniors with severe mental illness as early in onset of these conditions as practicable
- ▶ Reduce duration of untreated mental illness

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MHSA: Kinds of PEI Efforts Reduce Stigma and Discrimination

- ▶ Reduce stigma associated with either being diagnosed with a mental illness or seeking mental health services
- ▶ Reduce discrimination against people with mental illness

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MHSA: Kinds of PEI Efforts Suicide Prevention

- ▶ Prevent suicide that may result from untreated mental illness

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PEI Framework: Required

- ▶ Early Intervention program
- ▶ Emphasize improving timely access to services for underserved populations
- ▶ Outreach to individuals able to recognize early signs of potentially severe and disabling mental illness
- ▶ Create access and linkage to medically necessary care for individuals with a serious mental illness
- ▶ Design/implement programs in such a way to reduce stigma and discrimination associated with being diagnosed with a mental illness or seeking mental health services

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PEI Framework: Optional

- ▶ Prevention programs: prevent occurrence, severity, and consequences of serious mental illness for individuals with identified risk factors or for members of a group with demonstrated greater than average vulnerability to mental illness
- ▶ Direct efforts to reduce stigma and discrimination associated with either being diagnosed with a mental illness or seeking mental health services
- ▶ Direct efforts to prevent suicide

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MHSA: Outcomes-Focused Accountability for PEI

- ▶ Seven negative outcomes as a consequence of untreated mental illness: Fundamental to MHSA PEI framework
- ▶ Three-year plans shall include reports on the achievement of performance outcomes for services

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Accountability for PEI California State Auditor

- ▶ “...ensure counties receive...the guidance necessary to effectively evaluate and report on the performance of their MHSA programs, particularly given the MHSA’s focus on accountability.”
- ▶ Consistent standards are necessary because, “counties used differing and inconsistent approaches to assess and report on the performance of their MHSA programs.”

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PEI Tracking and Evaluation Beginning Steps

- ▶ Prevention and Early Intervention Programs
 - Tracking and Reporting
 - Unduplicated number of individuals served annually, differentiated by demographics
 - Outcomes
 - County measure direct mental health/recovery outcomes (reduced suffering) using self-selected indicators
 - County may also measure reduction of any relevant MHSA negative outcome using self-selected indicators

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PEI Tracking and Evaluation Beginning Steps

- ▶ **Timely Access to Services for Underserved Populations**
 - Tracking and Reporting
 - Number of referrals of members of underserved groups to PEI or treatment beyond PIE including the kind of care
 - Outcomes
 - Number of individuals who followed through with referral, number who participated at least once in program to which referred, how long the person referred received services, duration of untreated mental illness

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PEI Tracking and Evaluation Beginning Steps

- ▶ **Access to Treatment for Individuals with Mental Illness (beyond scope of PEI)**
 - Tracking and Reporting
 - Number of individuals with serious mental illness referred to treatment, kind of treatment to which person was referred
 - Outcomes
 - Number of individuals who followed through with referral, number who participated at least once in program to which referred, how long the person referred received services, duration of untreated mental illness

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PEI Tracking and Evaluation Beginning Steps

- ▶ Outreach to individuals able to recognize early signs of potentially severe and disabling mental illness
 - Tracking and Reporting
 - Number and kind of gatekeepers engaged by type of setting
 - Outcomes
 - No requirement

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PEI Tracking and Evaluation Beginning Steps

- ▶ Prevent stigma and discrimination associated with mental illness or seeking mental health services
 - Tracking
 - No requirement
 - Outcomes
 - Changes in knowledge, attitudes, and/or behavior related to mental illness or to seeking mental health services, using self-selected validated instrument

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PEI Tracking and Evaluation Beginning Steps

- ▶ Prevent suicide associated with mental illness
 - Tracking
 - No requirement
 - Outcomes
 - Changes in knowledge and/or behavior related to preventing suicide associated with risk or presence of mental illness, using self-selected validated instrument

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What's the Same and What's Different?

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What's In a Different Place?

- ▶ DHCS General Regulations
- ▶ Community planning requirements
- ▶ Meaningful stakeholder involvement on mental health policy, program planning, and implementation, monitoring, quality improvement, evaluation, and budget allocations.
- ▶ MHSA General Standards (MHSA values)
- ▶ Definition of “underserved”
- ▶ Integrated reports

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What's In a Different Place?

- ▶ Support including training and TA
- ▶ Service Delivery Best practices: for example, California Reducing Disparities Projects, CalMHSA statewide projects, results of county PEI and Innovation evaluations, field of mental health
- ▶ Evaluation tools and best practices
- ▶ Sharing county and community resources
- ▶ Prioritizing training and TA resources to support regulation requirements

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Structure of the Regulations

- ▶ Section 1: Definitions
- ▶ Section 2: Evaluation Requirements
- ▶ Section 3: What's Required in the Plan
- ▶ Section 4: Annual PEI Report
- ▶ Section 5: Evaluation Report (Every 3 years)
- ▶ Section 6: PEI part of Annual Revenue and Expenditure Report

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Input Received to Date

- ▶ List of suggestions incorporated into current draft
- ▶ List of suggestions not incorporated and rationale

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Questions?