

**Suggestions Incorporated into Draft PEI Regulations**  
**Presented at October 24, 2013 MHSOAC Meeting**

<b>Suggestion</b>	<b>Source</b>	<b>Section Number</b>
<b>Definition of Early Intervention</b>		
1. Change the time limit for early intervention services from 12 months to 18 months.	PEI/INN Regulations Workgroup (Workgroup member)	1(c)(1)(B)
2. Replace “mental health disorder” with “mental illness.”	Public	1(c)(1)(A)
3. Address Early Intervention and Prevention in separate sections.	CMHDA	This suggestion was received after the draft PEI regulations were sent to the Commissioners. Staff, guided by Commissioners, will explore this option.
<b>Definition of Outreach to Individuals to Recognize Early Signs</b>		
1. (a) Use “Gatekeepers” instead of “Potential Responders.” (b) Don’t use the term “Gatekeepers.”	(a) Workgroup (b) CMHDA	Initially changed the term from “Potential Responders” to “Gatekeepers” in 1(c)(2) and throughout wherever term is mentioned. However subsequent to sending the draft regulations to Commissioners staff received CMHDA’s suggestion. Staff, guided by Commissioners, will develop a better term.
2. Outreach to Gatekeepers includes mutual learning regarding ways to recognize and respond effectively to early signs of potentially severe and disabling mental illness.	Workgroup member	1(c)(2)(A)
3. Add to list of Gatekeepers the following: community leaders, leaders of faith-based organizations, cultural brokers, people who support individuals who are homeless.	Workgroup member	1(c)(2)(A)(i)
4. Add concept that persons with signs and symptoms can be their own gatekeepers.	Workgroup member	1(c)(2)(A)(ii)
5. Clarify that the outreach to Gatekeepers is part of an early intervention program and not a stand alone program.	Workgroup member and CMHDA	Proposed Section 1(c)(2)(B) gives counties the option to decide whether to do outreach as a stand alone program or as a part of an early intervention program.

Suggestion	Source	Section Number
		CMHDA's suggestion that the proposed section is not clear enough was received after the draft was sent to Commissioners. Staff will edit the language to make it clearer.
<b>Definition of Prevention</b>		
1. Replace "genetic" with "family history" in examples of risk factors for mental illness.	Workgroup member	1(d)(1)(A)(i)
2. Add to the examples of risk factors for mental illness the following: a previous suicide attempt, and having a family member with a serious mental illness.	Public	1(d)(1)(A)(ii)
3. Clarify that prevention services includes relapse prevention for individuals in recovery from a serious mental illness.	Public	1(d)(1)(A)(ii)(a)
<b>Definition of Stigma and Discrimination Reduction Program</b>		
1. Do not use the term "campaign" in reference to county efforts to reduce stigma and discrimination.	Workgroup member	1(d)(2)and throughout wherever term was mentioned.
2. Clarify that the regulation applies to counties and not the PEI Statewide Stigma and Discrimination Reduction Project.	Workgroup member	1(d)(2)(A)
3. Replace "fairness" with "equity for individuals with mental illness."	Public	1(d)(2)(A)
4. Add "efforts to combat multiple stigmas to the list of examples of stigma and discrimination reduction programs.	Workgroup member	1(d)(2)(B)
<b>Definition of Suicide Prevention Program</b>		
1. Add an optional program category for county's suicide efforts that do not focus on or have intended outcomes for specific individuals.	Public	1(d)(3)
2. Replace the term "campaign" in reference to county efforts to	Workgroup member	1(d)(3) and throughout wherever term was mentioned.

Suggestion	Source	Section Number
prevent suicide as a consequence of untreated mental illness.		
3. Clarify that the regulation applies to counties and not the PEI Statewide Suicide Prevention Project.	Workgroup member	1(d)(3)(A)
4. Clarify that the suicide prevention program is focused on preventing suicide as a consequence of untreated mental illness.	Public	1(d)(3)(A)
<b>Definition of Access and Linkage to Treatment Program</b>		
1. Clarify that this may include a “screening” program.	Workgroup member	1(e)(1)(A)(i)
<b>Definition of Improving Timely Access to Mental Health Services for Underserved Populations</b>		
1. Clarify the definition of “settings” in which programs should take place in order to increase access and delete the terms, “traditional” and “non-traditional” settings.	Workgroup member	1(e)(2)(A) and (B)
2. Add “places of worship” to the list of accessible and culturally appropriate settings for programs.	Workgroup member	1(e)(2)(B)
3. Clarify that programs may take place in more than one setting.	Workgroup member	1(e)(2)(B)
<b>Definition of Strategies that are non-stigmatizing</b>		
1. Include “self-stigma.”	Workgroup member	1(e)(3)(A)
2. Include “discrimination related to being diagnosed with a mental illness.”	Public	1(e)(3)(A)
3. Add “combat multiple social stigmas.”	Workgroup member	1(e)(3)(B)
4. Add to list of examples of approaches to address stigma that occur within the mental health system among mental health providers.	Workgroup member	1(e)(3)(B)
<b>Definition of Effective Methods</b>		
1. Clarify that the evidence-based practice has to apply to the specific population intended to be served.	Public	1(g)(1)

<b>Suggestion</b>	<b>Source</b>	<b>Section Number</b>
2. Include “scientific peer-reviewed research” to the list of examples of evidence-based practice.	Public	1(g)(1)
<b>Definition of Changed Program</b>		
1. Delete “change in the intended outcome of the program” as an item that would make a PEI program changed enough to require prior approval.	Workgroup member	1(h)
2. Include change to the “target population of the program” as an item that would make a PEI program changed enough to require prior approval.	Workgroup member	1(h)
3. Clarify that notification of a changed program is not sufficient and there must be local approval of the changed program.	Workgroup member	1(h) and 3(c)
<b>Evaluation Measures/Indicators</b>		
1. Provide an option for small counties to seek an exemption from evaluating reduction of prolonged suffering in prevention and early intervention programs that serve individuals.	CMHDA	Staff agrees that small counties may need extra time to comply with the evaluation requirements. However the suggestion was received after the draft PEI regulations were sent to Commissioners. Staff, guided by Commissioners, will consider appropriate modifications.
2. For Outreach to Gatekeepers, include “faith-based organizations” in the list of examples of types of settings for outreach when tracking the numbers of Gatekeepers by setting.	Workgroup member	2(a)(2)(A)(i)
3. For Suicide Prevention Programs, add changes in knowledge about the relationship to untreated mental illness and suicide to the examples of change in knowledge that counties can measure.	Public	2(a)(4)(A)
4. For Access and Linkage to Treatment, add the option of obtaining date of onset of symptoms of mental illness from available medical records.	Public	2(a)(5)(A)(i)

Suggestion	Source	Section Number
5. For strategy to Increase Timely Access to Services for Underserved Populations, add the option of obtaining date of onset of symptoms of mental illness from available medical records.	Public	2(a)(6)(A)(i)
<b>Requirements of the 3-Year Plan and/or Annual Update</b>		
1. Delete requirement that county specify how each participant's early onset of a potentially serious mental illness will be verified.	Workgroup member	3(a)(4)(A)(iii)
<b>Annual Report</b>		
1. Include a requirement to measure and report retention rates for the Access and Linkage to Treatment Strategy and the Increase Timely Access to Services for Underserved Populations Strategy.	Workgroup member	4(a)(3)(D) and 4(a)(4)(E)
2. Expand the list of race/ethnicity required to be reported.	Workgroup member	Staff is continuing to work with Commissioners to develop an appropriate level of disaggregate data. See 4(a)(5)(B) and (C)
3. Add "gender identity" to list of disaggregated data.	Public	4(a)(5)(H)