

Suggestions that were NOT Incorporated into the draft PEI Regulations
Presented at October 24, 2013 MHSOAC meeting

Suggestion	Source	Rationale for Not Incorporating the Suggestion
Definition of Early Intervention		
1. Change definition to make sure it is not confused with Community Services and Supports (CSS) programs.	PEI/INN Regulations Workgroup (Workgroup) member	Other Workgroup members were of the opinion that the definition is sufficiently clear.
2. Add to the definition that whenever possible, early intervention shall occur before the individual becomes dangerous to self or others.	Public	This is not in the MHSA.
3. Include Laura’s Law in early intervention services.	Public	This is not within PEI section of statute. The new statutory language passed by SB 585 which allowed MHSA funds to be used for services under Laura’s Law was added to the section of the MHSA dealing with CSS and not PEI.
4. Include services for former inmates pursuant to the Mentally Ill Offender Crime Reduction Grant Program.	Public	This is not within PEI section of statute. The Mentally Ill Offender Crime Reduction Grant Program is mentioned in the MHSA section dealing with CSS and not PEI.
5. No time limit for early interventions services if the county does not have a prevention program.	Public	A time limit is necessary to differentiate between early intervention and CSS programs.
6. No time limit for early intervention services if the county does not have capacity to appropriately meet the needs of the individuals within the broader system of care.	CMHDA	A time limit is necessary to differentiate between early intervention and CSS programs.
Definition of Outreach to Gatekeepers		
1. The “Outreach to Gatekeepers” are not doable for small counties.	Workgroup member	The outreach is required by 5840(b); however, the term “Gatekeeper” will be changed.
2. Delete definitions of “outreach” and “Gatekeeper” and replace with general suggestion that PEI program “should”	CMHDA	A definition of “outreach” as the term is used in 5840(b) is needed to clarify that education and training is necessary for individuals to learn to recognize the early signs of potentially severe and disabling

Suggestion	Source	Rationale for Not Incorporating the Suggestion
include outreach.		mental illness. 5840(b) requires outreach and thus, the word, “should” is not sufficient. Draft regulations give counties the option of offering outreach to gatekeepers as a stand-alone effort or as a program component, and many counties currently offer stand-alone outreach to gatekeepers programs. It is important to preserve this option, as well as providing the option to include outreach to gatekeepers as an element of another PEI program.
Definition of Prevention		
1. Risk factors for mental illness should be primarily focused on biological or genetic.	Public	Draft regulations document a range of risk factors, including biological and genetic, validated by research.
2. Limit the services provided to family members.	Public	MHSA family-focused general standard and current regulations call for broad inclusion of family members.
3. Limit prevention services to preventing relapses before they occur.	Public	Prevention services include, but are not limited to, relapse prevention; broader definition was not deleted because it is based on the MHSA.
Definition of Stigma and Discrimination Reduction Program		
1. Focus stigma and discrimination efforts on individuals with psychotic features.	Public	Kept the broader definition to be consistent with the MHSA.
Definition of Access and Linkage to Treatment Program		
1. Replace “access to treatment” with “access to services” so that it can be broader in scope.	Workgroup member	Kept the term because it is used in 5840(b)(2). While we encourage counties to increase access to all services, we are committed to limiting requirements to those contained in the MHSA.
2. Delete “severe mental illness” language.	Workgroup member	Kept the term because it is used in 5840(b)(2).
Definition of Improving Timely Access to Mental Health Services for Underserved Populations		

Suggestion	Source	Rationale for Not Incorporating the Suggestion
1. Add “or the location is more appropriate to the service provided”.	Workgroup member	It is critical that the location of the service be appropriate for the specific population and therefore likely to increase timely access, as required in the MHSA.
Definition of Effective Methods		
1. Replace “mental health” with “wellness.”	Workgroup member	Kept term to be consistent with the MHSA’s focus on mental health outcomes. The “wellness” language is included in section 1(e)(3) which deals with non-stigmatizing approaches.
2. Delete practice-based evidence option.	Public	Eliminating the option of practice-based evidence precludes many programs for communities of color, with whom practices have not been tested using formal clinical trials.
3. Limit the requirement for programs and strategies to use “effective methods” only to “when available.”	CMHDA	Requiring “effective” methods of services is consistent with the MHSA.
Evaluation Measures/Indicators		
1. Replace the term “prolonged suffering.”	Workgroup member	Kept the term because it is used in 5840(d).
2. Allow counties to decide how to measure outreach to gatekeepers.	Workgroup member	The proposed requirement is limited to tracking and reporting the number and kind of gatekeepers engaged by type of setting. Deleting this limited and basic information is not compatible with the following: (1) MHSA requirement that counties report on performance outcomes; (2) Commission’s focus on evaluation as a key strategy to oversight; (3) Recommendation from the State Auditor regarding the need for more evaluations using consistent standards; and (4) Need to provide timely input on data elements as counties and state begin to design new data systems.
3. Delete requirement to measure and evaluate outreach to gatekeepers.	CMHDA	The proposed requirement is limited to tracking and reporting the number and kind of gatekeepers engaged by type of setting. The draft regulation does not include evaluation requirements, though we intend to develop these in the future, in coordination with counties and stakeholders. Deleting this limited and

Suggestion	Source	Rationale for Not Incorporating the Suggestion
		<p>basic information is not compatible with the following: (1) MHSA requirement that counties report on performance outcomes; (2) Commission’s focus on evaluation as a key strategy to oversight; (3) Recommendation from the State Auditor regarding the need for more consistent reporting and tracking of county data; and (4) Need to provide timely input on data elements as counties and state begin to design new data systems.</p>
<p>4. Counties should have the option but should not be required to evaluate Suicide Prevention programs.</p>	<p>Workgroup member and CMHDA</p>	<p>Draft regulations propose that counties that offer suicide prevention programs shall evaluate them, and gives them flexibility to determine the method. Deleting the requirement for an evaluation is not compatible with the following: (1) MHSA requirement that counties report on performance outcomes; (2) Commission’s focus on evaluation as a key strategy to oversight; (3) Recommendation from the State Auditor regarding the need for more evaluations using effective methods; and (4) Need to provide timely input on data elements as counties and state begin to design new data systems.</p>
<p>5. Counties should have the option but should not be required to evaluate Stigma and Discrimination programs.</p>	<p>CMHDA</p>	<p>Draft regulations propose that counties that offer stigma and/or discrimination reduction programs shall evaluate them, and gives them flexibility to determine the method. Deleting the requirement for an evaluation is not compatible with the following: (1) MHSA requirement that counties report on performance outcomes; (2) Commission’s focus on evaluation as a key strategy to oversight; (3) Recommendation from the State Auditor regarding the need for more evaluations using effective methods; and (4) Need to provide timely input on data elements as counties and state begin to design new data systems.</p>
<p>6. Delete the requirement to measure and evaluate PEI Strategy to provide Access and Linkage to Treatment.</p>	<p>CMHDA</p>	<p>Deleting this limited and basic information is not compatible with the following: (1) MHSA requirement that counties report on performance outcomes; (2) Commission’s</p>

Suggestion	Source	Rationale for Not Incorporating the Suggestion
		focus on evaluation as a key strategy to oversight; (3) Recommendation from the State Auditor regarding the need for more evaluations using consistent standards; and (4) Need to provide timely input on data elements as counties and state begin to design new data systems.
7. Delete the requirement to measure and evaluate PEI Strategy to Increase Timely Access to Services for Underserved Populations.	CMHDA	Deleting this limited and basic information is not compatible with the following: (1) MHPA requirement that counties report on performance outcomes; (2) Commission’s focus on evaluation as a key strategy to oversight; (3) Recommendation from the State Auditor regarding the need for more evaluations using consistent standards; and (4) Need to provide timely input on data elements as counties and state begin to design new data systems.
8. Delete the requirement to include the perspective of diverse people with lived experience of mental illness including family members in the evaluation design.	CMHDA	Suggestion is not consistent with AB 1467 amendment to 5848(a) that requires counties to “demonstrate a partnership of meaningful involvement of local stakeholders on mental health policy, program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations.”
Requirements of the 3-Year Plan and/or Annual Update		
1. Delete requirement that counties describe how the county ensured staff and stakeholders involved in the community program planning (CPP) process were informed about and understood the purpose and requirements of the PEI component.	CMHDA	The requirement is consistent with AB 1467 requiring meaningful stakeholder involvement and with current regulations that require training for staff and stakeholders. Knowledge and understanding of how PEI is different from the traditional treatment system is a critical element of meaningful involvement in the CPP process.
2. Delete the word “meaningfully” in the requirement that counties describe their plan to involve community stakeholders.	CMHDA	The term, “meaningful” is used in 5848 which requires the county to “demonstrate partnership of meaningful involvement of local stakeholders on mental health policy, program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations.

Suggestion	Source	Rationale for Not Incorporating the Suggestion
3. Delete requirement that counties briefly describe how PEI funded programs are consistent with MHSA General Standards set forth in 9 CCR Section 3320.	CMHDA	The requested information is consistent with current regulations. Ensuring that MHSA-funded services are delivered consistent with the MHSA “values” embodied in the General Standards is a critical priority for many stakeholders.
4. Delete requirement that counties describe each early intervention program including identification of the target population for the intended mental health outcomes, demographics of that population, the mental illness(s) for which there is early onset, and how the early onset will be determined.	CMHDA	The requested information merely asks for a description of the intended population to be served and the demographics of that population. This is basic information needed by local stakeholders and decision makers such as Board of Supervisors to make informed decisions. This requirement is also consistent with the MHSA’s focus on mental illness.
5. Delete requirement that counties list the indicators that will be used to measure reduction of prolonged suffering and an explanation of the evaluation methodology to be used.	CMHDA	This asks for basic information that is consistent with the Evaluation Master Plan adopted by the MHSOAC. It is also consistent with recommendation from the State Auditor regarding the need for more evaluations using consistent standards and effective methods.
6. Delete requirement that counties provide a brief description of the evidence supporting either evidence-based standard or community and/or practice based standard used to support the effectiveness of the planned program.	CMHDA	This asks for basic information that is consistent with the Evaluation Master Plan adopted by the MHSOAC.
7. Delete requirement that counties specify how the risk of serious mental illness will be defined and determined.	CMHDA	Because the MHSA’s focus is on mental illness the draft regulation requires counties to explain how they will define and determine that the individuals participating in prevention programs have a risk of potentially serious mental illness or are a member of a population with greater than average risk of a serious mental illness.
8. Delete requirement that counties provide specific description of outreach to	CMHDA	This basic information is critical to statewide evaluation. Deleting this limited information is not compatible with the

Suggestion	Source	Rationale for Not Incorporating the Suggestion
gatekeepers including setting(s), methods used to engage, and how proposed method is like to bring about the intended outcomes.		following: (1) MHSA requirement that counties report on performance outcomes; (2) Commission’s focus on evaluation as a key strategy to oversight; (3) Recommendation from the State Auditor regarding the need for more evaluations using consistent standard; and (4) Need to provide timely input on data elements as counties and state begin to design new data systems.
9. Delete requirement that counties explain how the Access and Linkage to Treatment Stagey will follow up on the referral to support engagement in the treatment.	CMHDA	This is basic information to better understand if the strategy is working. Deleting this limited and basic information is not compatible with the following: (1) MHSA requirement that counties report on performance outcomes; (2) Commission’s focus on evaluation as a key strategy to oversight; (3) Recommendation from the State Auditor regarding the need for more consistent standards for reporting and evaluations; and (4) Need to provide timely input on data elements as counties and state begin to design new data systems.
Annual Report		
1. Require counties to report disaggregate data based on specific heritage.	Workgroup member	Approach to regulations tried to balance need for information about race and ethnicity to support evaluation of MHSA goals to increase timely access to services for underserved populations and provide cultural competent services with need to minimize burdensome reporting for counties. Regulations ask counties to report on race and certain ethnic categories, which seemed sufficiently detailed for statewide purposes. Some of the information regarding heritage will be captured by the ethnicity categories.
2. The list of race/ethnicity is too broad.	Workgroup member	Currently still working on refining the appropriate balance of information.
3. List of race/ethnicity is not broad or inclusive enough.	Workgroup member	Currently still working on refining the appropriate balance of information.
4. Delete requirement to report numbers of individuals served separately by prevention and early intervention category.	CMHDA	This information is critical for state level evaluation and tracking. Deleting this limited and basic information is not compatible with the following: (1) MHSA requirement that counties report on

Suggestion	Source	Rationale for Not Incorporating the Suggestion
		performance outcomes; (2) Commission’s focus on evaluation as a key strategy to oversight; (3) Recommendation from the State Auditor regarding the need for more evaluations using consistent standards; and (4) Need to provide timely input on data elements as counties and state begin to design new data systems.
5. Delete requirement to report any information about Outreach to Gatekeepers.	CMHDA	Deleting this limited and basic information is not compatible with the following: (1) MHPA requirement that counties report on performance outcomes; (2) Commission’s focus on evaluation as a key strategy to oversight; (3) Recommendation from the State Auditor regarding the need for more evaluations using consistent standards; and (4) Need to provide timely input on data elements as counties and state begin to design new data systems.
6. Delete requirement to report any information about Access and Linkage to Treatment Strategy.	CMHDA	Deleting this limited and basic information is not compatible with the following: (1) MHPA requirement that counties report on performance outcomes; (2) Commission’s focus on evaluation as a key strategy to oversight; (3) Recommendation from the State Auditor regarding the need for more evaluations using consistent standards; and (4) Need to provide timely input on data elements as counties and state begin to design new data systems.
7. Delete requirement to report any information about Timely Access to Mental Health Services for Underserved Population Strategy.	CMHDA	The requested information is critical to be able to evaluate the success in increasing timely access to services for underserved populations. Deleting this limited and basic information is not compatible with the following: (1) MHPA requirement that counties report on performance outcomes; (2) Commission’s focus on evaluation as a key strategy to oversight; (3) Recommendation from the State Auditor regarding the need for more evaluations using consistent standards; and (4) Need to provide timely input on data elements as counties and state begin to design new data systems.

Suggestion	Source	Rationale for Not Incorporating the Suggestion
8. Delete requirement to report disaggregated data by race/ethnicity; primary language spoken by threshold language; sexual orientation, if known; disability if any; veteran status.	CMHDA	Disaggregated data is critical to be able to evaluate the impact of the MHSA on different underserved populations, including the MHSA mandate to provide culturally and linguistically appropriate services. Deleting this limited and basic information is not compatible with the following: (1) MHSA requirement that counties report on performance outcomes; (2) Commission's focus on evaluation as a key strategy to oversight; (3) Recommendation from the State Auditor regarding the need for more evaluations using consistent standards; and (4) Need to provide timely input on data elements as counties and state begin to design new data systems.
Evaluation Report		
1. Delete the requirement for an evaluation report every three years.	CMHDA	Deleting an evaluation report every three years is not compatible with the following: (1) MHSA requirement that counties report on performance outcomes; (2) Commission's focus on evaluation as a key strategy to oversight; (3) Recommendation from the State Auditor regarding the need for more evaluations; and (4) Need to provide timely input on data elements as counties and state begin to design new data systems.
Annual Revenue and Expenditure Report		
1. Delete the section that specifies what PEI information is to be reported as part of the Annual MHSA Revenue and Expenditure Report (ARER).	CMHDA	The requirements in the section are the same as those in the ARER Instructions issued by DHCS in consultation with the MHSAOAC and CMHDA. The requirements in this section are intended to be a part of the ARER instructions for all the MHSA components to be issued by DHCS under Section 5899. Because Section 5899 does not provide that the Instructions are exempt from the Administrative Procedure Act the Instructions will need to be in regulations.