

PEI Regulations

MHSOAC Meeting
November 21, 2013

Order of Presentation

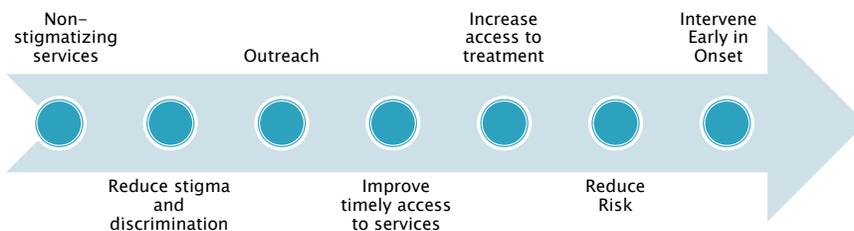
- ▶ Overview of MHSA Logic for PEI
- ▶ Cross-walk of Regulation requirements with MHSA Requirements
- ▶ Changes to the Draft Regulations since the Oct 24, 2013 MHSOAC meeting
- ▶ Suggestions Not incorporated
- ▶ Next Steps
- ▶ Motion

Overview of MHSA Logic for PEI

- ▶ MHSA requirements for PEI are framed in terms of outcomes
 - Prevent mental illness from becoming severe and disabling
 - Reduce duration of untreated mental illness
 - Regain productive lives
 - Improve timely access to services for underserved populations
 - Outreach to increase recognition of early signs
 - Reduce 7 negative outcomes
- ▶ MHSA requires effective methods

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Overview of MHSA Logic for PEI



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Cross-Walk of Regulation Requirements with MHSA Requirements

- ▶ Program to Intervene Early in the Onset of a Mental Illness
 - 5840(a)
 - 5840(c)
 - 5840(d)
- ▶ Program to Reduce Risk Related to Mental Illness
 - 5840(a)
- ▶ Outreach for Increasing Recognition of Early Signs of Mental Illness
 - 5840(b)(1)

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Cross-Walk of Regulation Requirements with MHSA Requirements (cont.)

- ▶ Improving Timely Access to Services for Underserved Populations
 - 5840(a)
- ▶ Increasing Access to Treatment for People with Serious Mental Illness (beyond early onset)
 - 5840(b)(2)
 - 5840(c)

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Cross-Walk of Regulation Requirements with MHPA Requirements (cont.)

- ▶ Non-stigmatizing and Non-discriminatory Service Delivery
 - 5840(b)(3)
 - 5840(b)(4)
- ▶ Reducing Stigma and Discrimination
 - 5840(b)(3)
 - 5840(b)(4)
- ▶ Preventing Suicide Related to Mental Illness
 - 5840(d)(1)

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Changes to Prior Draft

- ▶ Commissioners' Suggestions from Oct 24th meeting
- ▶ CMHDA Comments received before Oct 24th meeting but too late to incorporate into prior draft
- ▶ Public Comments received during and after Oct 24th meeting
- ▶ Staff-initiated changes

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Non-Substantive Changes

- ▶ Re-name the programs
- ▶ Associated editorial changes due to name changes
- ▶ Consolidation of subsections
- ▶ Additional examples of types of settings for Outreach for Increasing Recognition of Early Signs of Mental Illness (page 6)
- ▶ Renamed, “duration of untreated mental illness” to “timeliness of care” for measuring strategy to Improve Timely Access to Services for Underserved Populations (pages 7 & 8)

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Clarifying Changes

Programs to Intervene Early

- ▶ Include efforts to prevent relapse in person with early onset of a mental illness (page 1)

Increasing Recognition of Early Signs of Mental Illness

- ▶ Add to list of potential responders the following: peer providers, law enforcement personnel, and emergency medical service providers (page 1)

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Clarifying Changes

Program to Reduce Risk Related to Mental Illness

- ▶ Clarify link to reduction of the MHA 7 negative outcomes (page 2)
- ▶ Clarified that universal prevention efforts are allowed only if there is evidence of the effectiveness of such efforts to bring about mental health and related functional outcomes for individuals with risk or early onset of a potentially serious mental illness (page 2)

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Clarifying Changes

Non-Stigmatizing Service Delivery Methods

- ▶ Add “and non-discriminatory” (page 4)
- ▶ Clarify that efforts to combat multiple social stigmas are linked to attitudes about mental illness and/or about seeking mental health services (page 4)

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Clarifying Changes

Definitions of Effective Methods

- ▶ Separate out “promising practices” (page 5)
- ▶ Clarify definition of “community and/or practice-based evidence” (page 5)

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Clarifying Changes

Evaluation

- ▶ Separate out evaluation requirements for programs to Intervene Early in a Mental Illness and programs to Reduce the Risk Related to Mental Illness (pages 5 & 6)
- ▶ For Stigma and Discrimination Reduction programs and Suicide Prevention programs clarify that county is to measure changes in attitudes, knowledge, “and/or” behavior not “and” (pages 6 & 7)

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Clarifying Changes

Evaluation

- ▶ In addition to measuring reduction of prolonged suffering (defined as symptom or risk reduction), clarified that the County shall select, define, and measure appropriate indicators for any of the other MHSAs negative outcomes that the County designates as applicable to a Program to Intervene Early in the Mental Illness or a Program to Reduce Risk Related to Mental Illness (page 5)

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MHSA PEI Outcomes: Reduction In	Applicable to this program?	Indicator	How County Will Measure Indicator
Prolonged Suffering	X		
Suicide			
Incarceration			
School Failure or Drop out			
Unemployment			
Homelessness			
Removal of Children from their Homes			

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Substantive Change

- ▶ One year delayed implementation:
 - Plan requirements (page 8)
 - Annual report (page 14)
 - Three-year Evaluation report (page 16)
- ▶ Disaggregation of data (page 16)

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Overview of Changes Not Made & Rationale

- ▶ Limit all PEI-funded services and programs to individuals with a diagnosis of a serious mental illness
 - Rationale: MHSa does not require diagnosis
- ▶ Require or encourage specific program features
 - Rationale: MHSa focuses on outcomes and use of effective practices and does not mandate specific approaches
- ▶ Include PEI funding for Laura's Law
 - Rationale: Laura's Law funding provision in MHSa is in CSS

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Overview of Changes Not Made & Rationale

- ▶ Omit all risk factors except biological
 - Rationale: Evidence of a range of risk factors for serious mental illness
- ▶ Eliminate 18-month time limit
 - Rationale: Need to differentiate the need for longer-term treatment (beyond early onset) and the need to intervene early with short-term treatment
- ▶ Don't allow PEI funds to be spent to prevent mental illness or to prevent serious mental illness
 - Rationale: Evidence that it is possible to prevent the onset or consequences of serious mental illness

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Next Steps

- ▶ Upon Commission approval, Initial Statement of Reasons and other forms necessary will be prepared and submitted to the Office of Administrative Law (OAL)
- ▶ Anticipated filing with the OAL in early January 2014 which starts 45 day public comment period
- ▶ MHSOAC hearing at end of public comment period
- ▶ Response to public comments and possible changes to regulations with additional MHSOAC meeting
- ▶ Possible additional public comment period
- ▶ Anticipated submittal of Rulemaking Record to OAL in late Spring of 2014
- ▶ OAL has 30 days to decide if Administrative Procedure Act satisfied

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Motion

The Commission approves the draft proposed Prevention and Early Intervention regulations in substantially the form as presented by MHSOAC staff. The Executive Director is authorized to approve any necessary non-substantive changes and to submit the approved regulations with the supporting documentation required by the Office of Administrative Law and proceed as required by the Administrative Procedure Act.