

**Commissioners' Specific Suggestions for PEI and INN Regulations**  
**October 24, 2013 MHSOAC meeting**

Suggestion from MHSOAC Commissioners	MHSOAC Staff Recommendation	Rationale for Staff Recommendation
<b>PEI Regulations</b>		
1. Remove "mental health problems, including" in the following definition: "Risk factors for mental illness" means conditions or experiences that are associated with a higher than average risk of developing <i>mental health problems, including</i> a serious mental illness. Section 1(d)(1)(A)(i)	Remove "mental health problems" and substitute "potentially serious mental illness."  • Section 1(e)(A)(i)	Request to remove reference to "mental health problems" cited need for consistency with MHSA. Request to retain reference to "mental health problems" cited importance for many diverse communities.  Staff feels that consistency with the MHSA is a higher priority. Requirement for non-stigmatizing approaches mandates use of language that is appropriate for and consistent with values of individuals being served by PEI programs.
2. Disagrees with #1 above suggestion and requests retention of "mental health problems" in the definition. Section 1(d)(1)(A)(i)	See above.	See above.
3. Change "Outreach to Gatekeepers" back to "Outreach to Potential Responders." Section 1(c)(2)	Suggest change to "Outreach for Increasing Recognition of Early Signs of Mental Illness."  • Section 1(d)(2) and throughout the regulations.	"Outreach for Increasing Recognition of Early Signs of Mental Illness" is most consistent with language in MHSA.  Several members of our work group disliked the term "potential responders." We agree that "gatekeepers" term is problematic for various reasons and will eliminate.
4. Include Peer Specialist in definition of gatekeepers. Section 1(c)(2)(A)(i)	Agree. • Section 1(d)(2)(A)(i)	The list in draft regulations includes a list of different types of gatekeepers. Peer specialists certainly are vital gatekeepers. Inclusion of peer specialist as key gatekeepers should be focus of training and technical assistance.
5. Remove the word "untreated" from the following definition: Suicide Prevention Program means	Agree to remove the word "untreated." • Section 1(e)(3)(A)	Counties' efforts to prevent suicide as a consequence of mental illness are broader than untreated mental illness, including, but not limited, as

Suggestion from MHSOAC Commissioners	MHSOAC Staff Recommendation	Rationale for Staff Recommendation
<p>organized activities that a county undertakes to prevent suicide as a consequence of <i>untreated</i> mental illness.</p> <p>Alternative suggestion: expand definition to include “untreated or inappropriately treated” Section 1(d)(3)(A)</p>		<p>a consequence of being under-served or inappropriately served. Removing “untreated” appropriately broadens the definition.</p>
<p>6. As it relates to evaluation and outcomes, Prevention and Early Intervention should be de-coupled. Section 2(a)(1)</p>	<p>Agree.</p> <ul style="list-style-type: none"> <li>• Section 2(a)(1) and (a)(2)</li> </ul>	<p>Combining evaluation requirements for these two PEI program elements is confusing and they have been separated.</p> <p>Also, since this section of the MHSA (Section 4, Part 3.6), representing 20% of MHSA funds, is referred to in the MHSA as “Prevention and Early Intervention Programs,” staff believes that naming programs that address individuals at risk of a mental illness as “Prevention” and programs that address individuals with early onset of a mental illness as “Early Intervention” is confusing, since these are two of seven required or optional elements within the “Prevention and Early Intervention” section of the MHSA. For this reason, in addition to separating the evaluation requirements for these two program elements, staff recommends renaming them as “Program to Reduce Risk Related to Mental Illness” and “Program to Intervene Early in the Onset of a Mental Illness.”</p>
<p>7. Consider revising evaluation timeframes for Prevention (now called Program to Reduce Risk Related to Mental Illness) and Early Intervention (now called</p>	<p>No change to requirements as originally proposed.</p>	<p>The timeframes for evaluating Program to Reduce Risk Related to Mental Illness and Program to Intervene Early in the Onset of a Mental Illness evaluation are minimal and flexible so we did not</p>

Suggestion from MHSOAC Commissioners	MHSOAC Staff Recommendation	Rationale for Staff Recommendation
Program to Intervene Early in the Onset of a Mental Illness). Section 2(a)		change them. For both, the requirement is to define evaluation methods and measure program outcomes at least annually, and report results every three years. Presumably, most counties will measure outcomes more frequently than annually at a schedule that makes sense for their specific intended program outcomes.
8. Make sure Prevention is not devalued in relation to Early Intervention and encourage counties to do both Prevention and Early Intervention.	No change to requirements as originally proposed (except name changes).	The MHSA requires Intervening Early in the Onset of a Mental Illness because of the following language: “shall include components similar to programs that have been successful in reducing the duration of untreated severe mental illnesses and <i>assisting people in quickly regaining productive lives.</i> ” While the MHSA requires counties to “prevent mental illnesses from becoming severe and disabling” and to “include mental health services similar to those provided under other programs effective in preventing mental illnesses from becoming severe,” it does not require that counties initiate these programs at the point of risk of a potentially serious mental illness. We agree that it is important to intervene as early as possible and that intervening before there is onset of a mental illness is desirable and beneficial in many instances. We feel that this should be a focus of training and technical assistance.
9. Definition of Prevention needs to be strengthened.	Agree. • Section 1(e)(1)	
10. Should use the same set of outcomes as was used in FSPs when de-coupling of Prevention and Early Intervention.	In development; not for this iteration of regulations	We are working with DHCS, CMHPC, CMHDA, and stakeholders toward an integrated performance outcome system. At this stage, regulations allow counties to define their own indicators, consistent with MHSA intended outcomes.

Suggestion from MHSOAC Commissioners	MHSOAC Staff Recommendation	Rationale for Staff Recommendation
11. Important to provide TA to the counties so the indicators for evaluation will be uniform/universal and thus allow more consistent statewide data.	Not a regulations issue but we absolutely agree; training, technical assistance, and other supports for counties and contractors are absolutely essential and a top priority.	
12. The regulations should make it clear that counties can use MHSA for Laura's Law.	No change to requirements as originally proposed.	<p>PEI Regulations do not require or suggest any specific approaches.</p> <p>Nothing in PEI draft regulations precludes use of MHSA for Laura's Law, if all other requirements (e.g. early onset, limited duration of treatment) are met.</p> <p>Laura's Law is not generally an early intervention and is most applicable to CSS.</p>
13. Disagreement with #12. Laura's Law is CSS and not PEI and thus should not be mentioned in the PEI regs.	See above.	See above.
14. Disagreement with #12. Laura's Law is an important tool to use to engage a small portion of adults with serious psychiatric disabilities who have repeatedly refused support services and meet the other requirements of the law. It does not seem appropriate for an initial break intervention. PEI should be focused on those at risk of mental illness or within the first year or two of their onset. There is a funding mechanism for Laura's Law built into the MHSA and it's the CSS component.	See above.	See above.
15. Disagreement with #12. PEI regulations to not suggest any particular approaches and this principle should	See above.	See above.

Suggestion from MHSOAC Commissioners	MHSOAC Staff Recommendation	Rationale for Staff Recommendation
apply to Laura’s Law.		
16. Can’t ask counties to do the impossible. Asking counties to do all this immediately is impossible. Are there ways that implementation of regulations can be staged to allow systems and supports to be developed?	Agree. <ul style="list-style-type: none"> <li>• Section 3(a): Annual update and/or Plan requirements start with Fiscal Year 2015/16</li> <li>• Section 4(a) Annual reporting requirements start with Fiscal Year 2015/16</li> <li>• Section 5(a) First 3 year evaluation report due 12/2018.</li> </ul>	Delayed due dates provide additional time to make it possible for counties to implement.
17. Need commitment to evaluation to come through clearly.	Agree. No change to requirements as originally proposed except for phased implementation.	Staff feels that the minimal evaluation requirements in draft PEI regulations are essential steps that need to be included in regulations now. We are working with DHCS, CMHPC, CMHDA, and stakeholders toward an integrated performance outcome system. In the meantime, some phased implementation seems necessary.
18. Make it clear that universal prevention strategies are allowed if evidence indicates it is an effective approach to bring about mental health outcomes for individuals at risk of or with a mental illness.	Agree. <ul style="list-style-type: none"> <li>• Section 1(e)(1)(D)</li> </ul>	
<b>INN Regulations</b>		
1. Regs should have a requirement that the final INN report (evaluation results) is disseminated.	Agree. <ul style="list-style-type: none"> <li>• Section 4(a)(2)(B)</li> </ul>	