

## PEI: MHSOAC Staff Priorities for Discussion and Workgroup Input

The following are MHSOAC priority areas for which we need input from Workgroup members:

MHSOAC Staff Priority for Discussion	Rationale
<p>Section 2(a)(2): For Outreach to Gatekeepers programs referenced in subdivision (c)(2) of Section 1, the County shall measure the number and kind of gatekeepers engaged, with a breakdown by setting</p>	<p>Ideally, staff would like to measure changes in gatekeeper knowledge and behavior related to identifying and responding to signs and symptoms of potentially serious mental illness, and also to measure changes that occur for mental health staff in response to what they learn from gatekeepers. We have omitted a requirement to measure changed knowledge and behavior because we feel it's premature in terms of county readiness. We have not, for example, identified a reliable instrument to measure changes in attitude and behavior for this purpose. With the dawning of electronic health records and the need to focus on outcomes, we want to move toward this goal as quickly as possible. We would like to obtain input regarding whether to delay these kinds of evaluation requirements and, if so, how to start building this capacity for the near future (e.g. 14/15).</p>
<p>Section 2(a)(5): For Access and Linkage to Treatment, the County shall measure number of referrals to treatment, kind of treatment to which person was linked (level of care), and reduced duration of untreated mental illness defined as interval from self-reported (or parent/family member-reported) onset of symptoms until initiation of treatment</p> <p>See also Section 4(a)(3)</p>	<p>Ideally, staff would like to measure the result of the referral (did the individual or family successfully engage in treatment) and whether the treatment was in the public or private sector. We have omitted these requirements from this draft because we feel it's premature in terms of county readiness. We also are concerned that measuring the result of the referral is an extra responsibility for the referring program. We would like to obtain input regarding whether to delay these kinds of evaluation requirements and, if so, how to start building this capacity for the near future (e.g. 14/15).</p>
<p>Section 2(a)(6): For PEI strategy to Increase Timely Access to Services for Underserved Populations referenced in subdivision (e)(2) of Section 1, the County shall measure number of referrals of members of underserved groups to various kinds of care (prevention, early intervention, and treatment), reduced duration of untreated mental</p>	<p>Ideally staff would also like to measure the result of the referral, as described above. In addition, because the MHSA requirement is to increase <i>timely</i> access, staff would like to measure the time between referral and actual engagement in a service or mental health treatment. We have omitted these requirements from this draft</p>

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<p>illness defined as interval from self-reported (or parent/family member-reported) onset of risk indicators or symptoms until initiation of services, including treatment. For treatment, indicate kind of treatment to which person was linked (level of care)</p> <p>See also Section 4(a)(4)</p>	<p>because we feel it's premature in terms of county readiness. We also are concerned that measuring the result of the referral, including the time interval, is an extra responsibility for the referring program; on the other hand, it is an important element of increasing timely access. We would like to obtain input regarding whether to delay these kinds of evaluation requirements and, if so, how to start building this capacity for the near future (e.g. 14/15).</p>
<p>Section 3(a)(4)(B)(iii): For each new Early Intervention program, the county shall include a description of the program including but not limited to: Explain the evaluation methodology, including, how and when outcomes will be measured, how data will be collected and analyzed, and how the evaluation will reflect cultural competence.</p> <p>See also Section 3(a)(5)(B)(iii) See also Section 5(b)</p>	<p>We have included this provision because we feel it includes the fundamental basic elements of an evaluation plan and that, in an outcomes-focused system, counties should briefly describe and report on their evaluation design. On the other hand, we don't want to require measurement and reporting of information unless it serves a useful purpose. We'd like to discuss whether proposed language in current draft is the correct balance and if not, to get suggestions for alternative language.</p>
<p>Section 4(a)(5)(B): For the information reported under subdivisions (1) through (4) above, disaggregate numbers served, number of gatekeepers engaged, and number of referrals for treatment and other services by: race/ethnicity</p>	<p>The current list of racial/ethnic categories is from CSI. Is this the best list?</p> <p>To what extent should/can outcome data be disaggregated by race/ethnicity and other key demographic dimensions?</p>
<p>Section 6(a)(2): Break out expenditures for evaluation?</p>	<p>A work group suggestion for PEI was to break out the expenditures for evaluation. We have included a requirement for this breakout in the draft regulations for Innovation but not for PEI, because for Innovation, evaluation is the central activity. Should we include a breakout of evaluation expenses for PEI? If so, should we break out evaluation expenditures by funding source?</p>