

PEI: New in This Version, MHSOAC Staff Ideas

The following are MHSOAC staff-initiated changes to the September 2013 draft of PEI Regulations that were not part of the 8/12/13 Workgroup discussion.

New MHSOAC Staff Idea Since Workgroup	Rationale
<p>Section 1(c)(1)(B): Early intervention services shall not exceed eighteen months, unless the individual receiving the service is identified as experiencing first onset of a serious mental illness/emotional disturbance with psychotic features, as defined in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, criteria for Schizophrenia Spectrum and Other Psychotic Disorders, in which case an intervention shall not exceed four years</p>	<p>Group suggested that we allow flexibility to extend an Early Intervention Program beyond one year of onset. Regulations require a specific standard, so we expanded the allowable time limit to 18 months.</p> <p>There needs to be a time limit to differentiate early intervention from ongoing treatment (CSS or other). Four years seems reasonable for an early psychosis program in order to prevent premature termination.</p>
<p>Section 1(f): The County shall measure and report outcomes for all programs listed in subdivisions (c) and (d) and for strategies listed in subdivision (e) (1) and (2)</p> <p>Note: There is no longer a requirement to measure outcomes for the strategy to use Strategies that are Non-Stigmatizing for all PEI programs</p>	<p>Because this strategy addresses how programs are delivered, it does not lend itself to measurable outcomes, so this draft does not require counties to measure and report outcomes for this strategy. Draft regulations ask counties to describe for all new PEI programs their plans to use Strategies that are Non-Stigmatizing but do not require them to define or report outcomes. This also differentiates this strategy from the optional program category of Stigma and Discrimination Reduction campaigns, which have clear intended outcomes.</p>
<p>Section 1(g)(1): Practice-Based Evidence: dropped intended requirement for counties to develop specific criteria by which effectiveness can be documented with the capacity eventually to give the approach equal standing with evidence-based practices validated by research. Measurement of outcomes will confirm or disconfirm the effectiveness of the practice.</p> <p>See also Section 3(a)(4)(D)</p> <p>See also Section 3(a)(5)(D)</p>	<p>Although desirable, this requirement was considered too burdensome for counties who are using practice-based evidence. This could be a future special project for which additional resources were provided (Evaluation and TA parking lots).</p>
<p>Section 1(h): A PEI program is considered changed if the county changes the intended outcomes or substantially changes the activities or interventions provided to bring about the intended outcomes</p> <p>See also Section 3(b)</p>	<p>We added this provision because of the need to define when a PEI program is new and therefore needs to be described for local approval.</p>
<p>Section 2(a)(1)(A)(i): Require counties to measure reduce prolonged suffering for both prevention and</p>	<p>We have defined “reduce prolonged suffering” as the direct mental, emotional, relational health</p>

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<p>early intervention programs.</p> <p>See also Section 3(a)(4)(B)(i) See also Section 3(a)(5)(B)(i)</p>	<p>aspect of prevention (reduction of risk factors) and early intervention (recovery). Without requiring a direct mental health outcome, it is possible to spend PEI funds on programs unrelated to the risk of or early onset of potentially serious mental illness.</p>
<p>Section 2(b): Evaluation designs shall be culturally appropriate and shall include the perspective of diverse people with lived experience of mental illness, including their family members. For example, an assessment of increased integration of systems should reflect the extent to which individuals and families perceive an integrated service experience and intended outcomes should be meaningful and relevant to participants</p>	<p>Needed for consistency for MHSA general standard of cultural competence</p>
<p>Section 2(c): A County may also, as relevant and applicable, define and measure the impact of PEI programs on the mental health and related systems, including, but not limited to education, physical healthcare, juvenile justice, social services, and community supports specific to age, racial, ethnic, and cultural groups. Examples of system outcomes include, but are not limited to, increased provision of services by ethnic and cultural community organizations, hours of operation, integration of services including co-location, involvement of clients and families in key decisions, identification and response to co-occurring substance-use disorders, staff knowledge and application of recovery principles, collaboration with diverse community partners, or funds leveraged</p>	<p>PEI Guidelines required counties to define individual-family and program-system outcomes for all PEI programs. These draft regulations focus on individual-family outcomes for Prevention and Early Intervention programs that serve individuals and on program-system outcomes for Outreach to Gatekeeper programs and for Stigma-Discrimination Reduction and Suicide Prevention campaigns. We added this provision to make it clear that counties are also free to define additional Program or System outcomes for all of their PEI-funded programs.</p>
<p>Section 3(a)(1): Plan: Counties shall include a description of how the county ensured that staff and stakeholders involved in the Community Program Planning process required by Title 9 CCR section 3300, were informed about and understood the purpose and requirements of the MHSA Prevention and Early Intervention component</p>	<p>Although this requirement might end up in the General DHCS Regulations, we included it here as a placeholder.</p>
<p>Section 3(a)(3): Plan: Counties shall include a brief description, with specific examples of how each Prevention and Early Intervention funded program will reflect and be consistent with all relevant (potentially applicable) MHSA General Standards set forth in Title 9 CCR section 3320</p>	<p>Although this requirement might end up in the General DHCS Regulations, we included it here as a placeholder.</p>