PEI: MHSOAC Staff Priorities for Services Committee Input

The following are MHSOAC priority areas for which we need input from Services Committee:

Current Draft	Discussion Questions	Staff Recommendations and Rationale
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 as listed in (i) through (xxi)	The current list of racial/ethnic categories is from CSI. Should the categories used by SAMHSA be used instead of the CSI categories? • SAMHSA uses the following categories for race: (1)Alaska Native, (2)American Indian (other than Alaska Native), (3)Asian or Pacific Islander, (4)Black or African American, (5)White, (6)other single race, and (7)two or more races. • For ethnicity, SAMHSA looks at: (1) Hispanic origin, including Puerto Rican, Mexican, Cuban, other Hispanic origin; (2) not of Hispanic origin.	Using the SAMHSA list for statewide reporting gives a basis for national comparison and standardization. The shorter SAMHSA list simplifies collecting and reporting demographic data and disaggregating outcomes by demographic categories. Since counties have different priority populations of focus, it makes sense to limit the total number of racial categories reported statewide and disaggregated for statewide evaluation results, and to allow local discretion for additional categories.
Section 1(h): If the county determines a need to make a substantial change to a program or strategy ~~which changes the intended outcome(s)~~ the county must notify stakeholders and MHSOAC	What is the appropriate threshold of change in a program or strategy to require approval?	On the one hand, it is essential that counties have flexibility to change activities within programs, adjust evaluation designs, and modify strategies for many good quality improvement reasons without going through the entire community planning and approval process. On the other hand, it seems important that if a county modifies the use of PEI funds by changing the program selected through community planning and approved locally (Mental Health Board and Board of Supervisors), that the county needs to engage in community planning and get local approval. The question is what is the appropriate threshold for a "substantial change" to a program that would require local approval?