

**Mental Health Services Oversight and Accountability Commission (MHSOAC) Comments
to DMH on the Proposed Prevention and Early Intervention Regulations**

| Section Reference | MHSOAC Comments | Rationale for MHSOAC Comments | | |
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| <p>Article 2. DEFINITIONS. Section 3200.251</p> | <table border="1"> <thead> <tr> <th data-bbox="611 380 1249 423">Clarification</th> </tr> </thead> <tbody> <tr> <td data-bbox="611 423 1249 1315"> <ul style="list-style-type: none"> • The definition section for Prevention and Early Intervention should be clarified to add a definition of a PEI program as comprised of one or more prevention or early intervention activities designed to bring about measurable mental health outcomes for one or more PEI Key Community Mental Health Needs and Priority Populations. A PEI program is based on a logic model and demonstrates a high likelihood of effectiveness (evidence-based practices, promising practices, locally proven practices) to achieve PEI outcomes, and uses a methodology to demonstrate outcomes and advance program improvement and learning • The definition section should also include a definition of a PEI activity as a prevention and/or early intervention service, support, or strategy. </td> </tr> </tbody> </table> | Clarification | <ul style="list-style-type: none"> • The definition section for Prevention and Early Intervention should be clarified to add a definition of a PEI program as comprised of one or more prevention or early intervention activities designed to bring about measurable mental health outcomes for one or more PEI Key Community Mental Health Needs and Priority Populations. A PEI program is based on a logic model and demonstrates a high likelihood of effectiveness (evidence-based practices, promising practices, locally proven practices) to achieve PEI outcomes, and uses a methodology to demonstrate outcomes and advance program improvement and learning • The definition section should also include a definition of a PEI activity as a prevention and/or early intervention service, support, or strategy. | <ul style="list-style-type: none"> • PEI activities (the services to be provided) within PEI programs (the combination of these programs, which cumulatively are expected to bring about measurable outcomes for defined Key Community Mental Health Need(s) and Priority Population(s)) are critical elements of county's PEI component. These terms require clear, explicit definitions to support consistent planning, implementation, service delivery, evaluation, and reporting. |
| Clarification | | | | |
| <ul style="list-style-type: none"> • The definition section for Prevention and Early Intervention should be clarified to add a definition of a PEI program as comprised of one or more prevention or early intervention activities designed to bring about measurable mental health outcomes for one or more PEI Key Community Mental Health Needs and Priority Populations. A PEI program is based on a logic model and demonstrates a high likelihood of effectiveness (evidence-based practices, promising practices, locally proven practices) to achieve PEI outcomes, and uses a methodology to demonstrate outcomes and advance program improvement and learning • The definition section should also include a definition of a PEI activity as a prevention and/or early intervention service, support, or strategy. | | | | |

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| <p>Article 5. REPORTING REQUIREMENTS.</p> | <p style="text-align: center;">Policy</p> <p>The MHSOAC recommends that outcomes evaluation of PEI be strengthened and should apply to all PEI programs. The MHSOAC also recommends that the requirement for a local evaluation of one PEI program be phased out after the completion of the initial local evaluation, that the requirement for annual reporting on this local evaluation be eliminated, and that a one-time final report be required. These recommendations affect language in section 3515, section 3570, section 3940 and section 3945.</p> | <ul style="list-style-type: none"> • The MHSOAC has prioritized the need for outcome evaluation for the MHSAs including the PEI component. • Phasing out the requirement for a local evaluation of one PEI program and replacing it with the requirement to assess outcomes for all PEI programs supports this objective and recognizes the reality that a single evaluation of a program is, by definition, time-limited. |

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| 3515(a) | <p style="text-align: center;">Policy</p> <ul style="list-style-type: none"> • MHSOAC suggests the proposed deadline of December 31 be deleted and that the requirement for reporting an evaluation in annual reports be replaced with a required final report due within five years from the date of MHSOAC approval of the initial PEI plan. • MHSOAC recommends the requirement that counties conduct and report on evaluation of one local PEI program sunset after a county has submitted its final local evaluation report for the selected program. • The county should submit a copy of the report to the MHSOAC in addition to the Department. | <ul style="list-style-type: none"> • The local evaluation of one PEI program cannot continue indefinitely; at some point, the evaluation will determine outcomes and reach conclusions. • Requiring detailed annual reporting of this local evaluation is unduly burdensome to counties and serves no useful purpose, since the scope of counties' evaluations and the length of time required to reach conclusions vary. • Counties need flexibility for when they report results of this local evaluation. Flexibility within five years of approval of their initial PEI plan (which included approval of their proposed evaluation of a PEI program) provides a reasonable timeframe with flexibility. • The report should also be submitted to the MHSOAC given the Commission's specific statutory oversight role. |

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| 3515(a)(2)(B),(C), and (D) | <table border="1" data-bbox="615 277 1245 315"> <tr> <td data-bbox="615 277 1245 315" style="text-align: center;">Clarification</td> </tr> </table> <ul data-bbox="709 321 1226 578" style="list-style-type: none"> • Amend these subdivisions to add “and families” • Amend (a)(2)(B) to add “primary” before the term, “language spoken” • Amend (a)(2)(B) to specify race and ethnicity categories | Clarification | <ul data-bbox="1335 321 1885 721" style="list-style-type: none"> • Adding “family” to the number of people served is consistent with the intent of the MHSA. • Adding “primary” is consistent with 3570(a)(1). • Statewide evaluation and reporting requires the capacity to accumulate data in consistent categories. It is critical to evaluate reduction of disparities but it cannot be done without consistent categories. |
| Clarification | | | |
| 3515(a)(2)(E) | <table border="1" data-bbox="615 764 1245 802"> <tr> <td data-bbox="615 764 1245 802" style="text-align: center;">Clarification</td> </tr> </table> <ul data-bbox="674 841 1184 906" style="list-style-type: none"> • Amend (a)(2)(E) to replace “any” with “all” | Clarification | <ul data-bbox="1335 808 1787 906" style="list-style-type: none"> • This clarifies the need for all documented outcomes to be included. |
| Clarification | | | |
| 3515(a)(3) | <table border="1" data-bbox="615 1040 1245 1078"> <tr> <td data-bbox="615 1040 1245 1078" style="text-align: center;">Clarification</td> </tr> </table> <ul data-bbox="674 1084 1236 1370" style="list-style-type: none"> • Delete (a)(3) and replace with: “(3) Data that documents reduction of disparities in mental health access and outcomes for underserved populations” “(A) Strategies utilized to increase the cultural and linguistic competence of the PEI program” | Clarification | <ul data-bbox="1335 1084 1902 1224" style="list-style-type: none"> • Clarifies the importance of data to support strategies. • Consistent with MHSOAC evaluation principles. |
| Clarification | | | |

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| 3515(b) | <table border="1" data-bbox="617 277 1243 315"> <tr> <td data-bbox="617 277 1243 315" style="text-align: center;">Clarification</td> </tr> </table> <ul data-bbox="674 321 1243 574" style="list-style-type: none"> • (b)(1) Amend to delete the term, “analyze objectives” and replace with the term, “analyze outcomes”. • (b)(3) Amend to specify that counties are to include information on the timing and frequency by which they are measuring outcomes | Clarification | <ul data-bbox="1335 321 1904 461" style="list-style-type: none"> • Clarifies the importance of outcomes data to support strategies. • Consistent with MHSOAC evaluation principles |
| Clarification | | | |
| 3515(d) | <table border="1" data-bbox="617 688 1243 725"> <tr> <td data-bbox="617 688 1243 725" style="text-align: center;">Clarification</td> </tr> </table> <ul data-bbox="674 732 1230 980" style="list-style-type: none"> • Amend as follows: “(d) Counties with fewer than 100,000 residents, <u>according to the most recent projection by the CA State Department of Finance</u>, are not required to submit a report a Local Outcome Evaluation of a PEI Program.” | Clarification | <ul data-bbox="1335 732 1904 906" style="list-style-type: none"> • The additional language would make the definition consistent with the definition of small county in current Title 9 California Code of Regulations, section 3200.260 |
| Clarification | | | |

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| 6. Section 3570. Prevention and Early Intervention Program Accountability and Evaluation Report. | | | | |
| 3570(a) | <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">Clarification</td> </tr> <tr> <td> <ul style="list-style-type: none"> • Amend the due date to be associated with the submission of the Annual Update or Integrated Plan. • Counties need to submit a copy of the report to the MHSOAC in addition to the Department. </td> </tr> </table> | Clarification | <ul style="list-style-type: none"> • Amend the due date to be associated with the submission of the Annual Update or Integrated Plan. • Counties need to submit a copy of the report to the MHSOAC in addition to the Department. | <ul style="list-style-type: none"> • Consistency in timing of report submission is less burdensome to counties. • The report should also be submitted to the MHSOAC given the Commission’s specific statutory oversight role. |
| Clarification | | | | |
| <ul style="list-style-type: none"> • Amend the due date to be associated with the submission of the Annual Update or Integrated Plan. • Counties need to submit a copy of the report to the MHSOAC in addition to the Department. | | | | |
| 3570 | <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">Policy</td> </tr> <tr> <td> <ul style="list-style-type: none"> • Counties should report on available outcome data for any PEI programs. • Counties that are proposing changes to existing PEI programs (elimination, changes in program activities, etc.) should explain the relevance of any available outcome data to these decisions. </td> </tr> </table> | Policy | <ul style="list-style-type: none"> • Counties should report on available outcome data for any PEI programs. • Counties that are proposing changes to existing PEI programs (elimination, changes in program activities, etc.) should explain the relevance of any available outcome data to these decisions. | <ul style="list-style-type: none"> • Annual reporting on outcomes data is not a requirement but if a county has data it is important that they can report this voluntarily on annual basis. • When a county is proposing changes to an existing PEI program the rationale for the change should be supported by data. |
| Policy | | | | |
| <ul style="list-style-type: none"> • Counties should report on available outcome data for any PEI programs. • Counties that are proposing changes to existing PEI programs (elimination, changes in program activities, etc.) should explain the relevance of any available outcome data to these decisions. | | | | |
| 3570(a)(1) | <table border="1" style="width: 100%;"> <tr> <td style="text-align: center;">Clarification</td> </tr> <tr> <td> <ul style="list-style-type: none"> • Amend (a)(1) to specify race and ethnicity categories </td> </tr> </table> | Clarification | <ul style="list-style-type: none"> • Amend (a)(1) to specify race and ethnicity categories | <ul style="list-style-type: none"> • A Statewide evaluation and reporting requires the capacity to accumulate data in consistent categories. It is critical to evaluate reduction of disparities but it cannot be done without consistent categories. |
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| <ul style="list-style-type: none"> • Amend (a)(1) to specify race and ethnicity categories | | | | |

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| 3570 | <p style="text-align: center;">Policy</p> <ul style="list-style-type: none"> • A separate subdivision should be added to set forth the requirements of a new report due on April 15, 2013 and every three years thereafter on the mental health outcomes of each PEI program. • Counties should be required to report at least two mental health outcomes of all PEI programs, as well as all requirements listed in section 3515; requirements listed in (a)(1), (a)(2), (a)(3), and (a)(4) of section 3570; and requirements listed in section 3940(d)(F) and (d)(G). Counties should also report any decisions to expand, contract, modify, or eliminate any programs or activities based on outcome and other evaluation results. • Counties with fewer than 100,000 residents should not be exempt from this reporting requirement. • Once there is an integrated plan, reporting should coordinate with an anticipated three-year reporting cycle | <ul style="list-style-type: none"> • To ensure local and statewide accountability for PEI outcomes, it is essential to report outcomes of all PEI programs. Training and technical assistance efforts support counties to work with stakeholders to define outcomes and to develop ways to measure outcomes; the lack of a requirement to measure and report on outcomes weakens these efforts. Federal healthcare legislation prioritizes measurement of outcomes. • Eliminating the requirement for detailed annual reporting of the local evaluation on one PEI program and replacing this requirement with reporting every three years outcomes for all PEI programs minimizes the reporting burden for counties. • Very small counties need to participate in reporting outcomes. Simplified reporting requirements and available technical assistance supports their capacity to report outcomes. |

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| | for the integrated plan. | <ul style="list-style-type: none"> Continuous quality improvement framework mandates use of outcome data to inform program decisions. |
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| 8. Section 3900.1. Prevention and Early Intervention Community Program Planning Process. | | |
| 3900.1 | <p style="text-align: center;">Policy</p> <ul style="list-style-type: none"> Amend section to clarify that the requirements in this section are in addition to the general Community Program Planning Process regulations section 3300 <u>and</u> only apply when counties are creating a new PEI program or substantially changing an existing PEI program. | <ul style="list-style-type: none"> It poses an unreasonable burden on counties to conduct additional community planning annually; it is not relevant unless county is proposing to create a new PEI program or substantially modify or eliminate an existing PEI program. The general Community Program Planning Process regulations section 3300 still applies. This policy will be revisited with Integrated Plans. |
| 3900.1(a)(2) | <p style="text-align: center;">Clarification</p> <ul style="list-style-type: none"> Replace “Focused outreach to” with the, “Focused outreach to and meaningful engagement of” | <ul style="list-style-type: none"> The purpose of outreach is to bring about meaningful engagement of required individuals and groups in community program planning. |

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| 3900.1(a)(2)(B) | <p style="text-align: center;">Clarification</p> <ul style="list-style-type: none"> Amend to read: <p>“(B) Members of the PEI Priority Populations as specified in section 3905 <u>and their family members</u>”</p> | <ul style="list-style-type: none"> Including family members is essential for consistency with MHSA General Standards. |

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| 3900.1(a)(2)(C) | <p style="text-align: center;">Clarification</p> <ul style="list-style-type: none"> Add language that acknowledges services for all age groups. | <ul style="list-style-type: none"> MHSOAC recommends the inclusion of language which highlights the importance of services across all ages. |

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| 3900.1(a)(2)(D) | <p style="text-align: center;">Clarification</p> <ul style="list-style-type: none"> Amend to read: <p>“(D) Clients who have received, or are receiving PEI services, <u>and their family members.</u>”</p> <ul style="list-style-type: none"> Note that throughout reference to families should be “and” not “and/or” | <ul style="list-style-type: none"> MHSOAC considers the inclusion in planning for PEI of PEI potential and actual clients and their family members as an important addition. Wherever it is placed in the regulations, and whether or not it is required for other sectors as an integrated approach to community planning, The MHSOAC believes that PEI clients and their families must be included in planning in order to broaden and diversify this engagement and collaboration. Addition of family members is necessary for consistency with MHSA General Standards. |
| 3900.1 (a)(2)(E) | <p style="text-align: center;">Policy</p> <ul style="list-style-type: none"> Delete and replace with a requirement that counties demonstrate that the CPP worked and document the successful engagement and collaboration. | <ul style="list-style-type: none"> Community Program Planning for all other MHSA components appropriately assumes that after several years corrective actions are resolved and no exceptions are provided in regulations. There is no requirement in existing draft language that outreach ever results in meaningful engagement of required individuals and groups. |

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| 3900.1(a)(4) and (a)(5) | <p style="text-align: center;">Policy</p> <ul style="list-style-type: none"> Amend to read: “(4) Identification of the Priority Population(s) to be served, selected from the list in section 3905 <u>and the data and community input that supports the selection.</u>” “(5) Identification of the Key Community Mental Health Need(s) to be served, selected from the list in section 3905 <u>and the data and community input that supports the selection.</u>” | <ul style="list-style-type: none"> MHSOAC values the importance of data supporting decisions. These critical decisions should be informed by data documenting community priorities. |
| 3900.1(a)(6) | <p style="text-align: center;">Policy</p> <ul style="list-style-type: none"> Amend to clarify that the measurable outcomes for the PEI programs are for the selected Key Community Mental Health Needs and the Priority Populations and that methods to measure all intended outcomes are described so that stakeholders understand the value of outcomes and measurement. | <ul style="list-style-type: none"> MHSOAC values the importance of data supporting decisions. These critical decisions should be informed by data documenting community priorities. A critical task of CPP is to identify outcomes. |
| 3900.1(a)(7) | <p style="text-align: center;">Policy</p> <ul style="list-style-type: none"> Amend to add a requirement that counties identify the methods used to measure outcomes. | <ul style="list-style-type: none"> This recommendation is consistent with the MHSOAC's policy on outcomes evaluation. |

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| 9. Section 3905. Prevention and Early Intervention Priority Populations. | | | | |
| 3905(a)(1) | <table border="1"> <tr> <td data-bbox="613 352 1243 386" style="text-align: center;">Clarification</td> </tr> <tr> <td data-bbox="613 386 1243 500"> <ul style="list-style-type: none"> Amend to add “questioning” to GLBT </td> </tr> </table> | Clarification | <ul style="list-style-type: none"> Amend to add “questioning” to GLBT | <ul style="list-style-type: none"> Term is more inclusive of applicable priority population. |
| Clarification | | | | |
| <ul style="list-style-type: none"> Amend to add “questioning” to GLBT | | | | |
| 3905(a)(7) | <table border="1"> <tr> <td data-bbox="613 509 1243 544" style="text-align: center;">Clarification</td> </tr> <tr> <td data-bbox="613 544 1243 732"> <ul style="list-style-type: none"> Substitute “substance abuse issues” with “substance-use issues”. </td> </tr> </table> | Clarification | <ul style="list-style-type: none"> Substitute “substance abuse issues” with “substance-use issues”. | <ul style="list-style-type: none"> Priority population includes a broader range of individuals at risk of or suffering from issues and disorders related to use of alcohol and drugs, in addition to mental health issues. |
| Clarification | | | | |
| <ul style="list-style-type: none"> Substitute “substance abuse issues” with “substance-use issues”. | | | | |
| 9. Section 3910. Prevention and Early Intervention Key Community Mental Health Needs | | | | |
| 3910(a)(1), (2), (3), (4) | <table border="1"> <tr> <td data-bbox="613 927 1243 961" style="text-align: center;">Clarification</td> </tr> <tr> <td data-bbox="613 961 1243 1216"> <ul style="list-style-type: none"> Amend language throughout to clarify that it is “prevention <u>and/or</u> reduction of emotional <u>and/or</u> behavioral health problems” not just prevention or reduction of emotional and behavioral health problems. </td> </tr> </table> | Clarification | <ul style="list-style-type: none"> Amend language throughout to clarify that it is “prevention <u>and/or</u> reduction of emotional <u>and/or</u> behavioral health problems” not just prevention or reduction of emotional and behavioral health problems. | <ul style="list-style-type: none"> Amendment is critical to make it explicit that counties can implement prevention programs, early intervention programs, or both. |
| Clarification | | | | |
| <ul style="list-style-type: none"> Amend language throughout to clarify that it is “prevention <u>and/or</u> reduction of emotional <u>and/or</u> behavioral health problems” not just prevention or reduction of emotional and behavioral health problems. | | | | |

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| 3910(a)(1) | <p style="text-align: center;">Clarification</p> <ul style="list-style-type: none"> Delete reference to “at-risk children and youth and transition-age youth” and substitute “individuals at risk of mental health disorders”. | <ul style="list-style-type: none"> Focus on children and transition-age youth is covered in priority populations. In addition, no other Key Community Mental Health Needs are limited to specific age groups. Since PEI programs must address one or more Key Community Mental Health Need(s) and one or more Priority Populations(s), the focus on children and transition-age youth, and their families, can still be accomplished. |
| <p><u>11. Section 3920. General Prevention and Early Intervention Requirements.</u></p> | | |
| 3920(a) | <p style="text-align: center;">Clarification</p> <ul style="list-style-type: none"> Amend to read: “(a) The County shall use Prevention and Early Intervention funds to implement one or more prevention and/or <u>early intervention</u> programs.” | <ul style="list-style-type: none"> “Early intervention” is missing from current draft. The amendment makes it explicit that counties can implement prevention programs, early intervention programs, or both. |
| 3920(c) | <p style="text-align: center;">Policy</p> <ul style="list-style-type: none"> Amend to read: “(c) Early Intervention programs shall target individuals exhibiting signs of a potential <u>or actual</u> mental health problem, and/or their families, to address the individual’s mental health problem early in its emergence <u>or early in its identification.</u>” | <ul style="list-style-type: none"> Many conditions, such as trauma, might be longstanding but never before identified or addressed. Individuals in these situations should be eligible for MHSa early intervention services that meet other requirements (such as treatment no longer than one year except in defined limited circumstances). |

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| 3920(c)(1) | <p style="text-align: center;">Clarification</p> <ul style="list-style-type: none"> • Amend to clarify whether the “five years” is a total of five years of services or if it a total of five years from the start date of services. Recommend that it is a total of five cumulative years of services. • Amend to add, “most current” before, “Diagnostic and Statistical Manual of Mental Disorders” | <ul style="list-style-type: none"> • Flexibility is required for people who move in and out of services. • Since the Diagnostic and Statistical Manual of Mental Disorders is updated on a regular basis it is important that reference be to the most current version. |
| 3920(e) and (f) | <p style="text-align: center;">Clarification</p> <ul style="list-style-type: none"> • Amend to read: <p>“(e) PEI programs shall <u>promote defined outcomes for one or more of the PEI Priority Populations and one or more of the Key Community Mental Health Needs</u> selected as a result of the Community Program Planning process. <u>If more than one Key Community Needs and Priority Populations are selected, all activities in the program shall serve and promote outcomes for individuals meeting criteria for all identified Priority Populations and affected by all identified Key Community Needs.</u></p> | <ul style="list-style-type: none"> • This amendment is consistent with an outcomes-based framework. Selected PEI Priority Populations and Key Community Mental Health Needs must be sufficiently focused (targeted) to allow identification of measureable intended outcomes. • It is impossible to define and measure outcomes for PEI programs if the Priority Populations and Key Community Mental Health Needs they are designed to address are too broad. |
| 3920(f) | <p style="text-align: center;">Clarification</p> <ul style="list-style-type: none"> • Delete or incorporate intent of 3920(e) | <ul style="list-style-type: none"> • This requirement was incorporated in 3920(e). |

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| 3920(j) | <div style="border: 1px solid black; text-align: center; padding: 2px;">Clarification</div> <ul style="list-style-type: none"> • Amend to read: “(i) PEI programs shall be designed to reduce disparities in <u>mental health services and outcomes by doing all</u> of the following: (1) Providing culturally and linguistically competent services (2) Facilitating access to services for individuals and groups who are currently unserved or underserved” (3) Improving <u>access</u> for participants who are currently unserved or underserved by the mental health system.” | <ul style="list-style-type: none"> • All three actions are required to reduce disparities. |
| 3920 – Add new subdivision | <div style="border: 1px solid black; text-align: center; padding: 2px;">Policy</div> <ul style="list-style-type: none"> • Add new subdivision setting forth that PEI programs should include only activities that have a high likelihood of effectiveness (evidence-based practices, promising practices, locally proven practice) to achieve PEI outcomes and that use a methodology to demonstrate outcomes and advance program improvement and learning. | <ul style="list-style-type: none"> • MHSOAC requires the use of effective practices. While there are evidence-based practices in PEI, there is also a need to develop evidence to support the efficacy of promising practices and locally proven outcomes that bring about mental health outcomes. |
| 12. Section 3930. Allowable Costs and Expenditures | | |
| 3930(b) | <div style="border: 1px solid black; text-align: center; padding: 2px;">Clarification</div> <ul style="list-style-type: none"> • Amend to substitute “such as:” with “including, but not limited to:” | <ul style="list-style-type: none"> • It is important to reinforce that examples are not exclusive of other options. |

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| 3930(d)(1) | <p style="text-align: center;">Clarification</p> <ul style="list-style-type: none"> Amend to substitute, “who have been diagnosed with” with “who have been treated for a serious mental illness.” | <ul style="list-style-type: none"> Changing the language is consistent with section 3920(c)(1), which allows treatment for up to a year for individuals with a mental health diagnosis early in its onset or identification. |
| 13. Section 3940. Prevention and Early Intervention Component of the Three-Year Program and Expenditure Plan. | <p style="text-align: center;">Policy</p> <ul style="list-style-type: none"> Amend section to be consistent with policy recommendations made for section 3515. | <ul style="list-style-type: none"> The language of this section is tied to recommended changes in section 3515 (see “1 – Policy” and “2 – Policy” recommendations above) |
| 3940(a)(5) | <p style="text-align: center;">Policy</p> <ul style="list-style-type: none"> Delete | <ul style="list-style-type: none"> MHSOAC is recommending that counties no longer be required to identify a PEI program for a local evaluation and instead report outcomes for all PEI programs. |
| 14. <u>Section 3945. Work Plans for Prevention and Early Intervention Programs.</u> | <p style="text-align: center;">Policy</p> <ul style="list-style-type: none"> Amend section to be consistent with policy recommendations made for section 3515 and section 3570 | <ul style="list-style-type: none"> The language of this section is tied to recommended changes in section 3515 and section 3570 (see “1 – Policy” and “2 – Policy” recommendations above) |
| 3945(b) | <p style="text-align: center;">Policy</p> <ul style="list-style-type: none"> Add new subdivision to (b) to read: “For each PEI program, delineate at least two measurable outcomes for the applicable identified Key Community Mental health Need(s) and Priority Population(s), and the proposed methods to measure each | <ul style="list-style-type: none"> The new subdivision is consistent with proposed outcomes framework; essential to local and statewide outcomes evaluation and MHSOAC’s responsibility for oversight and accountability. |

| Section Reference | MHSOAC Comments | Rationale for MHSOAC Comments |
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| 3945(b)(1) | <p style="text-align: center;">Clarification</p> <ul style="list-style-type: none"> Amend to read: “(1) A description of how the <u>PEI activities of each program support the defined outcomes for the identified</u> Priority Population(s) selected through the Community Program Planning process.” | <ul style="list-style-type: none"> Consistent with outcomes framework. |
| 3945(b)(2) | <p style="text-align: center;">Clarification</p> <ul style="list-style-type: none"> Amend to read: “(2) A description of how the <u>PEI activities of each program support the defined outcomes for the identified</u> Key Community Mental Health Need(s) selected through the Community Program Planning process.” | <ul style="list-style-type: none"> Consistent with outcomes framework. |
| 3945(b)(5) | <p style="text-align: center;">Clarification</p> <ul style="list-style-type: none"> Specify categories to report race and ethnicity | <ul style="list-style-type: none"> Statewide evaluation and reporting requires the capacity to accumulate data in consistent categories. |
| 3945(b)(12) | <p style="text-align: center;">Clarification</p> <ul style="list-style-type: none"> Amend to read: “(12) A statement, <u>with brief examples</u>, describing how the program is consistent with each of the General Standards in section 3320” | <ul style="list-style-type: none"> The recommendation is based upon lessons learned from past experience which indicates that it is critical to emphasize that a general statement that the program meets the General Standards is not sufficient. |
| 3945(c) | <p style="text-align: center;">Clarification</p> <ul style="list-style-type: none"> Add subdivision to read: “Counties that are proposing changes to existing PEI programs such as elimination or changes in program activities shall explain how outcome data supported these decisions.” | <ul style="list-style-type: none"> Consistent with focus on Continuous Quality Improvement and outcomes. Decisions about programs and services should be based on data, preferably outcomes This is consistent with current Annual Update Guidelines. |

