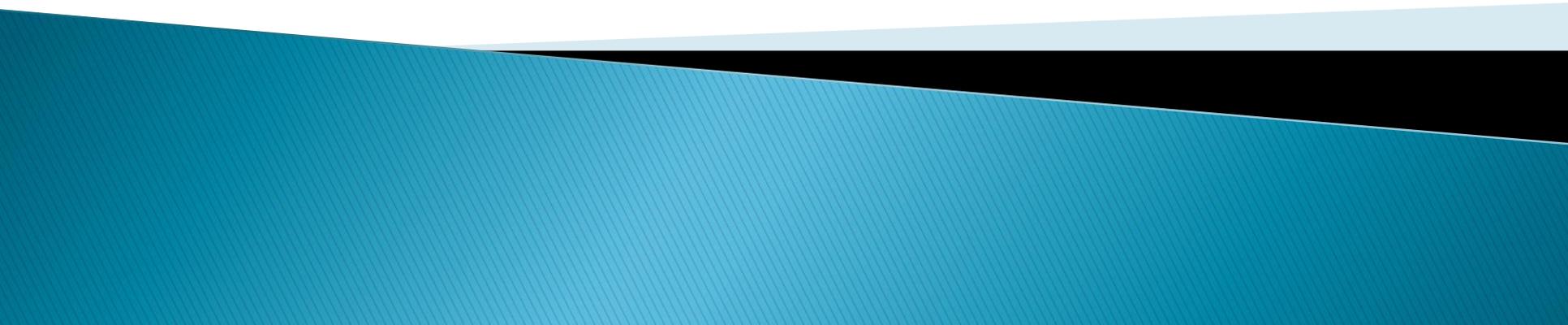


Proposed PEI Regulations

Responses to Public Comments to
Changes Made at the August, September,
and October 2014 meetings

MHSOAC

December 18, 2014



Order of Presentation

- ▶ Brief recap of changes made by MHSOAC at August, September, and October meetings
- ▶ Overview of next steps
- ▶ Structure of discussion
- ▶ Summary of staff's suggested changes to proposed PEI regulations
- ▶ Proposed motion on suggested changes
- ▶ Staff's suggested rejections of changes proposed by public comments to proposed PEI regulations
- ▶ Proposed motion on suggested rejections

Brief Recap

- ▶ Aug 28, 2014:
 - Comments on sections dealing with requirements of each PEI Program and Strategy
 - Voted to modify regulations
 - 15-day public comment period 9/9/14 – 9/26/14
- ▶ Sept 30, 2014:
 - Comments on sections dealing with definitions, Annual Revenue and Expenditure Report, the PEI Plan, Changed PEI Program, and 51% of funds for children/youth
 - Voted to modify regulations
 - 15-day public comment period 10/14/14 – 10/30/14

Brief Recap (cont.)

- ▶ Oct 23, 2014:
 - Comments on sections dealing with evaluation requirements and Program and Evaluation Reports
 - Voted to modify regulations
 - 15-day public comment period 10/30/14 – 11/17/14

- ▶ Dec 11, 2014:
 - Workgroup on Duration of Untreated Mental Illness Measurement
 - Workgroup
 - Recommendation later in presentation

Overview of Next Steps

- ▶ Dec 18, 2014
 - Respond to comments received during the three previous 15-day public comment periods
 - Consider changes to regulations in response to comments and the duration of untreated mental illness measurement based on the Workgroup recommendation

Overview of Next Steps (cont.)

- ▶ January 22, 2015 MHSOAC meeting
 - Respond to public comment if changes are made today
- ▶ End of January 2015 estimated time for submitting rulemaking file to the Office of Administrative Law (OAL)
 - OAL has 30 days to determine if Administrative Procedure Act is satisfied
- ▶ MHSOAC meetings to consider additional changes to regulations to deal with OAL concerns, if any
 - March 26, 2015
 - April 23, 2015

Structure of Discussion

- ▶ Consider staff's suggested changes to Specific Proposed Regulations
 - Commissioner questions on suggested changes
 - Commission motion regarding suggested changes
 - Public comment on the motion
 - Commissioner discussion on the motion and vote
- ▶ Consider staff's suggested rejections of public comments
 - Same process as above

Summary of Suggested Changes

20 Suggested Changes

- ▶ 11 substantive changes
- ▶ 9 non-substantive changes: clarification of existing language, correction of typos or grammatical errors

Suggested Changes

| Section (Annual Revenue and Expenditure Report) | Rationale |
|--|--|
| 3510.010(b) | <ul style="list-style-type: none">•Added requirement that County provide a copy of Annual Revenue and Expenditure Report to local Mental Health Board and post it on the County web site within 30 days of submission to the state to support local decision-making and oversight and accountability |

Suggested Changes

| Section (Annual Program and Evaluation Report) | Rationale |
|---|---|
| 3560.010(b)(3)(E) 3560.010(b)(4)(E) 3560.010(b)(3)(D) | <ul style="list-style-type: none">• Non-substantive clarification: replaced “engagement” with “participation”• Added requirement for the County to provide standard deviation as well as average interval between referral and participation at least once in treatment and average duration of untreated mental illness (for Access to Treatment) and interval between referral and participation in services including treatment (for Improving Timely Access to Services for Underserved Populations).<ul style="list-style-type: none">• The average is meaningless without the standard deviation |

Suggested Changes

| Section (Annual Program and Evaluation Report) | Rationale |
|--|---|
| 3560.010(b)(5) | <ul style="list-style-type: none">• Non-substantive clarification of “Declined to state” |
| 3560.010(b)(5)(E) | <ul style="list-style-type: none">• Changed sexual orientation reporting categories to Gay or Lesbian, Heterosexual or Straight, or Bisexual. These categories are recommended by the Williams Institute, UCLA School of Law, Sexual Minority Assessment Research Team, <i>Best Practices for Asking Questions about Sexual Orientation on Surveys</i> (November 2009)• Providing subcategories encourages standardized reporting across counties and will facilitate data aggregation statewide |

Suggested Changes

| Section (Annual Program and Evaluation Report) | Rationale |
|--|--|
| 3560.010(b)(5)(F) | <ul style="list-style-type: none">• Added categories for kinds of disabilities, to include Communication Domain, Mental Domain (excluding a disability resulting from a mental illness), Physical/Mobility Domain and Chronic Health Condition (including but not limited to chronic pain)• Categories are derived from a U.S. Census report, and are intended to balance inclusion of broad categories relevant to risk, manifestation, and recovery from mental illness and ease of reporting for counties• Providing subcategories encourages standardized reporting across counties and will facilitate data aggregation statewide |

Suggested Changes

| Section (Annual Program and Evaluation Report) | Rationale |
|--|---|
| 3560.010(b)(5)(H) | <ul style="list-style-type: none">• Added a two-part question for Gender to include Assigned Sex at Birth and Current Gender Identify.• Added additional categories related to current gender identify as recommended by the Williams Institute, UCLA School of Law, Gender Identify in U.S. Surveillance group, <i>Best Practices for Asking Questions to Identify Transgender and other Gender Minority Respondents on Population-based Surveys</i>• Providing subcategories encourages standardized reporting across counties and will facilitate data aggregation statewide |

Suggested Changes

| Section (Annual Program and Evaluation Report) | Rationale |
|--|--|
| 3560.010(b)(6) | <ul style="list-style-type: none">• Added examples of what may be included in the “any other data the County considers relevant” to include data for additional demographic groups that are particularly prevalent in the county, at elevated risk of or with high rates of mental illness, unserved or underserved, and/or the focus of one or more PEI services. |

Suggested Changes

| Sections (Definitions) | Rationale |
|---------------------------|---|
| 3703 | <ul style="list-style-type: none">• Changed definition of “mental illness”: removed references to developmental disorders for consistency with Section 5600.3; added definition of emotional disturbance for individuals under age 18 |
| 3704 | <ul style="list-style-type: none">• Changed definition of “serious mental illness”: incorporated language in 5600.3 that defines serious emotional disturbance for individuals under age 18 for consistency and applicability to children and adolescents |
| 3710(c)(1) | <ul style="list-style-type: none">• Changed definition of “serious mental illness or emotional disturbance with psychotic features” to include also “disorders with psychotic features” |

Suggested Changes

| Section | Rationale |
|--------------------------|---|
| 3735(a)(3)(B) | •Non-substantive conforming change: replaced “sexual preference” with “sexual orientation” |
| 3755(c)(2) 3755(d)(2) | •Non-substantive clarification that demographics, if relevant to the intended target population for a specific Prevention or Early Intervention Program, are not divided into some that always apply and some that might apply. Purpose is to support County flexibility to define target population for each program including any applicable demographics |
| 3755 | •Non-substantive clarification that ensuring the fidelity of the practice is according to the practice model and program design |

Duration of Untreated Mental Illness: Workgroup Recommendation

3750(f) For each strategy or program to provide Access and Linkage to Treatment the County shall track: ...

(3) Duration of untreated mental illness

(A) Duration of untreated mental illness shall be measured by the time between the self-reported and/or parent- or family-reported onset of symptoms of mental illness and first reported treatment.

(B) The County may use a methodologically sound sampling method to satisfy this requirement.

Duration of Untreated Mental Illness: Staff Suggested Changes

3750(f) For each strategy or program to provide Access and Linkage to Treatment the County shall track: ...

(3) Duration of untreated mental illness

(A) Duration of untreated mental illness shall be measured for persons who are referred to treatment and who have not previously received treatment as follows:

(i) The time between the self-reported and/or parent- or family-reported onset of symptoms of mental illness and entry into treatment, defined as participating at least once in the treatment to which the person was referred.

(B) The County may use a methodologically sound random sampling method to satisfy this requirement. The sample must be statistically generalizable to the larger population and representative of all relevant demographic groups included in the larger population.

Suggested Changes

| Section | Rationale |
|---|--|
| 3750(f)(2)(A) 3750(f)(4)(A) 3750(g)(2)(A) | <ul style="list-style-type: none">•Clarification that for instances in which methodologically sound sampling is permitted to meet evaluation requirements, a methodologically sound sample is defined as statistically generalizable to the larger population and representative of all relevant demographic groups included in the larger population.•Necessary to ensure that the sample is generalizable to the population and supports a meaningful comparison of possible differences among demographic groups |

Suggested Changes

| Section | Rationale |
|--|--|
| <p>3750(f)(3) Staff-suggested changes to Work group recommendations regarding measuring duration of untreated mental illness</p> | <ul style="list-style-type: none">•Added, “persons who are referred to treatment” Need to differentiate interval between onset and treatment that occurred before PEI contact from interval between onset and treatment that resulted from PEI referral and linkage• Added, “persons who have not previously received treatment” Need to differentiate interval between onset and entry into PEI-referred treatment for individuals who have not previously received treatment (duration of untreated mental illness) from those who received treatment previously (duration of re-treated mental illness)•Methodologically sound sampling: see slide 19 |

Proposed Motion

The Commission adopts Staff's suggested changes to Proposed Prevention and Early Intervention Regulations.

Staff's Suggested Rejections of Changes Proposed by Public Comments to PEI Regulations

- ▶ Matrix of Public Comments with Staff's Suggested Responses
 - Matrix sent to Commissioners and posted on the MHSOAC website contains the public comments verbatim
- ▶ Commissioner questions?

Proposed Motion

The Commission adopts Staff's rejections of public comments to Proposed Prevention and Early Intervention Regulations as set forth in the, "Matrix of Public Comments with Staff's Suggested Responses"