

Matrix of Public Comments with Staff's Recommended Responses
Innovative Project Proposed Regulations
15-Day Public Comment Period
Presented at the December 18, 2014 MHSOAC Meeting

Section #	Comment Author	Comment Summary	Response	Action	Rationale
3580.010(a)(4)(E) & (H)	Commenter #10	<p><u>Comment 10.01</u> We are very pleased to see that the proposed changes add data collection about sexual orientation and gender identity to the regulations, but the specific categories proposed for those items are insufficient. Members of LGBTQ communities have reported fear and trepidation when seeking mental health services. Collecting sexual orientation and gender identity demographic data in a culturally sensitive manner is a first step in creating an inclusive and safe environment for clients/consumers who identify somewhere along the LGBTQ spectrum.</p> <p>In addition, the Institute of Medicine recommends increased data collection about sexual orientation and gender identity both because there is so little data collected, and because the existing data show health disparities specific to different identities. For example, bisexual women are twice as likely to have an eating disorder as lesbians, and transgender women experience higher rates of violence than</p>	Accept in part	<p>Change existing language as indicated:</p> <p>3580.010(a)(4) (E) Sexual orientation, (i) Gay or Lesbian or Bisexual (ii) <u>Heterosexual or Straight</u> (iii) Other Bisexual (iv) Declined to state-Number of respondents who declined to answer the question</p> <p>3580.010(a)(3) (H) Gender Identity (i) <u>Assigned sex at birth</u> (a) Male (b) Female (c) <u>Number of respondents who declined to answer the question</u> (ii) <u>Current gender identity</u> (a) Male (b) Female (c) <u>Do not identify as female, male, or transgender</u> (d) <u>Number of respondents who declined to answer the question</u> (iii) Transgender (iv) Other</p>	<p><u>Recommended changes:</u> The specific changes suggested are consistent with recommended best practices in the field and are intended to balance priorities that include gathering crucial information, avoiding unnecessary administrative burdens for counties, and broadening reporting categories to reflect a wider range of ways people identify themselves both with regard to gender identity and to sexual orientation. Minority gender identity and sexual orientation can both be the basis for trauma and oppression with potentially significant mental health dimensions.</p> <p><u>Sexual orientation:</u> With regard to asking questions about sexual orientation, staff recommends the approach suggested by the Williams Institute, UCLA School of Law, Sexual Minority Assessment Research Team in (November 2009) <i>Best Practices for Asking Questions about Sexual Orientation on Surveys</i>, which includes some but not all of the language recommended by the comment. This approach differentiates three major dimensions of sexual orientation that could be the basis for gathering information: sexual attraction, sexual behavior, and self-identification. Since self-identification is most relevant for PEI reporting, staff recommends utilizing the three categories within this dimension that the Williams Institute suggests.</p> <p><u>Gender identity:</u> With regard to gender identity, staff recommends the approach of the Williams Institute, UCLA School of Law, Gender Identify in U.S. Surveillance group (September 2014), <i>Best Practices for Asking Questions to Identify</i></p>

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		<p>transgender men. It is imperative that data be collected in a way that furthers understanding of mental health needs and disparities, and knowledge of interventions that are successful with different populations.</p> <p>We propose adding additional categories to the sexual orientation and gender identity items, and adding a question that asks for sex assigned at birth. Increasing the number of response categories enables respondents to better see themselves in the answer options and allows for a finer understanding of disparities between different categories, while still facilitating data aggregation and large-group analysis.</p> <p>Capturing gender identity accurately requires asking two questions, one question about the person's gender identity and a second question about the person's assigned sex at birth. Many people who were assigned a sex at birth and have transitioned to another gender later in life do not think of themselves as transgender. If asked to choose between male, female, or transgender, they would choose their current gender identity (male or female) rather than transgender. Researchers report up to 50%</p>		(v) Declined to state	<p><i>Transgender and other Gender Minority Respondents on Population-based Surveys</i>, which includes some but not all of the language recommended by the comment. Consistent with the comment's request, the Williams Institute recommends a two-step approach to asking about gender identity.</p>

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		<p>more transgender people identified by the two-question method we propose here than by a one question method.</p> <p>These recommendations are based on a variety of clinical studies, as well as the experience gained when conducting research for the California LGBTQ Reducing Disparities Project.</p> <p><u>Proposed Questions</u></p> <p><i>For sexual orientation:</i> Do you consider yourself to be:</p> <ul style="list-style-type: none"> • Straight or heterosexual • Gay or lesbian • Bisexual/pansexual/sexually fluid • Queer • Another sexual orientation (Fill in the Blank) • I'm not sure <p><i>For gender identity:</i> What is your current gender identity? (Check one that best describes your current gender identity.)</p> <ul style="list-style-type: none"> • Male • Female • Trans male/transman • Trans female/transwoman • Genderqueer • Another gender identity (Fill in the Blank) • I'm not sure 			

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		What sex were you assigned at birth, on your original birth certificate? <ul style="list-style-type: none"> • Male • Female 			
3580.010(a)(4)(F)	Commenter #9	<p>Comment 9.01 The currently proposed language for section 35810.010(a)(3)(F) reads:</p> <p>(F) Disability, if any, that is not the result of severe mental illness (a) Yes (specify the disability) (b) No (c) Declined to state</p> <p>Comment: This manner of collecting data on other types of disability is problematic. The variety of answers is infinite and the resulting data will not be usable for analysis. Therefore the requirement to specify the disability would appear to place an undue burden on the counties to collect data that has low, if any, utility.</p> <p>Instead, I suggest having a short list of areas of disability that hold utility for the analysis of the data set as a whole. Directions would be to choose all the categories that applied. Recommended wording:</p>	Accept	Change existing language as indicated: <u>3580.010 (a)(4):</u> (F) A Disability, if any, <u>defined as a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity</u> , which is not the result of a severe mental illness <ul style="list-style-type: none"> (i) Yes, <u>specify the report the number that apply in each domain of disability(ies)</u> <ul style="list-style-type: none"> a. <u>Communication domain (including but not limited to difficulty seeing, hearing, or having speech understood)</u> b. <u>Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability, dementia)</u> c. <u>Physical/mobility domain</u> d. <u>Chronic health condition (including but not limited to chronic pain)</u> e. <u>Other (specify)</u> 	<p><u>Recommended changes:</u> As the comment points out, there are advantages to limiting the responses to pre-defined categories of disabilities to facilitate statewide roll-up of data. There is no standardized way of defining a disability, which is widely regarded as essentially a social construct, nor a standardized approach to categorizing kinds of disabilities. There is also no current standard way that counties report disabilities of clients served.</p> <p>The specific recommended categories of disabilities not the result of a mental illness are derived from a variety of sources. The suggested reporting categories are intended to balance useful information for Innovation purposes regarding disabilities that often co-occur with a mental illness with minimizing the administrative burden on counties. The recommended categories expand slightly on the categories used by the U.S. Census Bureau (Brault, 2012), which divides disabilities into three domains: communicative, physical, and mental. The suggested language adds chronic health conditions, which includes chronic pain, because of the significant mental health dimension. The suggested added qualifier that the condition has lasted at least six months is intended to differentiate transient conditions from more long-standing disabilities.</p>

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		<p>(F) Disability, if any, that is not the result of severe mental illness</p> <p>(a) Yes (specify the disability)</p> <p><u>Pain-related disability</u></p> <p><u>(b) Mobility-related disability</u></p> <p><u>(c) Deaf/HoH</u></p> <p><u>(d) Other</u></p> <p>(e) No</p> <p>(f) Declined to state</p> <p>The rationale for these categories is as follows:</p> <p>Pain-related disability means the possibility of dual diagnosis needs to be excluded. Once dual diagnosis has been ruled out, the impact of pain-related disability on the development and maintenance of mental illness has clear treatment implications. For example, it may indicate the need to refer these consumers to a psychiatrist who specializes in treatment of patients with both mental illness and pain.</p> <p>Mobility-related disability may indicate a need for transportation services or special access to treatment centers. Missing appointments due to lack of transportation clearly impacts treatment outcomes.</p> <p>Deaf/HoH as a disability category may be somewhat controversial since some in the Deaf community</p>		<p>(ii) No</p> <p>(iii) <u>Declined to state Number of respondents who declined to answer the question</u></p>	

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		<p>do not consider themselves disabled. But among older adults, one of the target populations, hearing loss is a very important source of additional disability, may be a contributing factor to the onset and maintenance of mental illness (see reference) and forms a huge barrier to treatment.</p> <p>From a clinical and program perspective these categories are useful since they can inform care and the distribution of resources such as transportation.</p>			
3580.010(a)(4)	Commenter #9	<p>Comment 9.03 Annual Innovative Project Report</p> <p>3580.010 a. (4)</p> <p>I suggest you also collect data <u>on marital status and housing status</u>. We know that marital status can have protective effects on mental health. And it is self-evident that housing status can have a dramatic effect on consumer mental health status. Housing status could also serve as a marker for recovery among the homeless mentally ill.</p> <p>The housing status categories I have listed are HUD housing categories already being collected by Counties for other populations.</p> <p><u>J. Marital Status:</u></p>	Reject	Retain existing language with no change	While it is true that both housing status and marital status can have protective effects on mental health, this is also the case for a wide range of other protective factors. There is no sufficient purpose to require all counties to report these data for all programs. These and other protective factors might be relevant indicators or areas of focus for specific Innovation programs, but certainly are not relevant to all of them.

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		<p>(i) <u>Married/Domestic Partner</u> (ii) <u>Separated</u> (iii) <u>Divorced/Ended Domestic Partnership</u> (iv) <u>Single</u> (v) <u>Declined to state</u> <u>K. Housing Status:</u> (i) <u>Stably housed</u> (ii) <u>At Risk of Homelessness</u></p> <p>(iii) <u>In Imminent Danger of Homelessness</u> (iv) <u>Homeless</u> (v) <u>Other</u> (vi) <u>Declined to state</u></p>			
3915(b)	Commenter #9	<p>Comment 9.02 Currently the regulations in Section 3915(b) of the Innovative Project Evaluation read:</p> <p>(b) The evaluation shall measure the intended mental health outcomes selected by the County that are relevant to the risk or onset of mental illness or to the improvement of the mental health system.</p> <p>(1) The County shall select the appropriate indicators to measure the intended mental health outcomes.</p> <p>This section is confusing as written and the word onset needs to be replaced by a broader term.</p> <p>Suggested replacement language:</p>	Accept in part	Retain existing language with no change	The change to subdivision (b) to add “manifestation” suggested by the comment was already made and was the subject of the 15-day notice dated October 30, 2014.

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		<p>(b) The evaluation shall measure the intended <u>selected</u> mental health outcomes selected by the County that are relevant to the risk or onset <u>manifestation</u> of mental illness or to the improvement of the mental health system.</p> <p>(1) The County shall select the appropriate indicators to measure the intended mental health outcomes <u>and associated</u> indicators to be measured.</p>			