



**CMMC**

California MHS/MHSA Multicultural Coalition

December 17, 2014

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Commissioner Richard Van Horn  
Mental Health Services Oversight and Accountability Commission  
1325 J Street, 17<sup>th</sup> Floor  
Sacramento, CA 95814

Dear Chairman Van Horn and Commissioners,

First, we would like to commend the MHSOAC staff for the tremendous work they have done regarding the development of the draft PEI regulations. We know that developing these regulations requires addressing many interests and concerns simultaneously, which is not easy.

After we reviewed the new language that will be presented at the Commission meeting on Thursday, December 18<sup>th</sup>, members of the California MHS/MHSA Multicultural Coalition had a long discussion regarding **two remaining issues** in the regulations:

1. The “duration of untreated mental illness”
2. The disaggregation of demographic data

Regarding the first issue, we are very grateful that the Commission put together a work group to discuss and if possible, come to consensus on language. It is our understanding that the work group did reach a consensus and that the new language will be available by Thursday’s Commission meeting. It is our hope to endorse that language but we wish to see it first.

Regarding the second issue, as we explained at the last MHSOAC meeting, we represent the underserved African-American, Asian-Pacific Islander, Latino, Native American, and other racial and ethnic communities of California, as well as other underrepresented communities such as LGBTQ, Deaf and Hard of Hearing community and religious communities such as Buddhist, Middle Eastern Christian, and Muslim. Considering this is well over half of the population of our state, we felt compelled to request changes in the version of the language that will be proposed on Thursday. Although the language proposed by your staff is superior to what is currently collected by the counties, the MHSOAC has the opportunity to improve the language to be more accurate and inclusive.

These changes are noted in the document attached. They involve not only racial and ethnic communities but the LGBTQ communities as well. There are strong and compelling reasons for each of the changes proposed and our members and other allies will be at the MHSOAC meeting to present them.

**If for any reason our changes are not accepted, we ask that the Commission develop a short-term task force that can discuss and if possible, come to consensus on the language.** We understand how time sensitive this would be but believe that this issue is no less important than the “duration of untreated mental illness” issue.

Thank you again for your efforts to develop the PEI regulations.

Sincerely,



Jim Gilmer  
Co-Chair



Russell Vergara  
Co-Chair

cc: Sherri Gauger – Interim Executive Director, MHSOAC

Attachment

Proposed Changes to Prevention and Early Intervention Regulations  
Presented at the December 18, 2014 MHSOAC Meeting

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The Mental Health Services Oversight and Accountability Commission (MHSOAC) at the August 28, September 30, and October 23, 2014 Commission meetings voted to modify the proposed language of the sections listed below that were the subject of the notice published on June 6, 2014 for a 45-day public comment period. Each set of modified regulation language was published and made available for a 15-day public comment period. At the December 18, 2014 meeting the MHSOAC will consider whether to make changes to the language, as modified at the August, September, and October meetings. The proposed changes to be discussed at the December 18, 2014 MHSOAC meeting are set forth below and are shown in underline (new language) and ~~strikeout~~ (deleted language).

**Article 5. Reporting Requirements**

**Adopt Section 3510.010 as follows:**

**Section 3510.010. Prevention and Early Intervention Annual Revenue and Expenditure Report.**

- (a) As part of the Mental Health Services Act Annual Revenue and Expenditure Report the County shall report the following:
  - (1) The total funding source dollar amounts expended during the reporting period, which is the previous fiscal year, on each program funded with Prevention and Early Intervention funds by the following funding sources:
    - (A) Prevention and Early Intervention funds
      - (i) The County shall identify each program funded with Prevention and Early Intervention funds as a Prevention Program, Early Intervention Program, Outreach for Increasing Recognition of Early Signs of Mental Illness Program, Stigma and Discrimination Reduction Program, Suicide Prevention Program, Access to Treatment Program, or Program to Improve Timely Access to Services for Underserved Populations. If a program includes more than one element, the County shall estimate the percentage of funds dedicated to each element.
    - (B) Medi-Cal Federal Financial Participation
    - (C) 1991 Realignment
    - (D) Behavioral Health Subaccount
    - (E) Any other funding
  - (2) The amount of funding expended for Prevention and Early Intervention Component Administration by the following funding sources:
    - (A) Prevention and Early Intervention funds
    - (B) Medi-Cal Federal Financial Participation
    - (C) 1991 Realignment
    - (D) Behavioral Health Subaccount
    - (E) Any other funding

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- (3) The amount of funding expended for evaluation of the Prevention and Early Intervention Component by the following funding sources:
    - (A) Prevention and Early Intervention funds
    - (B) Medi-Cal Federal Financial Participation
    - (C) 1991 Realignment
    - (D) Behavioral Health Subaccount
    - (E) Any other funds
  - (4) The amount of Prevention and Early Intervention funds voluntarily assigned by the County to California Mental Health Services Authority or any other organization in which counties are acting jointly.
- (b) The County shall within 30 days of submitting to the state the Mental Health Services Act Annual Revenue and Expenditure Report:
- (1) Post a copy on the County's website; and
  - (2) Provide a copy to the County's Mental Health Board

NOTE: Authority cited: Section 5846, Welfare and Institutions Code. Reference: Sections 5840, 5845, 5847, and 5899, Welfare and Institutions Code; Sections 2 and 3 of the Mental Health Services Act.

**Adopt Section 3560.010 as follows:**

**Section 3560.010. Annual Prevention and Early Intervention Program and Evaluation Report.**

- (a) The requirements set forth in this section shall apply to the Annual Prevention and Early Intervention Program and Evaluation Report.
  - (1) The Annual Prevention and Early Intervention Program and Evaluation Report is due to the Mental Health Services Oversight and Accountability Commission on or before December 30, as part of the Annual Update or Three-Year Program and Expenditure Plan for the fiscal year immediately following the effective date of this section and no later than December 30<sup>th</sup> every year thereafter except for years in which the Three-Year Program and Evaluation Report is due.
  - (2) The Annual Prevention and Early Intervention Program and Evaluation Report shall report on the required data for the fiscal year prior to the due date.
- (b) The County shall report the following information annually as part of the Annual Update or Three-Year Program and Expenditure Plan. The report shall include the following information for the reporting period:
  - (1) For each Prevention program and each Early Intervention program list:
    - (A) The program name.
    - (B) Unduplicated numbers of individuals served in the preceding fiscal year
      - (i) If a program served both individuals at risk of a mental illness (Prevention) and individuals with early onset of a mental illness (Early Intervention), the County shall report numbers served separately for each category.

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- (ii) If a program served families the County shall report the number of individual family members served.
- (2) For each Outreach for Increasing Recognition of Early Signs of Mental Illness Program or Strategy within a program, the County shall report:
  - (A) The program name
  - (B) The number of potential responders
  - (C) The setting(s) in which the potential responders were engaged
    - (i) Settings providing opportunities to identify early signs of mental illness include, but are not limited to, family resource centers, senior centers, schools, cultural organizations, churches, faith-based organizations, primary health care, recreation centers, libraries, public transit facilities, support groups, law enforcement departments, residences, shelters, and clinics.
  - (D) The type(s) of potential responders engaged in each setting (e.g. nurses, principles, parents)
- (3) For each Access and Linkage to Treatment Strategy or Program the County shall ~~provide~~ report:
  - (A) The program name
  - (B) Number of individuals with serious mental illness referred to treatment, and the kind of treatment to which the individual was referred.
  - (C) Number of individuals who followed through on the referral and engaged in treatment, defined as the number of individuals who participated at least once in the program to which they were referred.
  - (D) Duration of untreated mental illness as defined in Section 3750, subdivision (f)(3)(A).
  - (E) Average interval between the referral and participation engagement in treatment, defined as participating at least once in the treatment to which referred, and standard deviation.
- (4) For each Improve Timely Access to Services for Underserved Populations Strategy or Program the County shall report:
  - (A) The program name
  - (B) Identify the specific underserved populations for whom the County intended to increase timely access to services.
  - (C) Number of referrals of members of underserved populations to a Prevention program, an Early Intervention program and/or to treatment beyond early onset.
  - (D) Number of individuals who followed through on the referral, defined as the number of individuals who participated at least once in the program to which they were referred.
  - (E) Average interval between referral and participation engagement in services to which referred, defined as participating at least once in the service to which referred, and standard deviation.
  - (F) Description of ways the County encouraged access to services and follow-through on referrals

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(5) For the information reported under subdivisions (1) through (4) of this section, disaggregate numbers served, number of potential responders engaged, and number of referrals for treatment and other services by:

(A) The following age groups:

- (i) 0-15 (children/youth);
- (ii) 16-25 (transition age youth);
- (iii) 26-59 (adult);
- (iv) ages 60+ (older adults).
- (v) ~~Declined to state~~ Number of respondents who declined to answer the question

(B) Race by the following categories:

- (i) American Indian or Alaska Native
- (ii) Asian
- (iii) Black or African American
- (iv) Native Hawaiian or other Pacific Islander
- (v) White
- (vi) Other
- (vii) More than one race
- (viii) ~~Declined to state~~ Number of respondents who declined to answer the question

(C) Ethnicity by the following categories:

- (i) Hispanic or Latino as follows
  - (a) Caribbean
  - (b) Central American
  - (c) Mexican/Mexican-American/Chicano
  - (d) Puerto Rican
  - (e) South American
  - (f) Other
  - (g) ~~Declined to state~~ Number of respondents who declined to answer the question
- (ii) Non-Hispanic or Non-Latino as follows
  - (a) African North (Print origins, for example, Arab, Berber, Egyptian, Algerian, Moroccan, Somali.)
  - (b) African/ Sub-Saharan (Print origins, for example, Nigerian, Central African Republic.)
  - (c) Afghani
  - (d) Asian Indian/South Asian (Print origins, for example, Pakistani, Indian, Pakistani Punjabi, Indian Punjabi, Bangla Deshi.)
  - (e) Asian: Southwest/West/Central (Print origins, for example, Afghan, Uzbek, Kazakh.)
  - (f) Cambodian
  - (g) Chinese
  - (h) Eastern European (Print origins, for example, Bosnian, Croatian, Russian, Ukrainian.)
  - (i) European (Print origins, for example Irish, Italian, Swedish)
  - (j) Filipino
  - (k) Hmong

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- (l) Iranian
  - (m) Japanese
  - (n) Korean
  - (o) Middle Eastern (Print origins, for example, Arab, Armenian, Assyrian/Chaldean/Syriac, Iraqi, Iranian, Turkish.)
  - (p) Mien
  - (q) Myanmar (Burmese)
  - (r) Vietnamese
  - (s) Thai
  - (t) Other
  - (u) ~~Declined to state~~ Number of respondents who declined to answer the question
- (iii) More than one ethnicity
- (iv) ~~Declined to state~~ Number of respondents who declined to answer the question

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- (D) Primary language used listed by threshold languages for the individual county
- (E) Sexual orientation – Does person consider self to be:
- (i) ~~Gay or Lesbian or Bisexual~~
  - (ii) ~~Heterosexual or Straight~~
  - (iii) Bisexual /pansexual/sexually fluid
  - (iv) Queer
  - (v) ~~Other~~
  - (vi) Another sexual orientation (Fill in blank)
  - (vii) Questioning or unsure of sexual orientation
  - (viii) ~~Declined to state~~ Number of respondents who declined to answer the question
- (F) Disability, ~~if any,~~ defined as a physical or mental impairment or medical condition lasting at least six months that substantially limits a major life activity, which is not the result of a severe mental illness
- (i) ~~Yes, specify the~~ report the number that apply in each domain of disability(ies):
    - (a) Communication domain (including but not limited to difficulty seeing, hearing, or having speech understood)
    - (b) Mental domain not including a mental illness (including but not limited to a learning disability, developmental disability, dementia)
    - (c) Physical/mobility domain
    - (d) Chronic health condition (including but not limited to chronic pain)
    - (e) Other (specify)
  - (ii) ~~No~~
  - (iii) ~~Declined to state~~ Number of respondents who declined to answer the question
- (G) Veteran status,
- (i) ~~Yes~~
  - (ii) ~~No~~
  - (iii) ~~Declined to state~~ Number of respondents who declined to answer the question
- (H) Gender identity,
- (i) Assigned sex at birth:
    - (a) ~~Male~~
    - (b) ~~Female~~
    - (c) Number of respondents who declined to answer the question
  - (ii) Current gender identity:
    - (a) ~~Male~~
    - (b) ~~Female~~
    - (c) Transgender Trans male/transman
    - (d) Trans female/transwoman
    - (e) Do not identify as female, male, or transgender Genderqueer
    - (f) Another gender identity (Fill in blank)
    - (g) Questioning or unsure of sexual orientation

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(h) Number of respondents who declined to answer the question

~~(iii) Transgender~~

~~(iv) Other~~

~~(v) Declined to state~~

(6) Any other data the County considers relevant, for example, data for additional demographic groups that are particularly prevalent in the County, at elevated risk of or with high rates of

