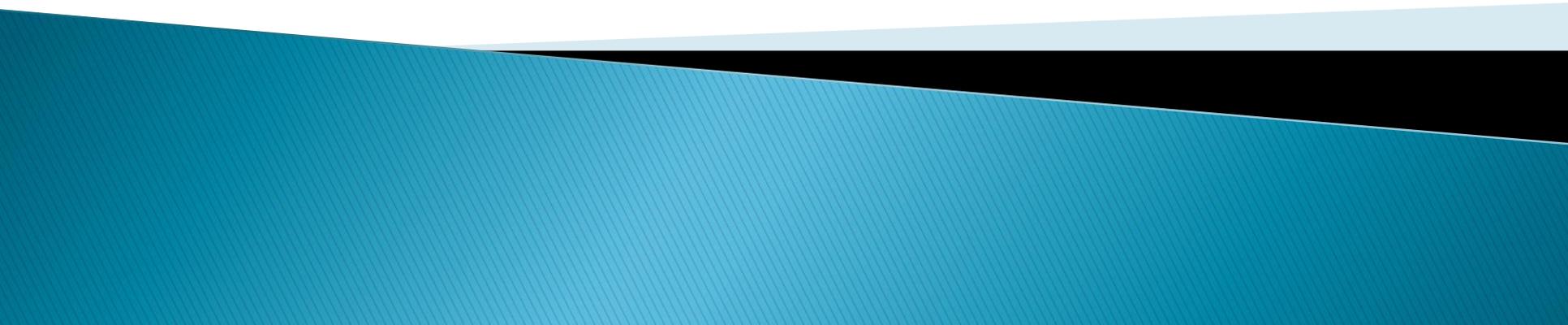


Proposed PEI Regulations Response to Public Comments

(Sections 3560, 3560.010,
3560.020, and 3750)

MHSOAC

October 23, 2014



Order of Presentation

- ▶ Brief recap of sections covered at the Aug 28th and Sept 30th MHSOAC meetings
- ▶ Overview of next steps
- ▶ Structure of discussion
- ▶ Summary of staff's suggested changes to specific proposed PEI regulations sections
- ▶ Proposed motion on suggested changes
- ▶ Staff's suggested rejections of changes proposed by public comments to specific proposed PEI regulations sections
- ▶ Proposed motion on suggested rejections

Brief Recap

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

Overview of Next Steps

- ▶ Oct 23, 2014: Sections not addressed at Aug 28th or Sept 30th meetings
 - Evaluation requirements
 - Annual Program and Evaluation Report
 - Three-Year Program and Evaluation Report
- ▶ Dec 18, 2014
 - Comments received during 15-day public comment periods on the changes made at the August, September, and October MHSOAC meetings

Overview of Next Steps(Cont.)

- ▶ February 2015 estimated time for submitting rulemaking file to Office of Administrative Law
 - Office of Administrative Law has 30 days to determine if Administrative Procedure Act satisfied
- ▶ Choices for effective date of the regulations:
 - April 1, 2015
 - July 1, 2015
 - Nov 1, 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

32 Suggested Changes

- ▶ 13 substantive changes
- ▶ 19 non-substantive changes: clarify language, add additional examples, and cross-references

Suggested Substantive Changes

Section	Rationale
3560.010(b)(1)(A); 3560.010(b)(2)(A); 3560.010(b)(3)(A); 3560.010(b)(4)(A); 3560.020(b)(1) (Pages 1, 2, and 5)	<ul style="list-style-type: none">• Require name of program. Since the County will report on each program, specifying each program by name is essential.
3560.010(b)(3) (Page 2)	<ul style="list-style-type: none">• Add reporting requirement for stand-alone Access and Linkage to Treatment Programs, in addition to current reporting requirement for this strategy within programs. This is necessary to ensure program and evaluation data for this essential MHSA goal regardless if it is a strategy or a stand-alone program.

Suggested Substantive Changes

Section	Rationale
<p>3560.010(b)(3)(E); 3560.010(b)(4)(G); 3750(g)(4); and 3750(h)(4) (Pages 2, 3, 7, and 8)</p>	<ul style="list-style-type: none">• Delete requirement to report how long individuals received services in the program to which referred for Improving Timely Access and Linkage to Treatment. Differences in program requirements and characteristics make this measure not useful or meaningful.
<p>3560.010(b)(3)(E); 3750(g)(5) (Pages 2, and 7)</p>	<ul style="list-style-type: none">• Replace deleted requirement with new requirement to report interval between referral and participation at least once in treatment to which referred. This critical measure of the timeliness of access to treatment was left out inadvertently. Necessary for consistency with 3560.010(b)(4)(F).

Suggested Substantive Changes

Section	Rationale
3560.010(b)(4)(C) (Page 2)	<ul style="list-style-type: none">•Delete requirement to report the kind of care that resulted from outreach as a measure of Timely Access to Services for Underserved Populations. “Kind of care” is too broad and vague to provide meaningful, useful data that can be categorized or rolled up for statewide reporting purposes.

Suggested Substantive Changes

Section	Rationale
3560.010(b)(4)(E) (Page 2)	<ul style="list-style-type: none">•Delete requirement to report interval between onset of risk indicators and initial symptoms of a mental illness and entry into services as measure of Improving Timely Access to Services for Underserved Populations. Onset of risk indicators is too vague and variable to measure; onset of initial symptoms of a mental illness is covered by Access to Treatment requirements.

Suggested Substantive Changes

Section	Rationale
3560.010(b)(4)(G) (Page 3)	<ul style="list-style-type: none">• Add description of ways the County encouraged access to services and follow-through on referrals. As pointed out by a public comment, first efforts to refer individuals from underserved populations to services are often unsuccessful. It is useful for quality improvement purposes for counties to report the efforts they used, in general, to encourage access to services for underserved populations, especially when initial efforts were not successful.

Suggested Substantive Changes

Section	Rationale
3560.010(b)(5) (Pages 3 – 4)	<ul style="list-style-type: none">• Require additional race and ethnicity demographic categories. The suggested demographic reporting categories are included in at least one Federal reporting requirement and has a population in California above 100,000 according to 2010 census data.• Include option to select more than one race. Necessary because in California, five percent of the population identifies as being of more than one race, approximately twice the rate as in the rest of the United States.• Include subcategories for sexual orientation. Providing subcategories encourages standardized reporting across counties and will facilitate data aggregation statewide.

Suggested Substantive Changes

Section	Rationale
3560.020(e) (Page 5)	<ul style="list-style-type: none">• County shall include the same information for the previous fiscal year in the Three Year Program and Evaluation Report that otherwise would have been included in the Annual Program and Evaluation Report. Important program data for the previous fiscal year will be lost without this added language.
3750(h) (Page 7)	<ul style="list-style-type: none">•Add evaluation requirement for stand-alone Improving Timely Access to Services for Underserved Populations, in addition to current reporting requirement for this strategy within programs. This is necessary to ensure program and evaluation data for this essential MHSA goal regardless if it is a strategy or a stand-alone program. Also for consistency with 3750(g).

Suggested Substantive Changes

Section	Rationale
3750(h)(3)(A); (h)(3)(B) (Page 7)	<ul style="list-style-type: none">• Delete requirements to report interval between onset of symptoms of a mental illness or onset of indicators of risk of a mental illness and entry into services as measurement of “timeliness” of care for Improving Timely Access to Services for Underserved Populations. Onset of risk indicators is too vague and variable to measure and the suggested measurement is a better way to measure this timeliness.
3750(h)(3)(A) (Page 7)	<ul style="list-style-type: none">• Replace deleted requirement with a requirement to measure interval between referral and participation at least once in service to which referred as measure for Timely Access to Services for Underserved Populations. This is a critical measure of timeliness of access and is necessary for consistency with 3560.010(b)(4)(F)

Suggested Substantive Changes

Section	Rationale
3750(k) (Page 8)	<ul style="list-style-type: none">• Give counties with population under 100,000 a one year delay for the evaluation requirements. These very small counties have fewer resources and infrastructure for evaluations. A one year delay will give time both for the counties to develop resources and for the state to develop appropriate supports.

Proposed Motion

The Commission adopts Staff's suggested changes to Proposed Prevention and Early Intervention Regulation Sections 3560, 3560.010, 3560.020, and 3750.

Staff's Suggested Rejections of Changes Proposed by Public Comments to PEI Regulations Sections 3560, 3560.010, 3560.020, and 3750.

- ▶ Matrix of Public Comments with Staff's Suggested Responses
 - 72-page 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 Sections 3560, 3560.010, 3560.020, and 3750 as set forth in the, "Matrix of Public Comments with Staff's Suggested Responses."