

**Matrix of Public Comments with Staff's Recommended Responses  
Proposed Prevention and Early Intervention (PEI) Regulations  
15-Day Public Comment Period Phase IV (12/18/14 – 1/6/15)  
Presented at the January 22, 2015 MHSOAC Meeting**

**15-Day Notice from December 18, 2014 – January 6, 2015 (Phase IV)**

Section #	Comment Author	Comment Summary	Response	Action	Rationale
3510.010, 3705, 3735, 3750	Commenters #4 and #5	<p><b>Comments 4.16, 5.07</b>  <b>1) Sections 3510.010, 3705, 3735, 3750</b></p> <p>We urge the MHSOAC to view PEI as a <i>component within a system of care</i> that includes outreach to increase recognition of early signs of mental illness--in addition to PEI improving timely access to services (that may be funded appropriately outside of PEI). Accordingly, we urge the MHSOAC to clearly state that the proposed reporting structure would apply only to the extent that a county chooses to fund certain PEI services as stand-alone programs or as strategies within non-stand-alone PEI programs.</p>	Reject	Retain existing language with no change	<p>Proposed PEI regulations specifically frame PEI as a component within a system of care that includes outreach to increase recognition of early signs of mental illness.</p> <p>The MHSA states explicitly that the PEI program “shall include” specific components, including “outreach to families, employers, primary care health care providers, and others to recognize the early signs of potentially severe and disabling mental illnesses.” Consistent with this MHSA mandate, proposed PEI regulations require the County to include outreach for this purpose either as a stand-alone program or as a strategy within another PEI program. Proposed PEI regulations state that “an Outreach for Increasing Recognition of Early Signs of Mental Illness program may be provided through other Mental Health Services Act components as long as it meets all of the requirements in this section” (§3715(f)). There is no other logical way to allow this funding flexibility and simultaneously to meet the MHSA requirement that the PEI program shall include outreach to recognize and respond to early signs and symptoms of potentially severe and disabling mental illness.</p> <p>The comment groups together two different reporting requirements: the fiscal reporting required under section 3510.010 and the program reporting required under sections 3560.010 and 3560.020. It is critical to understand this distinction. First, as to the fiscal reporting, the proposed PEI regulation section 3510.01 requires reporting of PEI funds expended</p>

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					<p>only on stand-alone programs. Thus, a county that does not expend PEI funds and instead expends other MHSA funds to provide a program or strategy to Outreach for Increasing Recognition of Early Signs of Mental Illness would report zero as the amount of PEI funds expended on the Outreach for Increasing Recognition of Early Signs of Mental Illness.</p> <p>The program reporting requirements set forth in proposed PEI sections 3560.010 and 3560.020 apply to all PEI programs and strategies, including an Outreach for Increasing Recognition of Early Signs of Mental Illness program that was funded through another MHSA component. The program reporting requirements which require the County to report the program name, the number of potential responders identified, the settings in which the potential responders were engaged, and the types of potential responders engaged in each setting (3560.010(b)(2)) is equally important for all PEI Outreach for Increasing Recognition of Early Signs of Mental Illness programs and strategies, regardless of funding source.</p> <p>If a County does not want to meet reporting or program requirements for an Outreach for Increasing Recognition of Early Signs of Mental Illness program that is funded through another MHSA component, the County has the option of providing such an effort either as a stand-alone program or as a strategy within a PEI program that is funded with PEI funds. All that is required is some activity to teach and learn from potential responders about the best ways to identify and respond to early signs of potentially serious mental illness. This is a requirement that is very easy to meet and that is of compelling importance.</p>

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3560.010 and 3755	Commenters #4 and #5	<p><b><u>Comments 4.17, 5.08</u></b>  <b>2) Sections 3560.010, 3755</b></p> <p>We recommend that the MHSOAC adopt the access and timeliness standards and indicators the Department of Health Care Services (DHCS) will be requiring of counties. Consistent indicators and methodology will avoid parallel and duplicative reporting and unnecessary costs.</p> <p>Client Services Information (CSI) demographic data elements and the proposed demographic information in the PEI regulations are <i>inconsistent</i>. Unless corrected, this inconsistency will require counties and providers to collect different sets of information for PEI (and Innovation) services from all other mental health services. Specifically, the MHSOAC proposes that counties collect client-level information on ethnicity, primary language, sexual orientation, disability, and gender that (in most cases) are different than DHCS' requirement as a part of the CSI data set. The MHSOAC's additional requirements are unfunded mandates by the state. Counties and providers would require significant and costly changes to electronic health records and data collection systems to comply.</p> <p>Additionally, we respectfully caution the MHSOAC that the proposed CSI data collection categories are outside the scope of MHSOAC responsibility in that they would change demographic data elements defined</p>	Reject	Retain existing language with no change	<p>As expressed in responses to previous comments, MHSOAC is working closely with DHCS to ensure that there are not duplicative or contradictory reporting requirements. The MHSOAC requires that "any regulations adopted by the department pursuant to Section 5898 shall be consistent with the commission's regulations" (WIC §5846(b)).</p> <p>Contrary to the assertion in the comment, the MHSOAC is not proposing changes to the CSI data collection categories. As required by the MHSOAC, the MHSOAC is including reporting requirements as a critical element of the proposed PEI regulations. (WIC §5846(a)). Since current reporting categories, including CSI, do not address critical elements of prevention and early intervention, it would be impossible for the MHSOAC to address reporting and outcome requirements in PEI regulations if it limited itself to existing data collection categories. It is possible that the solution to the additional data requirements for PEI is an alteration or expansion of the CSI data set but this is not an approach that the MHSOAC is addressing through proposed PEI regulations. In addition to its collaboration with DHCS, the MHSOAC is in the process of identifying ways to allow for ease of submission of the required data by the counties to the State, and is committed to making this happen in a timely manner.</p> <p>There is also no requirement in proposed PEI regulations to "require counties to conduct outreach, engagement, and linkage to services for clients outside the population defined by the PEI section of the Mental Health Services Act." All program requirements in proposed PEI Regulations are derived from and limited to explicit requirements in WIC §5840.</p>

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		by DHCS and require counties to conduct outreach, engagement, and linkage to services for clients outside the population defined by the PEI section of the Mental Health Services Act.			The Commission believes the requirements in the proposed regulations are not “unfunded mandates” because the counties receive MHSA funding for this purpose.
3560.010 and 3750	Commenter #3	<p><b>Comment 3.60</b>  <b>IV. MIPO COMMENTS ON PROPOSED MODIFICATIONS AND ADDITIONS TO SECTIONS 3560.010 AND 3750</b></p> <p>MHSOAC has proposed modifications and new language to its central data collection regulations, Sections 3560.010 and 3750. In MIPO's Comment No. 12, submitted on July 24, 2014, we pointed out that Section 3750 fails to follow a number of statutory requirements and generally requires meaningless data collection that will waste counties' time. In MIPO's Comment No.3, submitted on June 27, 2014, we pointed out that Section 3650.010 ignores the statutory mandate to establish programs that are "successful in reducing the duration of untreated severe mental illnesses", and also the need to obtain diagnostic information to ensure that programs are effective in preventing "mental illness" from becoming "severe mental illness." WIC § 5840(a), (b) and (c).</p> <p>The changes MHSOAC now proposes move the regulations even further from the statutory language and purposes. MHSOAC continues its failure to address one of the most basic problems found by the California State</p>	Reject	Retain existing language with no change	<ol style="list-style-type: none"> <li>1. <u>Statutory mandate to establish programs that are "successful in reducing the duration of untreated severe mental illnesses."</u> The comment that “Section 3650.010 ignores the statutory mandate to establish program that are successful in reducing the duration of untreated severe mental illness” does not address any changes that the MHSOAC made to proposed PEI regulations on 12/18/2014 and which were the subject of the 15-day Notice. Previous comments and responses have addressed the proposed PEI regulations’ requirement to include an effective approach to link individuals with severe mental illness to appropriate treatment, which, in part, is intended to reduce the duration of untreated mental illness. See response to comment 3.33 on page 9 of the Matrix of Public Comments presented at the September 30, 2014 MHSOAC meeting and to comment 8.24 on page 13 of the Matrix of Public Comments presented at the October 23, 2014 MHSOAC meeting.</li> <li>2. <u>Report diagnostic information:</u> The comment that “it is not possible to measure the success of programs designed to intervene early/prevent mental illness from becoming severe mental illness without tracking mental illness diagnoses” does not address changes that the MHSOAC made to proposed PEI regulations on 12/18/2014 and that were the subject of the 15-day Notice. Previous comments and responses have</li> </ol>

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		<p>Auditor in its critical report on MHSA implementation: "the significant gaps in the data [that] ... likely would limit the value of any evaluation [MHSOAC], or others, performed or may perform using those data."</p> <p>Section 3560.010 sets standards for the Annual Program and Evaluation Report. As currently proposed, it erroneously defines Prevention as targeting "individuals at risk of a mental illness" instead of individuals who already have a "mental illness" and are at risk of "severe mental illness," as required by the statute. Similarly, the regulation as amended now defines Early Intervention as targeting only "individuals with early onset of a mental illness," eliminating earlier language that at least defined Early Intervention as targeting individuals with "a potentially serious mental illness," as required by statute. See deleted language at proposed Section 3560.010(b)(1)(B). These proposed changes represent a further erosion of the statutory mandate.</p> <p>Newly-added language also exacerbates MHSOAC's earlier failure to require counties to track mental illness diagnoses. MHSOAC has proposed changes to the definition of "disability" in proposed Section 3560.010(b)(5)(F), ensuring that no one reports a mental illness diagnosis as a "disability." It is not possible to measure the success of programs designed to intervene early/prevent "mental illness" from becoming</p>			<p>addressed the rationale for not requiring counties to report diagnoses of individuals served by applicable PEI programs. See responses to comments 3.32 on page 5 of the Matrix of Public Comments presented at the September 30, 2014 MHSOAC meeting and 3.03 on page 1 of the Matrix of Public Comments presented at the October 23, 2014 MHSOAC meeting.</p> <p>3. <u>Definition of a Prevention Program</u>: The comment dealing with the deletions to 3560.010(b)(1)(B) regarding the definition of a Prevention Program does not address any changes that the MHSOAC made to proposed PEI regulations on 12/18/2014 and that were subject of the 15-day Notice. Previous comments and responses have addressed the rationale for defining a Prevention Program as "a set of related activities to reduce risk factors for developing a potentially serious mental illness and to build protective factors" (3720(b)). See responses to comments 3.55 on page 46 of the Matrix of Public Comments presented at the December 18, 2014 MHSOAC meeting, comment 60.02 on page 17 of the Matrix presented at the August 28, 2014 MHSOAC meeting, and comment 8.31 on page 28 of the Matrix presented at the October 23, 2014 MHSOAC meeting.</p> <p>4. <u>Definition of an Early Intervention Program</u>: The comment dealing with the deletions to 3560.010(b)(1)(B) regarding the definition of a an Early Intervention Program does not address changes that the MHSOAC made to proposed PEI regulations on 12/18/2014 and that were subject of the 15-day Notice. See responses to comment 3.55 on page 46 of the Matrix of Public Comments</p>

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		<p>"severe mental illness" without tracking mental illness diagnoses.</p> <p>The final problem in these sections is the elimination of all language requiring any kind of verification of mental illness, or tracking of patients who are referred for treatment, to determine the success of treatment. The proposed modifications delete the requirement of referring to available medical records (see Section 3750(f)), and eliminate important markers such as "the kind of care resulting from the outreach" and "how long the individual received services." See Section 3560.010(b)(3)(D). What remains is a tracking system that measures only whether an individual (who need not be mentally ill) shows up once to a referred service. But tracking whether a person shows up once for a referred service is not a sufficient measure of the effectiveness of programs actually required by the statute, <i>i.e.</i>, programs "effective in preventing mental illnesses from becoming severe" and "successful in reducing the duration of untreated severe mental illness." WIC § 5840(c).</p> <p>MHSOAC's renewed attempt to define "duration of untreated mental illness" again misquotes the statute by eliminating the word "severe," which further undermines the regulation's fidelity to the law. The only time the PEI statutory provisions use the phrase "untreated mental illness" is not in connection with "duration," but instead, in relation to the seven statutory markers that "the program</p>			<p>presented at the December 18, 2014 MHSOAC meeting.</p> <p>5. <u>Reporting type of disability:</u> The comment that the MHSOAC has proposed changes "ensuring that no one reports a mental illness diagnosis as a disability" does not address changes that the MHSOAC made to proposed PEI regulations on 12/18/2014 and that were subject of the 15-day Notice. The purpose of 3560.010(b)(5)(F) is to report the number of individuals served by PEI programs who have a disability other than a disability related to serious mental illness. The language "which is not the result of a severe mental illness" was not modified and was not the subject of the 15-day Notice. The MHSOAC added that language at the recommendation of Commenter #3. (See response to comment 3.04 on page 4 of the Matrix of Public Comments presented at the October 23, 2014 MHSOAC meeting.)</p> <p>The sole change that the MHSOAC made to the reporting requirements in 3560.010(b)(5)(F) was to provide specific categories of disabilities rather than to leave the categories open-ended. The purpose is to provide more uniform data categories that can be rolled up for state-level reporting. There is no change to the definition of disability. See response to comment 88.05 on page 110 of the Matrix of Public Comments presented at the December 18, 2014 MHSOAC meeting.</p> <p>6. <u>Verification of mental illness:</u> The comment that section 3750(f) was modified to delete the requirement of referring to available medical records does not address changes that the</p>

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		<p><i>shall</i> emphasize ... to reduce ... negative outcomes that may result from untreated mental illness." WIC § 5840(d). As explained in MIPO's Comment No. 12, submitted July 24, 2014, MHSOAC's tracking regulations do not address the seven markers that "the program <i>shall</i> emphasize." In sum, MHSOAC's data collection regulations now purport to measure something that is not in the statute, having already omitted much that is. MIPO's Comment No. 12 sets forth what MHSOAC should track to meet the specific statutory directives contained in WIC Section 5840(d) and elsewhere, and it also discusses how MHSOAC could best go about doing that.</p>			<p>MHSOAC made to proposed PEI regulation 3750(f) on 12/18/2014 and that were subject of the 15-day Notice. The elimination of the reference to medical records in the requirement to measure reduced duration of untreated mental illness was the subject of a prior 15-day Notice. However, the new language that was added during the 12/18/2014 MHSOAC meeting does not include reference to medical records because the measurement deals with "untreated" mental illness and thus the individual whose mental illness has not previously been treated is unlikely to have relevant medical records.</p> <p>7. <u>Tracking linkages to treatment for individuals with a severe mental illness:</u> The comment regarding 3560.010(b)(3)(D) does not address changes that the MHSOAC made on 12/18/2014 and that were the subject of the 15-day Notice. However, see the response below:</p> <p>The requirements in (b)(3)(A) through (D) refer to measurement requirements for programs and strategies to link individuals with severe mental illness to treatment, contrary to the statement in the comment that the individual referred need not be mentally ill. (See proposed Section 3735(a)(1)(A).)</p> <p>The first change the Commission made at its 12/18/2014 meeting regarding tracking patients with severe mental illness who are referred for treatment was to add a specific requirement about how to measure the duration of untreated mental illness (3750(f)(3)(A)). The second change was to add the requirement to measure and report the "interval between the referral and engagement in treatment, defined as participating at least once in</p>

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					<p>the treatment to which referred” (3750(f)(4)). These additions clearly are not consistent with the concern expressed in the comment about eliminating tracking of patients who are referred for treatment.</p> <p>The elimination of the requirement to measure and report on “how long the person received services in the program to which the person was referred” is explained in the response to comment 44.05 on page 12 of the Matrix of Public Comments presented at the October 23, 2014 MHSOAC meeting. The elimination of the reference to medical records in the requirement to measure reduced duration of untreated mental illness is because the individual whose mental illness has not previously been treated is unlikely to have relevant medical records.</p> <p>While it is true that tracking whether a person shows up once for a referred treatment is not a sufficient measure of the effectiveness of the program, the standard is sufficient to demonstrate that the PEI program is, as required, effecting access and linkage to treatment. There is a difference between measuring access to treatment, which reduces the duration of untreated mental illness, and measuring the effectiveness of the treatment to which the person is referred, which would hopefully reduce the duration of treated mental illness. In any case, the program to which an individual is referred is not a PEI program, but a treatment program in the CSS or other system.</p> <p>The reference to the PEI requirement to prevent mental illnesses from becoming severe applies most directly to an Early Intervention Program,</p>

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					<p>which has specific and distinct reporting and evaluation requirements. See response to comment 8.28 on page 15 of the Matrix of Public Comments presented at the October 23, 2014 MHSOAC meeting.</p> <p>8. <u>Duration of untreated severe mental illness:</u> The requirement to measure the duration of untreated mental illness (3750(f)(3)(A)) in proposed PEI Regulations is an outcome measure for the required Access and Linkage to Treatment Program or Strategy, which specifically and exclusively addresses access for individuals with a severe mental illness.</p> <p>9. <u>Kind of care resulting from the outreach:</u> The comment regarding the elimination of “important markers such as ‘the kind of care resulting from the outreach and how long the individual received services’” does not address changes that the MHSOAC made on 12/18/2014 and that were the subject of the 15-day Notice. To the extent that referrals are to treatment for a severe mental illness, the County is required by 3560.010(b)(3)(B) to report the kind of treatment to which the individual was referred.</p>
3560.010(b)(5)(E)(i)-(vii)	Commenter #79	<p><b><u>Comment 79.06</u></b>                      For consistency of language, I recommend under “Sexual orientation” the following change:</p> <ul style="list-style-type: none"> <li>• Sexual orientation                             <ul style="list-style-type: none"> <li>○ Gay or Lesbian</li> <li>○ Heterosexual or Straight</li> <li>○ Bisexual</li> <li>○ <del>Questioning</del></li> <li>○ Queer</li> </ul> </li> </ul>	Reject	Retain existing language with no change	<p>Staff agrees with the comment and believes that the suggested change would strengthen and clarify reporting requirements and is consistent with the language currently used for individuals who are unsure of their gender identity, as the comment points out.</p> <p>However, staff’s perspective is that the suggested change is not sufficiently critical to require the MHSOAC to make the change at this time, which would trigger a new 15-day review process and potentially delay final approval of the PEI regulations.</p>

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		<ul style="list-style-type: none"> <li>○ Questioning or unsure of sexual orientation</li> <li>○ Another sexual orientation</li> <li>○ Number of respondents who declined to answer the question</li> </ul> <p>This change is consistent with the category “Questioning or unsure of gender identity” under “Current gender identity.” This wording also offers more clarity than the simply using the term “Questioning.”</p>			<p>Staff anticipates that the Office of Administrative Law will request various changes to clarify proposed PEI regulations. At that time in addition to responding to Office of Administrative law recommendations, staff will recommend that the Commission make the change suggested by this comment. This approach preserves the public comment processes – both opportunity for written comments and responses as well as comment at future MHSOAC meetings – and provides the best opportunity to complete PEI regulations by the one-year Office of Administrative Law deadline.</p>
3560.01(b)(5) (F)(i)(a)	Commenter #88	<p><b>Comment 88.08</b> The aggregation of blind, deaf/hard of hearing/speech impaired together is not appropriate. Deaf/hard of hearing should be disaggregated due to the unique needs of this population of more than 100,000. The need for outreach to the Deaf/hard of hearing community, the degree of success anti-stigma programs have with this community and the demand for services for this community cannot be adequately measured unless they are disaggregated. Relying on written communication with this community is problematic since the estimated reading level among Deaf/hard of hearing persons is 4th grade level and most publications are written at the 7th grade level or above. I was given an estimate of up to 35% of the culturally Deaf community experiences significant mental health challenges yet receive almost no treatment since culturally and language appropriate services are not available. This community also experiences significant substance abuse challenges like the general</p>	Reject	Retain existing language with no change	<p>Staff agrees with the comment and believes that the suggested change would strengthen and clarify reporting requirements</p> <p>However, staff’s perspective is that the suggested change is not sufficiently critical to require the MHSOAC to make the change at this time, which would trigger a new 15-day review process and potentially delay final approval of the PEI regulations. Staff anticipates that the Office of Administrative Law will request various changes to clarify proposed PEI regulations. At that time in addition to responding to Office of Administrative law recommendations, staff will recommend that the Commission make the change suggested by this comment. This approach preserves the public comment processes – both opportunity for written comments and responses as well as comment at future MHSOAC meetings – and provides the best opportunity to complete PEI regulations by the one-year Office of Administrative Law deadline.</p> <p>It should be noted that staff disagrees with the statement that “Failure to disaggregate these individuals means that they are invisible, uncoun-”</p>

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		<p>population. The need to reduce suffering in this community is stark and deserves as much attention as the care given to identify, quantify and reach other minority populations in the State. In addition to this community there is a growing pool of older Americans who are deafened (deafness acquired after early childhood) who will add to the number of deaf/hard of hearing persons who need mental health services in the coming years.</p> <p>The blind, numbering upwards of 700,000 in California, also merit disaggregation, again due to their unique service and outreach needs. There is a growing population of elderly blind individuals at risk of mental illness due to the onset of blindness.</p> <p>Failure to disaggregate these individuals means that they are invisible, uncounted, unserved.</p>			<p>unserved.” Proposed regulations’ reporting categories serve the purpose of providing statewide information about individuals served by PEI programs. The absence of statewide reporting requirements does not limit counties from reporting information in additional categories and certainly does not in any way suggest that groups not specified in statewide reporting categories are not priorities for service. Administrative requirements such as reporting require county resources; there is a compelling need to balance priority of resources for delivering services and also resources for reporting information about the use and impact of those services.</p>
3560.010(b) (5)(H)(ii)(a)-(f)	Commenter #79	<p><b><u>Comment 79.07</u></b> For consistency of language, I recommend under “Current gender identity” the following addition:</p> <ul style="list-style-type: none"> <li>• Current gender identity <ul style="list-style-type: none"> <li>○ Male</li> <li>○ Female</li> <li>○ Transgender</li> <li>○ Genderqueer</li> <li>○ Questioning or unsure of gender identity</li> <li>○ <b>Another gender identity</b></li> <li>○ Number of respondents who declined to answer the question</li> </ul> </li> </ul>	Reject	Retain existing language with no change	<p>Staff agrees with the comment and believes that the suggested change would strengthen and clarify reporting requirements</p> <p>However, staff’s perspective is that the suggested change is not sufficiently critical to require the MHSOAC to make the change at this time, which would trigger a new 15-day review process and potentially delay final approval of the PEI regulations. Staff anticipates that the Office of Administrative Law will request various changes to clarify proposed PEI regulations. At that time in addition to responding to Office of Administrative law recommendations, staff will recommend that the Commission make the change suggested by this comment. This approach</p>

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		<p>This addition is consistent with the category “Another sexual orientation” under “Sexual orientation.” In addition, the inclusion of this category under “Current gender identity” is as culturally relevant and important as it is for “sexual orientation.”</p>			<p>preserves the public comment processes – both opportunity for written comments and responses as well as comment at future MHSOAC meetings – and provides the best opportunity to complete PEI regulations by the one-year Office of Administrative Law deadline.</p>
3703	Commenter #3	<p><b>Comment 3.57</b>  <b>I. MIPO’S COMMENTS ON PROPOSED MODIFICATIONS AND ADDITIONS TO SECTION 3703</b></p> <p>In response to MIPO's objections that MHSOAC's definition of mental illness was drastically overbroad, MHSOAC is proposing minor modifications to Section 3703, eliminating the term "developmental processes" for adults, and eliminating both "developmental disorder" and "a primary substance use disorder" for children. A "primary substance use disorder" thus remains in the definition of mental illness for adults (despite being directly contrary to MHSA), as do other disorders, such as stuttering, sexual disorders, elimination (bowel) disorders, sleep disorders, nicotine-related (smoking) disorders, and a host of other conditions that are included in the DSM's definition of "mental disorder", which MHSOAC copied for its proposed definition of "mental illness." See MIPO's Oct. 30<sup>th</sup> Comments. As MIPO's earlier comments demonstrate, to comply with MHSA and effectuate its intent, the definition of mental illness needs to be narrowed to incorporate</p>	Reject	Retain existing language with no change	<p>The changes that the MHSOAC adopted on 12/18/2014 to the definition of mental illness for adults and emotional disturbance in a child or adolescent under the age of 18 were for the purpose of eliminating specific inconsistencies with WIC §5600.3. There is no need to specify in the definition of mental illness for adults that a primary substance disorder by itself is excluded because a primary substance disorder is not consistent with the adopted definition: “a syndrome characterized by clinically significant disturbance in an individual’s cognitive, emotion regulation, or behavior that reflects a dysfunction in the psychological <u>or</u> biological, <del>or developmental</del> processes underlying mental functioning” in proposed §3703. The rationale for not making an “arbitrary” attempt to define which mental illnesses have the potential to become severe mental illnesses has already been addressed in the response to comment 3.55 on page 46 of the Matrix of Public Comments presented at the December 18, 2014 MHSOAC meeting.</p>

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		<p>only those "illnesses" that are likely to become "severe mental illnesses" as defined in MHSA and WIC Section 5600.3.</p> <p>MHSOAC refuses to narrow the definition because "there is no consensus or certainty in the field about which mental disorders have the potential to become severe and disabling." See Matrix of Comments dated December 18, 2014, <a href="http://mhsoc.ca.gov/Meetings/docs/Meetings/2014/December/Commission/OAC_121814_3A_MasterPEIMatrix.pdf">http://mhsoc.ca.gov/Meetings/docs/Meetings/2014/December/Commission/OAC_121814_3A_MasterPEIMatrix.pdf</a> p. 46 ("MHSOAC's Dec. 18th Matrix"). Even if true, MHSOAC should not abdicate its responsibility under the law by refusing to tackle the issue. To draw an analogy, what MHSOAC has done is equivalent to leaving hangnails on a list of "severe physical illnesses" because medical literature has identified instances where they result in a severe infection. It is not difficult to discern that the vast majority of "disorders" in the DSM will never become "severe mental illnesses" as defined by WIC Section 5600.3. Millions of dollars have already been wasted on people who are not and will never be sick. MHSOAC needs to step up and do its job so that the waste of MHSA funds does not continue.</p>			
3704	Commenter #3	<p><b>Comment 3.58</b>  <b>II. MIPO'S COMMENTS ON PROPOSED ADDITIONS AND MODIFICATIONS TO SECTION 3704</b></p>	Reject	Retain existing language with no change	The comment does not address changes that the MHSOAC made on 12/18/2014 and that were the subject of the 15-day Notice. The changes that were the subject of the 15-day Notice was the addition of (b) and the comment relates to the definition in (a) which was not the subject of the Notice.

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		<p>As with its changes to proposed Section 3703, MHSOAC's proposed changes to Section 3704--defining "serious" and "severe" mental illness--do not go far enough. As MIPO pointed out in its earlier comments, MHSA already defines "severe mental illness" by incorporating the detailed definition set forth in WIC Section 5600.3. MHSOAC is now proposing to add only a small part of the missing standards. In doing so, MHSOAC fails to acknowledge the operative law, making no reference whatsoever to WIC Section 5600.3, even in the "authority cited." MHSOAC's resulting definitions remains drastically overbroad and inconsistent with MHSA, and continue to create questions and confusion where none existed before.</p> <p>MHSOAC has no authority to change the law, and there is no need to clarify existing statutory definitions that are already well understood by the counties who will implement the regulations. All that is necessary, and all that is legal, is to incorporate by reference the definitions that are already in the statute.</p> <p>MHSOAC's purported rationale for refusing to follow the statute is that Section 5600.3's definition is "too narrow" and "is not particularly relevant for the PEI requirement to provide Access and Linkage to Treatment." MHSOAC's Dec. 18<sup>th</sup> Matrix, pp. 58 and 59. MHSOAC, however, is following its own misguided ideas of what PEI</p>			

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		<p>should be, rather than following the law. The PEI requirements for Access and Linkage as set forth in MHSA could not be more clear:</p> <p>Access and linkage to medically necessary care provided by county mental health programs for children with severe mental illness, <i>as defined in Section 5600.3</i>, and for adults and seniors with severe mental illness, <i>as defined in Section 5600.3</i>, as early in the onset of <i>these conditions</i> as practicable.</p> <p>WIC § 5840(b)(2) (emphasis supplied).</p> <p>In sum, MHSOAC's definition of severe mental illness should incorporate the definitions already contained in WIC Section 5600.3. In particular, MHSOAC should make explicit that severe mental illness in an adult means that the person meets all of the following criteria specified by WIC Section 5600.3:</p> <p>(A) The person has a mental disorder as identified in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders, other than a substance use disorder or developmental disorder or acquired traumatic brain injury pursuant to subdivision (a) of Section 4354 unless that person also has a serious mental disorder as defined in paragraph (2).</p>			

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		<p>(B) (i) As a result of the mental disorder, the person has substantial functional impairments or symptoms, or a psychiatric history demonstrating that without treatment there is an imminent risk of decompensation to having substantial impairments or symptoms.</p> <p>(ii) For the purposes of this part, "functional impairment" means being substantially impaired as the result of a mental disorder in independent living, social relationships, vocational skills, or physical condition.</p> <p>(C) As a result of a mental functional impairment and circumstances, the person is likely to become so disabled as to require public assistance, services, or entitlements.</p> <p>WIC §5600.3(b)(3).</p>			
3705	Commenter #3	<p><b>Comment 3.59</b>  <b>III. MIPO'S COMMENT ON PROPOSED MODIFICATIONS AND ADDITIONS TO SECTION 3705</b></p> <p>MHSOAC's prior version of Section 3705 contained an exemption from the PEI mandate for small counties, based on MHSOAC' s speculation that such programs "could force a small county to dilute its efforts to the point of becoming less effective." MIPO and others objected. MHSOAC has now replaced that provision with one allowing</p>	Reject	Retain existing language with no change	This comment does not address the specific changes that the MHSOAC made to proposed PEI regulations on 12/18/2014 and the subject of the 15-day Notice. The comment seems to imply that there should not be any option for Counties to opt out and that other changes previously suggested should be made to the regulations. Previous comments and responses have addressed the requirement in proposed PEI regulations to include relapse prevention through the requirement for every County to offer an Early Intervention Program, which by definition includes relapse prevention. Regarding the disagreement about the proposed PEI regulations' definition of a

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		<p>small counties to opt out of Prevention programs based on a finding by the board of supervisors that the county "cannot meet this requirement." Section 3705(a)(3)(A)(i).</p> <p>If MHSOAC Prevention programs actually complied with MHSA, every county would be able to meet the requirements and would want to do so. There are people who are severely mentally ill in every county who badly need relapse prevention programs aimed at "reducing the duration of untreated severe mental illness and assisting people in quickly regaining productive lives." WIC § 5840(c). MHSOAC refuses to fund these programs. MHSOAC's proposed Prevention programs-which are improperly aimed at the impossible task of preventing "mental illness" –dilute efforts of all counties to help those who are severely mentally ill and those in danger of becoming severely mentally ill, which is the central purpose of PEL MIPO's Comment Nos. 6 and 7, submitted on July 16, 2014, discuss how this problem can and should be remedied.</p>			<p>Prevention Program, please see responses to comment 3.09 on page 1 of the Matrix of Public Comments presented at the August 28, 2014 MHSOAC meeting.</p>
3755	Commenter #3	<p><b>Comment 3.61</b>  <b>V. MIPO'S COMMENT ON PROPOSED MODIFICATIONS AND ADDITIONS TO SECTION 3755</b></p> <p>Section 3755 governs the content of the counties' annual plan updates. MHSOAC has proposed incorporating the phrase, "according to the practice model and program design," in a number of places, as a</p>	Reject	Retain existing language with no change	<p>This comment seems to agree with the changes made to 3755 to add "according to the practice model and program design". The focus of the Comment seems to be the suggestion that a different section should also be amended to require the "effective and successful" requirements. As such, the comment does not address any changes that the MHSOAC made to proposed PEI regulations on 12/18/2014 and which were the subject of the 15-day Notice. Previous comments and responses have addressed the</p>

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		<p>part of counties' descriptions of the programs they are funding. This amendment appears to be in response to MIPO' s Comment Nos. 9 and 12, in which we pointed out (among other things) the specific statutory language in Section 5840(c) and in the MHSA Findings, Declarations, Purposes and Intent provisions that require PEI programs to follow "effective" and "proven" prototypes. This was also promised to the public by Senator Darrell Steinberg, the primary MHSA drafter.</p> <p>MHSOAC's response to the mandate for "effective" and "successful" prototype programs is wholly insufficient. Rather than explicitly requiring them, MHSOAC has used a cryptic phrase buried in the annual plan provisions. While it certainly belongs there, it also belongs in the definitions and in the Three Year Plan sections, as MIPO has proposed. These are mandatory requirements that are central to the promises made to the voters, and to the whole concept of Prevention and Early Intervention. Counties need to understand this and take it seriously. MHSOAC has never enforced this requirement, and will not enforce it now unless it is built into the structure of the regulations, as it should be. MIPO's Comment No. 9 (submitted July 18, 2014), No. 11 (submitted July 24, 2014), and No. 12 (submitted July 24, 2014), demonstrate how this mandate should be incorporated.</p>			<p>requirement in proposed PEI regulations to include practices that have demonstrated their effectiveness for all PEI programs. Such requirement is in proposed §3740. See response to comment 8.33 on page 5 of the Matrix of Public Comments presented at the August 28, 2014 MHSOAC meeting.</p>

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No Specified Section	Commenter #35	<p><b><u>Comment 35.07</u></b>                      Thank you for the opportunity to review and provide stakeholder feedback on the proposed Mental Health Services Act Prevention and Early Intervention (MHSA PEI) regulations. We have reviewed the proposed language with our members and have no comments. We look forward to finalizing these regulations.</p>	No specific action suggested	N/A	N/A
No Specified Section	Commenter #79	<p><b><u>Comment 79.05</u></b>                      During the MHSOAC meeting on 12/18/14, there were two amendments to both the PEI and the Innovations regulations regarding sexual orientation and gender identity categories. First, I would like to give my wholehearted support to the addition of sexual orientation and gender identity to the demographic data sections of both regulations. I commend the Commissioners for passing the regulations with the inclusion of these two amendments.</p> <p>There was much discussion and many “moving parts” as these amendments were being crafted.                      I believe there may have been some unintentional oversight in the recommendations for both the sexual orientation and gender identity categories in terms of consistency of language.</p>	No specific action suggested	N/A	N/A