July 7, 2016

Larry Poaster, Subcommittee Chair
Richard Van Horn, Subcommittee Chair
Khatera Aslami-Templen, Subcommittee Chair
Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814

Dear Commissioners:

On behalf of the County Behavioral Health Directors Association (CBHDA), we commend the Mental Health Services Oversight and Accountability Commission (MHSOAC) for undertaking a productive stakeholder process to address concerns regarding the Prevention and Early Intervention (PEI) and Innovation regulations. A continued partnership between the MHSOAC and county behavioral health programs is essential to delivering the information policymakers need to evaluate these programs and for counties to continuously improve services to Californians.

CBHDA and counties appreciated the opportunity to provide input on the June 22 draft summary of the PEI and Innovation project recommendations, and we believe that the proposal represents a significant improvement in the overall approach to defining and measuring the impact of PEI and Innovation services within the behavioral health service continuum. CBHDA respectfully submits the following recommendations on the *Prevention and Early Intervention and Innovation Regulations Implementation Project* draft document. These comments are in alignment with our verbal comments at the June 29 MHSOAC meeting:

MHSOAC Recommendation 1:
CBHDA requests that bullet #4 on page 3 be amended to read (new language in red font, italized, and underlined):

> In addition, the MHSOAC should *suspend implementing the demographics section of the regulations and* engage with DHCS and other state departments recently mandated to collect sexual orientation and gender identification data, Health and Human Services Agency, and the Legislature, *to ensure that there is* ~~with the goal to have~~ a statewide uniform standard for collecting this data.

Rationale:
AB 959, the Lesbian, Gay, Bisexual, Transgender Disparities Reduction Act (2015), directs the Department of Health Care Services (DHCS), the Department of Aging, the Department of Public Health and the Department of Social Services to collect information pertaining to sexual orientation and gender identity. By no later than July 1, 2018, the Departments will have to come into compliance. AB 959 makes it even more critical that the demographics section of the

PEI and Innovations regulations be postponed until DHCS directs counties on what to collect and re-configures the Client Services Information (CSI) to meet the new requirements.

MHSOAC Recommendation 3:
CBHDA submits the following amendments to the opening paragraph on page 4 (new language in red font, italized, and underlined):

> In addition, due to the small number of individuals from any one specific demographic group, reporting of program level participants may create violations of state *and federal* privacy laws *or protected health information laws*.

Rationale:
There are also federal laws related to privacy that counties must comply with, and this amendment ensures consistency.

MHSOAC Recommendation 4:
CBHDA recommends that the requirement to collect information from individuals served about their "duration of untreated mental illness" be removed as a statewide requirement from the regulations and instead piloted as a MHSOAC-funded research project with selected programs. The development of meaningful measures and reliable data collection requires collaboration, and we believe the learning collaboratives described in the Recommendation 4 could serve to standardize a methodology, target population, and tool(s).

Rationale:
Counties and providers have different methods of referring individuals with severe mental illness, identified through Prevention and Early Intervention Programs, to medically necessary treatment. The process to ask the person when the mental illness began will vary from county to county. CBHDA supports the goal of assuring that people access services at the earliest point possible. The development of a pilot project will assure that we find a mutually agreeable way to determine if people are seeking mental health services as close to when their symptoms first appear as possible, and whether the MHSA-funded service positively impacts timely access. CBHDA is committed to finding a meaningful way to get people that need mental health services access to those services without delay.

MHSOAC Recommendation 6:
As described at the June 29 meeting, CBHDA recommends the following amendments to the three bullet points on page 7 (new language in red font, italized, and underlined):

> For the first Annual Report, due *June 30, 2018, which would report on PEI activities for FY 2016-17* ~~December 30, 2017~~, a county that is not able to collect all of the required data would only be required to report the data that it was able to collect. The county would include in the report an implementation plan and timeline for complying with future Annual Reports.
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> For the first Three-Year Evaluation Report, due *June 30, 2019* ~~December 30, 2018~~, a county would not be required to report the data from year one (Fiscal Year 2015-16) or year two (Fiscal Year 2016-17). However, a county would be required to report data from year three (Fiscal Year 2017-18). For years one and two a county would submit available outcomes data on the PEI programs.

The second Three-Year Evaluation Report, due *June 30, 2022* ~~December 30, 2021~~, and each subsequent Three-Year Evaluation Report, must include the required evaluation data from the three fiscal years prior to the due date.

Rationale:
These new proposed due dates align with current practice.

Thank you for your consideration of CBHDA's recommendations. CBHDA has consistently supported an achievable approach to regulations related to PEI and Innovations. Thank you for the opportunity to work with the MHSOAC to strengthen these important regulations.

Sincerely,

Kirsten Barlow

Kirsten Barlow
Executive Director

cc: Toby Ewing, Mental Health Services Oversight and Accountability Commission
Karen Baylor, California Department of Health Care Services
Harriet Markell, California Council of Community Behavioral Health Agencies
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