

MHSOAC- Draft Proposal for Project to Implement PEI and Innovation Regulations

Purpose of Project

This project intends to ensure maximum capacity of counties to implement, evaluate, and report on PEI Programs and Innovative Projects that:

- Meet MHSA requirements and goals
- Reflect and support local priorities, diverse communities, and county characteristics and resources
- Provide useful program and evaluation data with no or minimal duplication of effort
- Promote local and statewide adoption of new best practices in behavioral health.

A project objective is for counties, DHCS, stakeholders, and the MHSOAC to develop a practice-based, dynamic understanding of PEI and Innovation regulations in order to:

- Assess their strengths, benefits, limits, challenges, and areas of needed support
- Expand shared understanding of the context in which counties will implement the regulations: for example, county and other data systems (available or in development), including electronic health records, and potentially relevant (overlapping, conflicting, congruent) reporting requirements
- Determine practical strategies to make implementing the regulations possible and useful
- Create consistencies between regulations and other requirements developed by DHCS and by MHSOAC
- Promote effective, ongoing collaboration to meet common goals and MHSA priorities.

The goal of the project is to develop appropriate approaches, supports, and transitions to make the implementation of the PEI and Innovations regulations successful. Collaborating in support of amending regulations in the future is possible and potentially beneficial for purposes of feasibility and quality improvement.

MHSOAC Subcommittee and Advisory Workgroup

The MHSOAC will convene a subcommittee to develop recommendations to the MHSOAC about how best to implement regulations for Innovation and PEI. This subcommittee will be led by Commissioner Larry Poaster and will also include Commissioners Khatera Aslami-Tamplen and Richard Van Horn.

This subcommittee will be assisted by an advisory workgroup, which will incorporate a range of perspectives and expertise to ensure its recommendations appropriately balance statewide needs and responsibilities with local priorities and limited and varying resources. County behavioral health departments are central to advisory committee participation. The advisory workgroup will also include representatives of CBHDA, DHCS, and subject-matter experts including diverse people with risk of or experience of mental illness and their families. The workgroup will convene meetings throughout the regions of the State, which will be open to the public.

Project Agenda and Areas of Focus

Meetings will support overall implementation of the regulations with a focus on the following identified issues of concern to many counties: 1) Demographic reporting categories, 2) Program and measurement requirements for Access and Linkage to Treatment for people with a serious mental illness, and 3) Measurement of duration of untreated mental illness. An overall context will be the need for consistency, integration, and inter-operability: among MHSA components and among broader dimensions of the healthcare system (e.g. MediCal). Consistency among requirements for which MHSOAC and DHCS are responsible is essential.

The initial meetings will do the following: 1) Define dimensions of the issues, including and not limited to the purpose and background of requirements addressed and posed by new regulations, 2) Identify and explore challenges counties, and service providers related to new requirements, 3) Understand how counties are now addressing each topic area: for example, how are counties now linking people who are perceived to need assessment or extended treatment for a serious mental illness? 4) Brainstorm and explore a range of potential solutions to challenges; 5) Move toward consensus regarding preferred solutions.

The Project will develop concrete recommendation to the MHSOAC regarding proposed solutions and a plan to implement and accomplish proposed solutions.

Project Schedule

The initial meetings will occur between November and December, 2015. The overall project can be extended, if beneficial, to last at least a year, with projected completion expected by October 2016. The project will, if MHSOAC recommends, continue to identify any issues that emerge related to implementing the PEI and Innovation regulations and to collaborate on solutions. An extended timeframe could be useful to ensure that the assessment of the regulations and support for counties (and staff, providers, and clients and their families) is ongoing and is informed by experience.