

## **Continuous System Improvement Committee**

Wednesday, October 17, 2012  
Doubletree by Hilton Hotel Sacramento  
2001 Point West Way, Sacramento, CA 95815  
1:30-5:00 p.m.

### **Committee Members Present**

Patricia Bennett, PhD, Chairperson  
Susan Wilson, Vice-Chair  
John Black  
Jeff Riel  
Karen Hart  
Daphne Shaw  
Walter Shwe

### **Staff**

Tracy Thompson  
Linda Dickerson, PhD  
Jane Adcock

### **Others Present**

Beryl Nielson, Napa RiHB, CALMHBC  
Gary Tsai, CMHOA  
Renay Bradley, MHSOAC  
Gwen Foster, CalSWEC  
Michael Reiter, APS Healthcare CAEQRO

*Patricia Bennett, Chairperson:* This is a foundational meeting for our newly constituted committee to talk about our goals for the upcoming year. We will talk about process, the kinds of outcomes we would like to see, and how accomplish that within the context of what the CMHPC is charged with. We also need to take into account what else is going on within the mental health community regarding evaluation and system improvement.

### **Overview of MHSOAC Evaluation Activities**

Renay Bradley, Ph.D., Research Scientist with MHSOAC provided an overview of the MHSOAC evaluation activities. Dr. Bradley provided a summary of current evaluation projects.

- **Data Quality and Corrections Plan:** The objective of the Data Quality and Corrections Plan is to assess the quality of FSP data available via the Data Collections and Reporting (DCR) system and make recommendations for how to overcome problems and limitations. Information regarding the DCR is obtained via interviews with State, county, provider, vendor, and stakeholder groups. Issues are then summarized and recommendations are made for potential solutions and best practices
- **FSP Costs/Cost Offsets:** The objective of the FSP Costs/Costs offsets is to summarize expenditures of MHSA funds for Full Service Partnerships (FSP) per person annual cost average and range for program services and housing costs. Offsets are based on savings incurred for incarceration and mental/physical health services by year (2008-2010), by age group (CYF, TAY, Adults, Older Adults), Statewide and by County.

- Trends in Priority Indicators: The objective of the priority indicators is to establish trends in system-and individual-level priority indicators for FSPs and all consumers for FY 08-09 and 09-10 by age group (CYF, TAY, Adults, Older Adults), statewide and by county (Only for Community Systems and Supports (CSS)). The underlying goals for evaluating priority indicators is to create reporting templates and start documenting trends on a regular basis

Ultimate aim is to assess the ability to achieve these goals (i.e., outcomes) defined within the MHSA. To do this, indicators for a designated period should be compared to a benchmark. This provides knowledge regarding current system (i.e., Act) performance and whether changes or improvements are needed. The initial report for FY 2008-09 and 2009-10 was recently submitted and will be reviewed at November Commission meeting. Next reports are due March 2013, September 2013, and March 2014.

Next steps for priority indicators:

- Need to establish benchmark.
  - Need to further refine and perhaps add to indicators (e.g., those for PEI, Innovation)
  - Need to establish process for using this information
  - Need to figure out MHSOAC's role
- Impact of Services on Client Outcomes: To measure the impact of services on client outcomes the MHSOAC evaluated the impact of peer support, employment support, and Crisis Intervention Services (CSS) on individual outcomes such as employment, housing, and wellbeing. The MHSOAC facilitated a statewide survey and 40 in-depth interviews and used participatory research process "PEPs" (Participatory Evaluation Partners) to achieve this. Sample research questions include:
    - Was level of care appropriate?
    - Did services exemplify a recovery orientation/approach?
    - What are consumer perceptions for access to services?
    - Any changes in employment after services?
    - Any changes in housing after services?
    - Any changes in wellness after services?
  - Reducing Disparities in Access to Care: The objective is to obtain trends in new admissions to county mental health systems broken down by age, race/ethnicity, and gender. The MHSOAC will also assess consumer/family member perspective regarding MHSA impact on reducing disparities. This will be done via participatory research methods.
  - Prevention and Early Intervention: The MHSOAC will do an assessment of Prevention and Early Intervention Programs which will include program costs, numbers served, spectrum of clients served, and program components/focus. The objective is to evaluate the impact of Early Intervention Programs outcomes associated with untreated mental illness (e.g., suicide, incarceration, unemployment, prolonged suffering).
  - Upcoming projects for the MHSOAC:
    - Create a Baseline for CSS Priority Indicators
    - Evaluate Quality of County Innovation Evaluations
    - Strengthen CSS Data Collection and Reporting Systems

- Evaluate the Impact of the Community Planning Process

### **Framing/Context of Other Evaluation Projects in California**

Linda Dickerson, Ph.D., Research Analyst, CMHPC, provided a presentation on the Framing/Context of Other Evaluation Projects in California. Dr. Dickerson advised that various Mental Health functions have moved to other Departments or entities such as DHCS, DSS, DPH, OSHPD, and Education. There are now changes in the roles of the MHSOAC and CMHPC. It is important to “follow the money.” Functions, services, and data sets are intertwined with changes.

### **Mental Health Data Elements in California Government Agencies**

- MRMIB: managed care plans for low-income families with children—2009 report by APS Healthcare & San Jose’ State University: “Mental Health and Substance Use services provided by Health Plans...in the Healthy Families Program”
- CWS/CMS: Foster care system—includes monitoring of some MH-related items, e.g. whether the child received therapy, meds
- DHCS: data from specialty Medi-Cal paid claims, CSI, DCR, etc – large data repositories
- County MH Departments and MH Plans

### **Private and/or Intergovernmental Agencies**

- CalMHSA: SEE Team (Statewide Evaluation Experts)
  - Contracts with RAND Institute, and the Entertainment Industries Council
  - RAND: PEI-related Contracts
- Suicide Prevention
- Stigma & Discrimination Reduction
- Student Mental Health programs in colleges and high schools
- Study to establish a framework for evaluation of baseline datasets, in order to be able to measure longer term community effects

### **California External Quality Review Organization**

- Contracts with government agencies to perform external reviews of programs
- Key Informant Interviews
- Performance Measurement
- Performance Improvement Projects
- Consumer and Family Member Focus Groups
- Technical Assistance and Training
- Information Systems Capabilities Assessment
- Analysis of Eligibility and Claims Data.

### **New programs to develop and/or refine Evaluation Plans and Metrics**

- **DHCS**: Develop a measurement matrix for EPSDT and children’s mental health

- CHHS: Agency –level effort to coordinate data collection and analysis efforts among different departments/entities, objective to reduce duplication and data silos, implement federal data standards and interoperability
- Medi-Cal Dual Eligibles (clients who also receive Medi-Care): Coordinated Care Initiative (mainly medical, proposal does include measures for depression, anxiety, pharmaceuticals prescribed?)

#### Federal and Statewide data sets

- Census Data (2010, 2011), American Community Survey: State & County-level data
- SAMSHA studies of MH & Substance Use
- More than 40 data sets with some MH info identified in a survey by RAND (see references in study led by Kate Watkins, cited on CalMHSA's "front" webpage)
- Data linkage & data mining efforts: outcomes-oriented research, special expertise required

#### CMHPC Research Projects

- Performance Indicators Project
  - Parameters & definitions refined by MHSOAC
  - Data cleaning/audit, review, reports of certain fiscal years' data
  - Establish baseline data pre-MHSA/ Prop 63
- Need for Collaborations & Data Resources
  - Past, present, and future
  - CALMHB/C, CMHDA, CiMH, EQRO
  - Counties: Data Sources
  - Role of DHCS: holder of much data of interest

#### Review Committee Charter and Discussion of Committee Goals

Committee members agreed upon some general ground rules during the meeting. Karen Hart asked that the rule that states "cell phones turned off" be changed to "cell phones on silent" as there are many individuals who need to be in contact due to sensitive work. These ground rules will be included in the packet for each meeting.

*A motion made by Karen Hart and seconded by Susan Wilson: The proposed meeting ground rules were approved as presented with the change above.*

- Riel: Looking at the mandates it seems that this committee is very data driven and it will be interesting to see how we make the link between performance based on data and qualitative measures.
- Members would like to see something about data in the charter purpose.
- Members would like to change #3 under guiding principles to read: Cultural and linguistic competence.
- Karen Hart: I would like to see a change to #4 that reads: "Promotes a client/family/parent driven system." The system I should be client driven and perhaps parent of minor driven but

that need to be declared in the principles. Staff will change #4 to read: “Promotes a client and parent of minor driven system.”

- Members will review these changes on the conference call meeting for approval.
- If member have more changes they will submit to staff.

**What would the committee like to accomplish this year?**

- *Review Council statutory mandates*
- *Review 2010 Performance Indicators*
- *Discuss future goals and projects of committee*
- *Discussion regarding establishment of project work groups e.g., Local MH Board Workbook*
- Bennett: I would like to see a simple set of sampling report cards. It would be useful if the committee chose a sampling of large and small counties and included a simple set of indicators for a select topic. A topic could be counties that have comprehensive ways of involving families in all aspects of services.
- Susan Wilson: This sounds like something that could be used for the workbook project.
- Daphne Shaw: How many people are being 5150d? How many people are being hospitalized? This is hard data that could be much more accessible to us.
- Bennett: Aside from the workbook that has a targeted audience, the CMPHC needs to produce something that can be shared with people across the state and stakeholder groups. It needs to be simple and it needs to be readable. Doing something like this would speak volumes.
- Bennett: One the things that has changed in our mandate is that we now have the charge of protecting Patient’s Rights. This may dovetail into what Daphne would like to focus on regarding hospitalization.
- Jane Adcock: There shall be a 5 person Patient Right’s committee formed through the Planning Council. The Committee shall be supplemented by two Ad Hoc members who will be appointed by the Chair of the committee. The Ad Hoc members shall be person’s with substantial experience in establishing and providing independent advocacy services to recipients of mental health services. The committee itself is directed to advise the Director of Health Care Services and the Director of State Hospitals regarding department policy and practices that affect patient rights and secondly they are to review the advocacy and patient rights components of each county mental health plan and/or performance contract and advise the Departments concerning the adequacy in terms of the language in terms of protecting patient rights.
- Wilson: Is the Planning Council no longer doing SAMHSA reviews?
- Adcock: No. But we have requested that the Planning Council have representation on the review team.
- Wilson: We may want to make this part of our work plan: keeping up to date on these reviews.
- Bennett: It would be useful if this committee was a conduit in reporting to the full council regarding these reviews.
- During the conference call, members can narrow down the hospitalization subject and discuss the work plan further.
- Adcock: If the CMHPC were to choose a theme each year would it be helpful for the committees? Bennett replied that it may not be good to have the committee’s only focus on one

population and being tied to a full council theme may not work. The CSI committee can choose a theme and go from there.

- Jeff Riel: I think it is important to have one or two core elements to focus on otherwise it can become too broad.
- Bennett: The committee can think about choosing one or two topics for the purpose of outlining what the process might be. As we work through the process of creating a work plan we may get stuck on certain topics. It would be nice to see some sort of report card system for counties on how they are engaging clients and families in every step of planning and evaluation for services.
- Members will need to have a deep conversation about what influences whether a hospital is predominant in a county or not, and the use of the emergency room versus other alternative programs. Also what kind of training does law enforcement have?

### **Draft CSI Committee Work Plan for 2013**

- The committee brainstormed the following items:
  - Review performance indicators
  - Stay up to date in SAMHSA reviews
  - Continue to invite others to be a part of our group to enrich our knowledge.
  - Produce a scorecard that would indicate hospitalization rates in counties.
  - Data Review
  - Workbook

### **Interim Work**

- Need to establish who will be on the subcommittee to examine the work the committee hopes to do on the workbook. Thus far Susan and Patricia have volunteered.
- A conference call to discuss the work plan and the scope of the workbook. Discuss ideas for upcoming agenda.

### **Next Agenda**

- Discuss producing a scorecard that would indicate hospitalization rates in counties (voluntary and involuntary). Sheree Kruckenberg with the Hospital Association would be a great resource for this project.
- Additional ideas will be discussed on the conference call.
- Discuss the process and timeline of the workbook.