

**California Mental Health Planning Council
Continuous System Improvement Committee**

October 15, 2014

Lake Natoma Inn
702 Gold Lake Drive, Folsom CA 95630
(916) 351-1500

**Boardroom- Natoma
1:30 to 5:00 p.m.**

Item #	Time	Topic	Presenter or Facilitator	Tab
1.	1:30 pm	Planning Council Members Issue Requests	All Members	
2.	1:35 pm	Welcome and Introductions	<i>Patricia Bennett, PhD, Chair Susan Morris Wilson, Chair-Elect</i>	
3.	1:40 pm	Review and Approve June, July Minutes	All Members	A
4.	1:45 pm	Discussion: Update on Data Notebook progress	<i>Susan Morris Wilson, Linda Dickerson</i>	
5.	2:00 pm	Discussion: CSI Work Plan – <i>Finalizing Data Notebook and AB 114 goals; Determine Goal for Trauma Report; CMHPC Collaboration with OAC Research projects; New topics and Goals for next year</i>	All Members	B
6.	2:30 pm	Presentation: <i>MHSA Projects for Transition Age Youth</i>	<i>Lorraine Flores</i>	
7.	2:45 pm	Break		
8.	3:00 pm	Panel Presentation: AB 114 Transition, Central Valley	<i>Invited: San Juan Unified School District, White House Counseling Center; Sacramento County Office of Education SELPA; Butte County SELPA; Yolo County SELPA; Parents/family members</i>	C
9.	4:30 pm	Public Comment		
10.	4:45 pm	Evaluate Meeting/Develop Agenda for Next Meeting	<i>Patricia Bennett, PhD, Chair Susan Morris Wilson, Chair-Elect</i>	

The scheduled times on the agenda are estimates and subject to change.

Committee Members:

Co-Chairs: **Patricia Bennett, PhD – Chair** **Susan Morris Wilson, Chair-Elect**

Members: Adrienne Cedro-Hament Monica Nepomuceno
 Amy Eargle, PhD Noel O’Neill
 Lorraine Flores Maya Petties, PhD
 Karen Hart Walter Shwe
 Celeste Hunter Bill Wilson

Staff: Laura Leonelli Linda Dickerson, PhD

_____ INFORMATION

TAB SECTION A

X ACTION REQUIRED: Approve
Minutes

DATE OF MEETING 10/15/14

MATERIAL
PREPARED BY: Leonelli

DATE MATERIAL
PREPARED 9/16/14

AGENDA ITEM:	Review and Approve June, July Minutes
ENCLOSURES:	Minutes of CSI Meetings on June 18 and July 25, 2014
OTHER MATERIAL RELATED TO ITEM:	None

ISSUE:

Continuous System Improvement Committee

Meeting Highlights

Wednesday, June 18, 2014

Hilton Oakland Hotel

1 Hegenberger Rd., Oakland, CA 94621

Boardroom 3, Bldg 5

1:30 p.m. to 5:00 p.m.

Committee Members Present

Patricia Bennett, PhD, Chair
Susan Wilson, Chair-Elect
Adrienne Cedro-Hament
Renay Bradley, PhD
Karen Hart
Carmen Lee
Monica Nepomuceno
Maya Petties, PhD
Walter Shwe
Bill Wilson

Staff

Jane Adcock, EO
Linda Dickerson, PhD
Tamara Jones
Laura Leonelli

Others Present

Rowena Nery, APS Healthcare/EQRO
Beryl Nielson, CALMHBC, Napa County
Brian Geary, MHSA OAC
Sheridan Merritt, MHSA OAC

Patricia Bennett, Chair, welcomed everyone. Committee members and guests introduced themselves. New CSI member, Dr. Maya Petties, was welcomed.

Planning Council (CMHPC) Members Issue Requests: Pat Bennett requested that an item of business be added asking for volunteers to serve on a CMHPC Ad-hoc Committee that will address the inclusion of substance use treatment into the mission of the CMHPC. Susan Wilson asked to add an item to the agenda about the CMHPC's Community Forum in Merced.

Review and Approve April meeting minutes: Moved – S Wilson, Second – A Cedro-Hament; no changes proposed; passed. Minutes from the 5/30/14 meeting were distributed for review.

Discussion: Data Notebook Review and Update: Susan Wilson stated individualized Data Notebooks have been delivered to all counties and reported that the first completed Data Notebook has been received from Glenn County. Linda Dickerson noted that the Data Notebook is a more streamlined document than originally drafted and gave a brief overview. Generally the Data Notebook contains the data needed to complete the questions but for some questions the data will need to be supplied by County staff. Counties have been asked to return the DN reports by July 31. The plan is to write up reports based on the information received from the counties. The CSI Committee will begin planning next year's Data Notebook in the fall, using the reports received to inform and modify the conversation. All the original questions have been saved to be available in future Notebook contents.

Linda and Susan collaborated with CiMH in a training on data for the CALMHB/C Board in May in order to feature the Data Notebook. It was well received and feedback indicated that it is a good model for trainings elsewhere. The training has been recorded and is available on YouTube.

From the CSI Committee:

- **Question:** When reports are received, can CMHPC members receive the report from their own county?
Response: The reports are public records and we would like to see them posted on the web for easy access. Some counties may post to their own web sites.
- **Question:** Are reports going to be written to see what trends appear from these Data Notebooks?
Response: Yes, we will be doing short reports on specific topics contained in the Data Notebook.
- **Comment:** We should include this process as part of the Revised Master Plan. This exercise is useful in both statewide and local planning.
- **Comment:** APS Healthcare reports that data for FY2013 should be available in about a month.
- **Question:** Can we do a 3 – 4 question survey of the local Mental Health Boards to get feedback about the process?
Response: Yes, this can be built in to the next version of the Data Notebook as a part of a continuing process.

Presentation: Renay Bradley – Update on Oversight and Accountability Commission (OAC) Research Projects –

Dr. Bradley provided an update on the current research projects, with a focus on where and how the OAC and CMHPC can actively collaborate. The OAC provides oversight through their evaluation projects. (See OAC materials attached) Trends report will be shared at OAC July 24th meeting. Dept. of Health Care Services (DHCS) has taken over data sets from the Dept. of Mental Health (DMH). The release of the data reports points out the limitations of the data and that should be public information. Concerns about state-level data are not new.

The OAC is working to summarize and synthesize county evaluations of CSS and PEI programs. It can be a challenge to obtain this information from counties on a timely basis. Until recently the mental health system has had a culture that does not value data or the capacity to use the data on a local basis. As an example, data on the Full Service Partnerships has a high level of variability.

OAC is taking over internally what they have hired contractors to do over the past 2 years. They are developing a stronger database and working with counties about the quality of the local data. Renay reported that more funds (\$500K) are available for data strengthening efforts. The challenge is how to maintain the current system while designing a new statewide data collection system. A multi-stakeholder team is developing a strategic plan

From the CSI Committee:

- **Comment:** The CMHPC by statute has to approve new performance indicators. The CMHPC should arrange a time with OAC staff to discuss collaboration with performance monitoring indicators, and accomplishing activities in the Evaluation Master Plan. UCSD contract will identify DCR, CSI (Client and Service Information) issues, and assess all state-wide entities' needs for data: eg providers, counties. OAC and CMHPC can work together

on evaluation needs and CMHPC members may submit a wish list of data needs. At this time the assessment will include just CSS programs, but could include also child welfare system indicators and those for foster youth. The report is due in early January 2015.

- **Comment:** Data needs should include new trends such as integrated healthcare. It is important to create new technology, but until we start using data in a meaningful way we won't get anything of quality.

CMHPC Ad-hoc Committee on the integration of substance use treatment: The ad-hoc committee will be chaired by John Ryan. Volunteers are needed from each committee to study the issue and propose a framework for how it will work. The first stage will be the development of a process for deliberation; the second phase will describe the implementation. The following individuals volunteered from the CSI Committee: Bill Wilson, Susan Wilson, and Karen Hart.

CMHPC Community Forum in Merced: The forum was organized by Laura Leonelli and facilitated by Jane Adcock. This was the first forum in a series and was attended by about 50 people. Demographic data was developed from sign in sheets and indicates that not many consumers attended. The agenda included recent state-level changes and the impact locally on county mental health systems, focused on the needs resulting from the changes, and stories of success and challenges.

Panel Presentation: Trauma-Informed Mental Health Care

Kyndra Simmons, Program Director/Caught in the Crossfire, a violence intervention and prevention program of Youth Alive. The program is part of a national network of 25 hospital based violence intervention programs. They serve patients aged 12 – 24 at Oakland Children's Hospital, Highlands Hospital, and Eden Medical Center in Castro Valley. Intervention Specialists reach out to family after a violent incident and provide a wide variety of services. There are two clinicians on staff to provide therapy for victims and families. They can help families move to a safer location and can connect families with partners in national network. Families spend between 6 to 12 months in the program and there is no predetermined exit date. The program serves about 100 families / year; shootings and violence are down in Oakland, but a growing number of victims are under 15 yrs. The program evaluations show that outcomes have been very good, and the program's reputation is excellent.

Steven Blum, MH Clinical Specialist/Contra Costa County Adult Mental Health. He believes youth programs are far ahead in development compared to adult programs. His program is located in Concord. He indicated that about 90% of 5150s are not related to primary diagnosis, but are frequently trauma-related responses to trigger incidents. Usually trauma histories for adults are unknown to therapists. He made a proposal for MHSA funding, based on a model by Dr. Kim Mueser, Executive Director of Psychosocial Rehabilitation at Boston University, and developed a group model based on adapted individual model. He found there was no other program that addresses adult trauma in Axis I or II diagnoses. Groups include both males and females. Participants do not share details of their trauma, but they learn to handle triggers for trauma through cognitive restructuring. A handout was distributed that outlined the program model.

Discussion:

- What kind of screening happens before people join the group? SB: Assessment is done, but needs to be revised. MHSA grant includes a peer Community Support Worker that helps provide transportation, helps support clients to feel safe. Their interactions help them know who would be appropriate for the group.
- Are peers used in Caught in the Crossfire? KS: Yes, we look to hire people who have had similar experiences and backgrounds as the clients, but are now older and have rehabilitated themselves. Then they receive professional training for the job. It's called a peer-based model, and youth recognize and relate better to staff who have been there.
- Are the action plans formulated in the group setting? SB: No, the participants do 'skills practice' on their own but they can share with the group if they feel comfortable and be reassured that their action plan will be helpful if the trigger situation should occur again. Many times it's the inner dialogue that hurts the person most, the thinking process is creating negative results, so changing and challenging the thought process is helping them get a different perspective. It is called 'Emotional reasoning' – there is really no evidence for their assumptions and self-perceptions.
- Agree that peer mentors are necessary, and really important for trust and understanding. How many hours are spent with each family? KS: Caseloads are fairly small, no more than 14 per Intervention Specialist. Sometimes the commitment is many hours, eg for medical appointments, extraordinary services as necessary - it just depends on the case.
- What kind of training is provided to staff in the Caught in the Crossfire program? KS: Many of the new staff don't have any mental health experience; she screens candidates for their commitment to the clients and passion for the work. She trains new staff from the ground up: in time management, case management, recognizing PTSD, and trauma informed care.
- Do either of you (presenters) have any outcome data indicators that you collect? SB: many pre-post assessments don't include information of how services impact the lives of the participants. For his program the most important data has to do with hospitalizations, for emergency 5150s. These have been reduced by 27% as a result of the program, acute hospitalizations reduced by 40%, reduction in days of hospital stay by 44%. No one is doing worse, no evictions, etc. KS – evaluation studies have been published, we look at who returns to the hospital for another violent injury. Participants are monitored monthly, their recidivism rate is 3%, compared to non-participants 40%. The program is continually evaluated, and they provide Technical Assistance to other programs.

Cecilia Chen and Suzy Loftus, Center for Youth Wellness in San Francisco. The CEO and founder is Dr. Nadine Burke Harris/pediatrician. She wanted to address health disparities in Bayview- Hunter's Point district, and did a needs assessment. She worked with Sutter/CA Pacific Medical Center to open a clinic. Many improvements in disparity measures – asthma, vaccination rates, etc. yet children were being referred for behavior problems and assessments for ADHD. Did not find ADHD but discovered ACE study at Kaiser. The medical field has not embraced ACEs study and the impact of traumatic experience on developing brain and body that often leads to chronic diseases, etc. Behavior is an indicator of other serious issues. Dr. Victor Carrion is co-founder of the Center. CYW is working to expand the audience to improve holistic health responses for kids. Model includes universal screening for ages 0 -18 by parent/child, using non-specific ACEs, to identify chronic adversity as a health risk.

Pediatricians and therapists work together at the Center, have multidisciplinary rounds and case conferences. Wellness nurses educate families on trauma and stress. Center offers Dr. Alice Lieberman's child/parent psychotherapy, nutrition therapy, biofeedback and other clinical interventions. Services are privately funded by agreement with the pediatric clinic, which is becoming a FQHC. Presenters are attorneys who help Center move policy forward, make recommendations and expand awareness. Center employs a researcher who is an immunologist, to study and validate screening tools, and identify biomarkers of toxic stress. Presenters distributed a white paper "An Unhealthy Dose of Stress".

Discussion:

- Question to all presenters – do any of your programs involve clergy? KS: Yes, Youth Alive does, in other programs besides Caught in the Crossfire. SL: Dr. Burke Harris recruited patients from the local churches, a member of their Community Advisory Council is a church member, and outreach to clergy is a good strategy. SB: there is no community infrastructure for adult trauma work.
- Are you aware of similar programs in other areas of CA? The CA Department Of Education can promote them so they can be replicated. KS: Caught in the Crossfire has expanded to Contra Costa County, another program is starting in Salinas. Kaiser Hospital in South Sacramento has one.
- San Francisco USD has a program called Support not Suspensions, a positive disciplinary strategy that is trauma informed. CYW will host its first CA ACES Summit in San Francisco, Nov. 5-7. We need to outreach to schools and others who need to hear the message, the summit addresses trauma as a public health threat that impacts other sectors. We need to involve medical school residents, and medical school professors, because the Affordable Care Act is moving towards an integrated (mental/physical) care model.
- DOE has a Student Mental Health Policy Workgroup, their recommendation was accepted to integrate mental health into teacher and administrative credentialing programs. We can work together to make another recommendation supporting this measure (see below).
- Can CSI Committee also support this? Assembly Health Committee – sponsored by CYW, Youth Alive, and others: **ACR 155**, as introduced, Bocanegra. Childhood brain development: adverse experiences: toxic stress.

"This measure would urge the Governor to identify evidence-based solutions to reduce children's exposure to adverse childhood experiences, address the impacts of those experiences, and invest in preventive health care and mental health and wellness interventions."

- CC: San Diego County has taken the lead in building a trauma-informed system, also Ventura, Yolo, San Francisco, Monterey. ACEs Summit can highlight these public policy improvements and promote them throughout the state.
- SB: Are any of these programs youth focused, or do they also include adults? The ACE Study included all adult subjects, the point was to identify trauma from the past that affected current health status. However, trauma focused work with adults is lacking in community mental health.
- This issue should be multi-generational, traumatic events affect all age groups. SB: we are just beginning to talk about working with the families of adult consumers, they

report experiencing trauma in working with the mental health system, from the 5150 process onward.

- SL: she is also a Police Commissioner, and states that the Crisis Intervention Team program has revolutionized the way officers handle crises. The model is a working group of mental health experts and cops, who understand the safety issues. New policies and orders came out of it. It is changing the cultural approach, use of force has decreased. CIT training gives a gold pin for recognition, points for advancement and promotion, and systematic appreciation.
- There is more collaboration with mental health and law enforcement in LA County through CIT training. Both the sheriff and police departments participate, but trained officers are still a minority.
- The Village in Long Beach is training officers how to deal with mentally ill people; it should be a model nationwide.

Public Comment: none

Evaluate Meeting / Develop Agenda for Next Meeting:

In the last year the CSI work plan included the Data Notebook, panels on AB 114 implementation around the state, and trauma informed care. We were going to look at the mandate of the CMHPC on performance outcomes and how our Committee could support that. We need to plan something that will educate the full Council and fits into our mandate. Possible areas of interest for the coming year include:

- Peer Certification
- AB 114 panel at the Sacramento-area meeting
- Trauma-informed care issue, especially as it relates to adults, veterans and the criminal justice system

How was the meeting?

- Comment: Great, wonderful, different perspectives, important to focus on youth but adults need to be addressed as well, they influence the youth.
- Comment: AB 114 – The state needs to determine a set of measures/outcomes that they want schools/districts to report on regarding children with mental health issues. Nothing across the board is consistent, or can be compared. We have heard people’s opinions about how things are going, but there is no real way to measure this and the Dept of Education should be taking the lead on this. Look at the disciplinary data, how many children are suspended and expelled and does this relate to mental health status? Would love to know more about Support not Suspensions, where do kids go if they don’t graduate? How can schools keep track of these kids? The Dept. of Justice is investigating this issue because of racial disparities in suspensions/expulsions. There is also a discussion about bullying – it discourages kids from school attendance, and this is also a source of trauma.
- Comment: We are very proud of the team that worked on the Data Notebook, it is really impressive. I hope that this information goes into the revised Master Plan, and that this work leads to data reports and better data at the State level. The CMHPC should give support to the OAC and their evaluation efforts. It will be more effective if we both go forward with a common vision, our responsibility is to encourage local mental health

Continuous System Improvement Committee

Meeting Highlights

June 18, 2014

boards to buy in to the vision and encourage their MH departments to produce the data. It can be done, it has happened at the county/city level, as a centralized data system was created. Now some years later all the programs are trained and understand the power of data/outcomes to transform their organizations. The CMHPC can be leaders in this cultural shift, the more that data is used the better it gets.

Meeting was adjourned at 4:50 pm.

**Continuous System Improvement Committee
Meeting Highlights
July 25, 2014**

Members Present

Patricia Bennett, PhD Chair
Susan Wilson, Chair Elect
Lorraine Flores
Karen Hart
Carmen Lee
Walter Shwe
Bill Wilson
Renay Bradley, PhD, OAC Liaison

Staff

Linda Dickerson, PhD
Laura Leonelli

Welcome and Introductions:

The meeting was held by teleconference. Chair Patricia Bennett called the meeting to order at 9:05 am. Those attending introduced themselves.

Discussion: Data Notebook reports update

Few reports have been returned so far. Staff are concerned that there may be errors in the mailing list for Mental Health Board Chairs. MH Directors are also receiving the documents, but there may be errors in DHCS outgoing email? Reminders were sent out in mid-June, they may not have been received? There have been many changes in MH Directors lately, it would be a good idea to also send to Deputy Directors and MHSA Coordinators. Renay will send her list of contacts to Linda. RB says that the Oversight and Accountability Commission (OAC) must make many requests for data, advises to be persistent. Is there continued training of MHB/Commission members beyond those in April and June? LD provides one-on-one advice for any calls or questions received.

Discussion: Agenda / AB 114 panel for CSI Committee meeting, October 15 in Folsom

The panel will include members representing the Central Valley. The discussion will be facilitated and will start with a brief introduction of each panelist. The format will be similar to the panel presentation to the Full Council in Oakland, with set questions to each presenter. We need a consistent range of information to have a meaningful report.

- Laura will send the questions to Pat for review, possible modification for parent presenters.

Discussion: Trauma Panel debrief from June CSI Committee meeting

Member feedback: The panel was well done, informative. The Planning Council has followed up with a letter of support for Assembly Concurrent Resolution 155 that urges the Governor's support for evidence-based, trauma-informed programs. There will be a 3-day training on Trauma in Monterey, KH has been invited to participate. What is the intention for this CSI Committee work plan item? The Committee wanted to become informed on the topic of Adverse Childhood Experiences and Trauma, for the purpose of an assessment of current programs state-wide that employ a trauma-informed approach. How is this information to be collected? The OAC has done a study of Early Intervention programs,

described in a recent UCLA report. There have been grants made by the Substance Abuse and Mental Health Services Administration (SAMHSA) for evidence-based trauma-informed projects, the web site may have a list of grantees in California.

- LL will check the inventory of programs listed by the OAC
- Add to CSI agenda: Lorraine's report on her work with the OAC committee on evidence-based programs for Transition Age Youth

New Business: Executive Committee review of OAC - CMHPC evaluation partnership opportunities

The Executive Committee discussed this topic and believes that the full Planning Council should be involved, through an ad-hoc committee that includes representatives from all Planning Council standing committees. By statute, the Planning Council should review and approve all performance indicators, including those for EPSDT Performance Outcomes System (POS) measures, and any revisions of the indicators planned by DHCS or recommended by the OAC. The Planning Council wishes to be collaborative, effective participants to develop meaningful measurements.

- Renay will meet with Jane Adcock, PB and SW on Monday, July 28. They will discuss specific evaluation projects and timelines, and how a collaboration might work. The highlights of the meeting will be shared with the CSI Committee.
- A report on the issue will be included on the October meeting agenda.

Next Steps and Future Agenda Items:

- At our face-to-face meeting in October, the CSI Committee will re-visit the work plan. There has been a considerable amount of work done, and we will decide the next steps and any compelling topics that we would like to work on.
- The Planning Council will host a Community Forum in San Bernardino on July 29th. LL and JA will attend. We will report at the October meeting.

Public Comment: None

Next Meeting – 4th Friday in September, 9/26/14. Susan Wilson will Chair.

Meeting was adjourned at 9:50 am

X INFORMATION

TAB SECTION B

_____ ACTION REQUIRED

DATE OF MEETING 10/15/14

MATERIAL
PREPARED BY: Leonelli

DATE MATERIAL
PREPARED 9/17/14

AGENDA ITEM:	Discussion: CSI Work Plan
ENCLOSURES:	CSI Work Plan
OTHER MATERIAL RELATED TO ITEM:	Performance Indicator Joint Task Force document

ISSUE:

The Continuous System Improvement Committee adopted a draft Work Plan for 2013-14 which included 5 Goals. Two of the Goals, #1: Complete Data Notebook and #3: Determine the Effectiveness of the Transition to AB 114, are almost completed and will be summarized in reports later this year. Goal #2: Identify Best Practices and Make Recommendations for Treatment of Childhood Trauma, has been explored but needs clarity before the report can be drafted. Goal #4: Review and Approve the Performance Outcome Measures, is in progress through a Joint Task Force which is being organized with the OAC. (Goal #5 involved approval of the OAC Evaluation Master Plan, and was addressed by a work group review of the Plan). As the Committee moves forward into next year, what are the issues that seem urgent and relevant that we want to address?

Continuous System Improvement Committee

Draft Work Plan

Goal #1 Complete Data Notebook <i>WIC 5772 ...In conjunction with other statewide and local mental health organizations assist in the coordination of training and information to local mental health boards as needed to ensure that they can effectively carry out their duties...</i>		Measure of Success Issuing Statewide Report	Target Audience Local Mental Health Boards Mental Health Stakeholders	
Objectives	Action Steps	Data/Evaluation	Timeline	Leads
<ul style="list-style-type: none"> Fulfill obligation of WIC 5772 	<ul style="list-style-type: none"> Gather information to design Notebook (Date Sources) Training Receiving Input Compiling/Analyzing Input Drafting Statewide Report 		<ul style="list-style-type: none"> June 2013: Staff will work on outline for the notebook and send that out for the subcommittee to discuss on the next call (June 13, 2013) August (December) 2013: Basic design of Data Notebook complete September (April 2014) 2013: Training component complete (keeping in mind some pre- training activities) December 2013: Training complete March (June) 2014: Feedback from counties complete August 2014: Report complete, disseminate 	Linda Dickerson Susan Wilson

Goal #2		Measure of Success		Target Audience
Identify best practices and make recommendations for treatment of childhood trauma.		Brief report with recommendations for dissemination.		Stakeholders: families, school districts, advocates
Objectives	Action Steps	Data/Evaluation	Timeline	Leads
<p>Create a Task Force to discuss presentations and information availability</p> <p>Gather Information on the background of childhood trauma</p> <p>Identify Best Practices</p> <p>Issue Recommendations</p>	<ul style="list-style-type: none"> • Gather information regarding data and the effects of childhood trauma (Presenters, etc.) • Look into other studies worldwide or just within California? • Presentation to Full Council • Draft report <ul style="list-style-type: none"> ➤ <i>Prevalence</i> ➤ <i>What it does</i> ➤ <i>How to mitigate</i> ➤ <i>Recommendations</i> 		<p>October 2013-June 2014</p> <p>January 2014</p> <p>October 2014?</p>	<p>Monica Nepomuceno</p> <p>Lorraine Flores</p> <p>Celeste Hunter</p> <p>Laura Leonelli</p>

Goal #3		Measure of Success		Target Audience	
Determine the effectiveness of the transition to AB 114		Issue recommendations to Governor		Department of Education Governor	
Objectives	Action Steps	Data/Evaluation	Timeline	Leads	
<ul style="list-style-type: none"> • Issue recommendations to Governor and CDE <ul style="list-style-type: none"> ➤ <i>Are children receiving the services they need?</i> ➤ <i>What changes can be made to make more effective?</i> 	<ul style="list-style-type: none"> • Presentation by the CDE and Alliance • Gather data and Information • Discuss AB 114 panel on upcoming CC • Information and presentations from the local level. Grassroots data. • Invite County Groups • Develop summary report, recommendations 	<p>Statistics or data when services were delivered under AB 3632?</p> <p>Able to make a comparison between AB 3632 service delivery and AB 114 service delivery?</p>	<p>June 2013</p> <p>October – December 2013</p> <p>January 2014</p> <p>April 2014</p>	<p>Lorraine Flores Celeste Hunter Monica Nepomuceno</p> <p>Tracy Thompson / Laura Leonelli</p>	

Goal #4		Measure of Success		Target Audience	
Review and approve the performance outcome measures <i>WIC 5772 To review and approve the performance outcome measures.</i>		Adoption of CMHPC recommendations for updates		MH Boards/Commissions MH Stakeholders statewide	
Objectives	Action Steps	Data/Evaluation	Timeline		Leads
Provide feedback	<ul style="list-style-type: none"> • Committee members to become well versed on Performance Indicators • MHSOAC conference calls • Mental Health Division Chief Presentation? 		December 2013		Pat Bennett Susan Wilson Linda Dickerson Laura Leonelli

Goal #5		Measure of Success	Target Audience	
Review MHSOAC Evaluation Master Plan		Recommendations/comments to MHSOAC		
Objectives	Action Steps	Data/Evaluation	Timeline	Leads
<ul style="list-style-type: none"> To provide comments and recommendations to the MHSOAC 	<ul style="list-style-type: none"> Review MHSOAC Evaluation Master Plan Provide recommendations to MHSOAC – 	Master Plan available August, 2013	August - October 2013	Linda Dickerson Pat Bennett Laura Leonelli

Performance Indicator Joint Task Force
California Mental Health Planning Council and
Mental Health Services Oversight and Accountability Commission

Purpose: Develop and implement an ongoing process for identifying new and/or modifying existing performance indicators for evaluating California's mental health system

Goals:

- Develop a process for modifying existing performance indicators and identifying, developing, and testing new indicators
- Present the plan to the full Planning Council for discussion and approval (and then to the Commission for adoption)
- Identify potential new indicators and recommend changes to existing indicators
- Identify and assess existing data sources for use in new or revised indicator calculations
- Support the testing and evaluation of indicators for validity and reliability
- Present new or revised indicators to the full Planning Council for discussion and approval (and then to the Commission for adoption)
- Annually review accomplishments and make recommendations for improvement

Assumptions:

- Knowledge of the California publicly funded mental health system
- Familiarity with existing statewide data sources
- Familiarity with performance monitoring, quality improvement, and program evaluation

Expectations:

- It is anticipated that the work group will meet at a minimum every other month for the next year
- Meetings will be in-person with an option to participate via conference call
- Meeting times will vary depending on the agenda and workload but are expected to be scheduled for two to three hours each
- Members will also be expected to complete work outside of the meeting to review and assess meeting materials, gather input from subject matter experts, consult key stakeholders, etc.
- Task Force members are expected to represent a broad perspective characteristic of California's diverse communities and needs.

X INFORMATION

TAB SECTION C

_____ ACTION REQUIRED

DATE OF MEETING 10/15/14

MATERIAL
PREPARED BY: Leonelli

DATE MATERIAL
PREPARED 9/15/14

AGENDA ITEM:	Panel Presentation: AB 114 Implementation – Sacramento/Central Valley
ENCLOSURES:	Suggested Questions for Panelists
OTHER MATERIAL RELATED TO ITEM:	None

ISSUE:

The Continuous System Improvement Committee has heard presentations from school districts/Special Education Local Planning Areas (SELPA) in San Diego, Riverside, Orange, Alameda and San Mateo Counties on how the transfer of mental health services has been implemented locally. Experiences and strategies have varied widely in each district depending on the vision of administrative leaders, demographic variables, collaborative relationship with County Children’s Behavioral Health departments, and existing mental health delivery system. Each SELPA has reported having an extensive planning process, a collective learning curve, demands for staff training and/or acquiring new clinical staff, and issues with residential treatment programs. In Orange County and in Oakland, the AB 114 panels included powerful and moving testimonies from parents of special-education students who received mental health services. At the June Quarterly Meeting in Oakland, the panel presented to the full Planning Council, responding to these questions that we will also use today.

Questions for AB 114 Panel:

1. What did your department / agency anticipate?
2. What didn't you anticipate; what were surprises as this rolled out?
 - Has the transition resulted in increased access to mental health services for special education students?
3. Has AB 114 enhanced partnerships with other agencies?
 - Has the transition affected the development of IEP plans, and if so, how?
 - From your perspective, what are the benefits of this change, and what have been the challenges?
4. Can you share a success story to illustrate what is working well?
5. Are you measuring outcomes, and if so, how?
6. What ensures that services being provided to special education students are culturally sensitive and address the needs of a culturally diverse population?
7. What message can the Planning Council communicate to the Legislators and the Governor?
 - Do you have any recommendations for system and/or process improvement?