

_____ **INFORMATION**

TAB SECTION A

 X **ACTION REQUIRED:**
Approve Minutes

DATE OF MEETING 6/18/15

**MATERIAL
PREPARED BY:** Leonelli

**DATE MATERIAL
PREPARED** 5/15/15

AGENDA ITEM:	Approval of CSI Committee Meeting Minutes
ENCLOSURES:	<ul style="list-style-type: none">• Minutes of CSI Meetings on April 16, 2015
OTHER MATERIAL RELATED TO ITEM:	None

ISSUE:

Continuous System Improvement Committee review and approval of minutes from April Quarterly meeting.

No meetings were held in May or June, 2015

Continuous System Improvement Committee
Meeting Highlights
Thursday, April 16, 2015

Doubletree San Pedro Hotel
2800 Via Cabrillo Marina
Santa Rosa Room

Committee Members Present:

Susan Wilson, Chair	
Lorraine Flores, Chair-Elect	Amy Eargle, PhD
Karen Hart	Celeste Hunter
Raja Mitry	Noel O'Neill
Walter Shwe	Bill Wilson

Staff Present: Laura Leonelli

Others Present:

Beryl Nielson, CALMHBC, Napa County	Marcia Ramstrom, CALMHBC, Shasta County
Mae Sherman, CALMHBC, Lassen County	May Farr, CALMHBC, San Bernardino County
Dina Ortiz, Mendocino County MHB	Jesse Herrera, Monterey County MHB

By Phone: Renay Bradley, PhD, MHSOAC, and Linda Dickerson, PhD, CMHPC

Welcome and Introductions:

Chair Susan Wilson welcomed those present, who all introduced themselves.

Public Comment:

Chair Susan Wilson asked for public comment to start the meeting. Hearing none, she proceeded to the next agenda item.

Review and Approve January, February Minutes: The minutes were reviewed and no amendments were offered. A motion was made by Raja Mitry to approve the January minutes and seconded by Lorraine Flores; motion passed. A motion to approve the February minutes was made by Karen Hart, seconded by Bill Wilson; motion passed.

Update: Preliminary Data Notebook draft, proposed questions: A printed copy of the Data Notebook draft was included in the April CMHPC meeting packets. The 2015 version of the Data Notebook uses a new data source: the California Outcomes Measurement System (CalOMS) for substance abuse disorders and treatment data. This data is submitted by the Counties and State Contracted Direct Providers (DPs) to the Department of Health Care Services (DHCS) every month. County treatment of Substance Abuse Disorders (SUD) is one topic of this year's Data Notebook. The other topic is Alternatives to Locked Facilities, which builds on the questions about hospitalization from last year's Data Notebook. The deadline for completion of the Data Notebook final report has been extended until June, 2016. Some interim reports will be made to the CSI Committee and the

Planning Council as updates. Linda Dickerson explained the document by going over each question, as referenced in the printed copy.

Comments on the section about alternatives to locked facilities:

1. Add to the list acute care hospitals, gero-psychiatric units
2. The word 'patch' needs an explanation or footnote. It refers to the cost assumed by the placing agency for services that exceed a consumer's ability to pay. Usually refers to expenses at licensed adult residential facilities (board and care homes).
3. Replace 'psychiatric treatment' with 'mental health related services', add 'transport to out of state' for treatment
4. Counties provide mental health services to inmates in jail. Do we want to include those or focus on diversion programs only? A new question should be added related to re-entry to the community from jail.
5. What are the criteria for 'innovative'? do they include wellness, resilience? The phrase should be re-worded to "other innovative" to distinguish from services funded through the Mental Health Services Act (MHSA) Innovation component.
6. Add SB82-funded programs to prevention; ask for a yes/no response, if yes then comment
7. Reword to: 'Please describe any specific unmet needs' for different age populations – 'youth' should be changed to Transition Age Youth (TAY) and add Older Adults.
8. Suggestion: instead of choosing one top priority, allow 3 top priorities, not ranked. Include excellence or quality of service delivery, add to introductory text.

Comments on the section about integration of mental health care and substance abuse treatment: Introduction is wordy, could be edited for clarity, add bullet and sub-bullet points. Include a summary version and explanation that defines what this data means. Current CalOMS data sets specific to each county will be added, with graphs. This information includes non-Drug Medi-Cal treatment services.

9. First sentence can be moved to the introductory section. The question refers to community-wide treatment resources. It was noted that most county Alcohol and Other Drug administrators participate in Mental/Behavioral Health Board meetings, and they can be sources of county-wide statistics.
10. Add 'stigma' as a barrier to access and engagement with treatment.
11. New Drug Medi-Cal regulations allow for case management, but is there no increase of funds for this component? Add 'regional approaches' to the list since counties with limited resources do collaborate on these programs. Can employment, as peers or volunteers, be added?
12. Add "most" successful
13. This item includes two questions, but just one list of responses. Please separate into two items, and add peer support and mentors/sponsors to the list. Emphasize or repeat that the question means "SUD" recovery.
14. 'Young adult' should be changed to TAY; do not limit by funding information.

Additional questions:

- There still does not seem to be any information about clients who have co-occurring disorders? This topic is mentioned in Question 14 about coordinated care.

- What is the scope of this set of questions? There are two areas of focus this year, intended to determine what is happening throughout the state in MH and SUD services.

Update: CMHPC and OAC Priority Indicators Joint Task Force; OAC research projects

Renay Bradley reported that the Oversight and Accountability Commission (OAC) is doing its internal performance monitoring, like an extension of a trends report produced through its contract with UCLA to study the 12 priority indicators using CSI (Community Services and Supports projects) and DCR (Full Service Partnerships) data from Fiscal Years 2004-05 through 2011-12. Data is obtained from the Department of Health Care Services (DHCS), and there are issues with data quality and variability. In the future the report will add data from two more FY: 2012-13 and 2013-14. The Task Force will review the trends report and consider dropping indicators due to poor data quality and/or adding new indicators, perhaps regarding access to mental health services, and how to identify 'new' clients. The Task Force will review and report on trends in the data, and the final report is expected by January/February 2016. The Task Force is co-lead by Linda Dickerson and includes CSI members Karen Hart, Susan Wilson, Lorraine Flores, Raja Mitry, and Walter Shwe. They will be meeting again in May and from now on will meet more often.

Dr. Bradley then reported on the OAC's Data Strengthening efforts. They have contracted out for an analysis of the State and Federal processes that need to happen in order to prepare to upgrade statewide data systems. DHCS will take over management of this process, and the goal of the studies is to generate State and Federal resources for DHCS to address the limitation of current data collection and reporting, and to construct new data systems. The new statewide data collection system will cover behavioral health including SUD as well as MH. She will report further on these activities in person at the June or October meeting. Ms. Kate Cordell of the Mental Health Data Alliance will continue to do research briefs for the OAC. Her research focus is on children and youth receiving MH services through both Medi-Cal and Full Service Partnerships. Her dissertation topic at UC Berkeley will be based on Client Services Information (CSI) data from DHCS and in return she will generate research briefs on her findings. CSI members would like her to be invited to present at another meeting (probably October), and to share her briefs with the Committee. Next fiscal year (beginning July 1), the OAC Evaluation Committee will prioritize research on children's MH services through MHSA. Although children are primarily served by Medi-Cal, the study will explore when and why they also receive services through the MHSA.

Update: New Community Forum write-up, and Approval: revised 2014 Trauma report

Celeste Hunter suggested some edits on the section of the Trauma report regarding the United Pan Asian Communities (UPAC). One correction is that "ACE" stands for Alliance for Community Empowerment. These programs target youth, while the mobile crisis response serves all age groups. Celeste will email Laura about further changes. These will not

substantially affect the overall report. A motion to approve the 2014 Trauma report was made by Lorraine Flores, seconded by Karen Hart; motion approved.

Susan Wilson requested that a link to the TED talk by Nadine Burke-Harris be shared again with the Committee

members: http://www.ted.com/talks/nadine_burke_harris_how_childhood_trauma_affects_health_across_a_lifetime

A write-up of the first Cultural Mental Health Forum was included for Committee review. Laura explained that this is not a report; the final report will include descriptions of several Cultural forums to be held throughout the year. A regular format of questions was developed that will be asked at each Cultural forum event. The first Cultural forum took place in Fresno with the Hmong community; other planned forums will be held with the Muslim community in Sacramento, with a Native American community in Northern CA, and with a Latino community in a location TBD. Monterey and Salinas were suggested.

Comments:

- the notices for the Forums should be shared with all CSI Committee members, not just those living in the area. Members travel and might be able to attend a Forum if they know about it.
- Mental illness symptoms manifest differently in various cultures; somatic distress often masks these symptoms and this should be shared with primary care providers through integration of mental health/primary care.

CSI Committee Work Plan 2015:

The Work Plan document was included in the April CSI Committee meeting packet. Goals were reviewed and discussed, please refer to the hard copy.

Goal #1 - Data Notebook: Regarding trainings for Local Mental Health Boards (LMHB), the CA Institute for Behavioral Health Solutions (CIBHS) will conduct a training Friday, April 17 in San Pedro for LMHB members on their roles and responsibilities, and will produce a manual for future use. Additional regional trainings for LMHB members will be conducted by our own Susan Wilson, in May and June of this year. The Work Plan goal refers to training LMHB members in how to use data and to complete the Data Notebook.

Linda will try to complete the drafts by June of this year. She had to obtain approval to use the CalOMS data, which held up the process. There was some discussion about who will review and approve the final draft before it is released. The 'stakeholders' mentioned in the Work Plan are LMHB members, CSI Committee members, and Executive Officer Jane Adcock. Last year these stakeholders met in a regular Data Notebook Work Group, which has been integrated into the current CSI Committee. It was suggested that all County Mental/ Behavioral Health Directors also receive a copy when the Data Notebook is distributed to LMHB Chairs.

Goal #2 – MH services in Juvenile Justice system: The timeline for the goal activities were changed to reflect that the Draft report will be submitted to the CSI Committee for review in June, 2016. During July/August/September of 2016 the report will be sent to

CSI Committee Meeting Highlights
April 16, 2015
San Pedro, CA

stakeholders for review and comment, edited and prepared for final CMHPC approval in October, 2016.

Goal #3 – Identify best practices for MH programs for homeless adults and youth: No changes made.

Goal #4 – Performance Outcome Measures/ Indicators Task Force: No changes made, except that the participating CSI Committee members are now listed in the document.

Evaluate Meeting/Develop Agenda for Next Meeting

Members present expressed that it was a good and productive meeting. Most members like the Committee meeting schedule change to Thursday mornings, which breaks up the General Session somewhat.

Meeting was adjourned at 12:00 pm.

X INFORMATION

TAB SECTION B

_____ ACTION REQUIRED

DATE OF MEETING 6/18/15

MATERIAL
PREPARED BY: Leonelli

DATE MATERIAL
PREPARED 5/15/15

AGENDA ITEM:	Update: Data Notebook completion, distribution timeline
ENCLOSURES:	None
OTHER MATERIAL RELATED TO ITEM:	

ISSUE:

The Data Notebook is the primary work product from the Continuous System Improvement Committee. After a delay in receiving data from the California Outcomes Management System, CalOMS, by the end of May the Notebooks were customized for each County. The Data Notebook is expected to be distributed to County Mental Health Boards by June 2015.

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TAB SECTION C

_____ ACTION REQUIRED:

DATE OF MEETING 6/18/15

MATERIAL
PREPARED BY: Leonelli

DATE MATERIAL
PREPARED 5/15/15

AGENDA ITEM:	Update: CMHPC and OAC Priority Indicators Joint Task Force; OAC Statewide Disparities Evaluation Framework
ENCLOSURES:	<ul style="list-style-type: none">• PowerPoint slides on Disparities Evaluation
OTHER MATERIAL RELATED TO ITEM:	

ISSUE:

The CMHPC works with the MHS Oversight and Accountability Commission on a number of quality improvement efforts. Members of the CSI Committee participate in the Priority Indicators Joint Task Force with the OAC, and they and Dr. Renay Bradley will provide an update of recent meetings and activities.

On a similar topic, Dr. Bradley will share with the CSI Committee a Framework that the OAC is developing to measure Statewide Disparities in access to mental health services. This information was also presented to the California MHSA Multicultural Coalition in March, 2015.

Continuous System Improvement Committee Meeting

June 2015

Renay Bradley, Ph.D.
Director of Research and Evaluation



Mental Health Services Act (MHSA)

- The Mental Health Services Act (MHSA) values cultural and linguistic competence and the reduction of disparities in access to services.
- In order for the MHSA to achieve its objectives, people must be served:
 - In ways that are coherent with and respectful of differing cultural views and traditions; and
 - In ways that eliminate disparities in access to treatment, quality of care, and create successful outcomes for all individuals and families being served.

State Roles in Reducing Disparities

- After the closure of the Department of Mental Health (DMH):
 - The California Department of Public Health (CDPH), Office of Health Equity (OHE)
 - Manages the California Reducing Disparities Project (CRDP)
 - The Department of Health Care Services (DHCS)
 - Administers the Cultural Competence Plans (CCP)
 - The Office of Statewide Health Planning and Development (OSHPD)
 - Administers the Workforce Education and Training (WET) program
 - Mental Health Services Oversight and Accountability Commission (MHSOAC)
 - Provide oversight and accountability of the public mental health system

Next Steps

- Work with stakeholders to begin to envision a Statewide Disparities Evaluation Framework
 - Identify other entities engaged in evaluating disparities and/or cultural and linguistic competence

Next Steps (cont.)

- Work with the MHSOAC Evaluation Committee to identify specific evaluation activities and indicators
 - June 2015: Discuss evaluation efforts that could be achieved in the short term
 - August 2015: Discuss evaluation efforts that should be achieved in the long term, including key indicators that would support ongoing, continuous evaluation of the MHSA's impact on un-, under-, and inappropriately served communities

Thank you!

❖ Questions? Comments?

Renay Bradley, Ph.D.

Director of Research and Evaluation

Mental Health Services Oversight and Accountability
Commission

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X INFORMATION

TAB SECTION D

_____ ACTION REQUIRED:

DATE OF MEETING 6/18/15

MATERIAL
PREPARED BY: Leonelli

DATE MATERIAL
PREPARED 5/15/15

AGENDA ITEM:	Panel Presentation: Mental Health services to Homeless Adults and Youth
ENCLOSURES:	
OTHER MATERIAL RELATED TO ITEM:	<ul style="list-style-type: none">• Presenter handouts

ISSUE:

Goal #3 for the CSI Committee 2015 Work Plan is to 'Identify best practices and make recommendations for mental health programs for homeless adults and youth'. This panel presentation features service providers who implement model programs for the homeless mentally ill in Santa Clara County. Panelists are:

- *Sparky Harlan, CEO Bill Wilson Center;*
- *Ky Le, Director, Santa Clara County Office of Supportive Housing; and*
- *Vitka Eisen, CEO HealthRIGHT 360.*

Thanks to Lorraine Flores for organizing this panel presentation.

After the presentations, questions will be welcome as well as a discussion of best practices for programs serving this population.

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TAB SECTION E

_____ ACTION REQUIRED

DATE OF MEETING 6/18/15

MATERIAL
PREPARED BY: Leonelli

DATE MATERIAL
PREPARED 5/15/15

AGENDA ITEM:	CSI 2015 Work Plan: review and update
ENCLOSURES:	Approved 2015 Work Plan
OTHER MATERIAL RELATED TO ITEM:	

ISSUE:

The CSI Committee approved this Work Plan at the April Quarterly Meeting, and progress is being made on Goals 1 and 4. The Committee can review the other Goals and decide what kind of report should be produced for each one, and what kind of information should be included. This will be valuable direction to staff who will implement what the Committee decides.

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2015 Draft Work Plan

Goal #1: Complete Data Notebook	Target Audience
<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>	Local Mental Health Boards Mental Health Stakeholders

Objectives	Action Steps	Timeline	Leads
<ul style="list-style-type: none"> • Fulfill obligation of WIC 5772 	<ul style="list-style-type: none"> • Gather information to design Notebook (Data Sources) • Receiving Input on Data Notebook format • Conduct Training for Mental Health Board members on how to complete Data Notebook • Compiling/Analyzing Input • Drafting Statewide Report • Draft Report complete • CMHPC approval; final edits; disseminate to stakeholders 	<ul style="list-style-type: none"> • April 2015: Staff will present draft outline of Data Notebook to CSI Committee for review and approval • June 2015: Basic design of Data Notebook complete Trainings during/after June Quarterly Meeting • October 2015: Receive completed county reports • December 2015: First draft for CSI review and approval Send to Stakeholders for input • January 2016: Final draft 	<p>Linda Dickerson</p> <p>Susan Wilson</p>

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Goal #2: Identify best practices and make recommendations for mental health treatment in Juvenile Justice facilities.	Target Audience Stakeholders: County Behavioral Health agencies, families, Probation Departments, advocates
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Objectives	Action Steps	Timeline	Leads
Gather Information on model programs and best practices Identify Best Practices Issue Recommendations	<ul style="list-style-type: none"> • Organize presentations by County and private agencies implementing prevention and intervention programs for juveniles in 2 – 3 areas or regions • Research recent studies on juvenile mental health issues, including trauma informed programs • Presentation to Full Council • Draft report for CSI Committee review Include stakeholder review • Draft Report complete; CMHPC approval; final edits • Final Approval; disseminate to stakeholders 	 January 2015 – April 2015 Quarterly Meeting TBD June 2016 July – August - September 2016 October 2016	Lorraine Flores Susan Wilson CSI Committee Staff

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Continuous System Improvement Committee

<p>Goal #3: Identify best practices and make recommendations for mental health programs for homeless adults and youth</p>	<p>Target Audience: County Behavioral Health agencies, Department of Health Care Services: Mental Health Services Division Governor, Legislature</p>
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Objectives	Action Steps	Timeline	Leads
<ul style="list-style-type: none"> • Issue recommendations to Governor, County Behavioral Health Departments and DHCS <ul style="list-style-type: none"> ➤ <i>Are homeless persons receiving the services they need?</i> ➤ <i>What changes can be made to make services more effective?</i> 	<ul style="list-style-type: none"> • Presentations by model programs for homeless mentally ill • Research best practice, programs implemented in other areas • Presentation to Full Council? • Draft report for CSI Committee review, solicit input from stakeholders • Draft Report complete; CMHPC approval; final edits; disseminate to stakeholders 	<p>June 2015</p> <p>May – August 2015</p> <p>Quarterly Meeting TBD</p> <p>October 2015</p> <p>January 2016</p>	<p>Lorraine Flores</p> <p>CSI Committee Staff</p>

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<p>Goal #4</p> <p>To fulfill the CMHPC mandate of WIC 5772:</p> <p><u>WIC 5772</u> <i>To review and approve the performance outcome measures.</i></p>	<p>Target Audience</p> <p>MHSA Oversight and Accountability Commission CA Mental Health Planning Council members County Behavioral Health agencies MH Boards/Commissions</p> <p>MH Stakeholders statewide</p>
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Objectives	Action Steps	Timeline	Leads
Research	<ul style="list-style-type: none"> • Committee members to become well versed on Performance Indicators (outcome measures) through presentations at Quarterly meetings 	January 2015	Renay Bradley Linda Dickerson
Provide feedback	<ul style="list-style-type: none"> • Participation in Joint (OAC/CMHPC) Task Force on Performance Indicators 	Ongoing 2015	Lorraine Flores Karen Hart Raja Mitry Walter Shwe
Adoption of CMHPC recommendations for updates	<ul style="list-style-type: none"> • Develop updated Performance Indicators and report to Stakeholders • Report to CMHPC at Full Council meeting 	<p>Fall/Winter 2015 - 16</p> <p>Quarterly Meeting TBD</p>	

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Goal #5 TBD	Target Audience TBD
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Objectives	Action Steps	Timeline	Leads
TBD	TBD	TBD	TBD