

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

September 1, 2015

1501 Capitol Avenue, Suite 3001 Sacramento, CA 95814

9:00AM

Item #	Time	Topic	Presenter or Facilitator	Tab
1.	9:00	Welcome and Introductions	Susan Wilson, Chair Lorraine Flores, Chair-Elect	
2.	9:05	Review June 2015 minutes	All members	A
3.	9:10	Update: Data Notebook	Susan Wilson, Linda Dickerson	
4.	9:15	Review and Update Work Plan	Susan Wilson, Chair Lorraine Flores, Chair-Elect	B
5.	9:35	Develop Agenda for October meeting	Susan Wilson, Chair Lorraine Flores, Chair-Elect	
6.	9:55	Public Comment		

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

If you are unable to attend in person, call-in capability is available by dialing 1-877-951-3290

Participant Code: 8936702

Committee Members:

Susan Wilson – Chair

Lorraine Flores, Chair-Elect

Members:

Patricia Bennett, PhD
Renay Bradley, PhD
Kathleen Casela
Amy Eargle, PhD
Karen Hart
Celeste Hunter

Raja Mitry
Monica Nepomuceno
Noel O’Neill
Walter Shwe
Esmeralda Liberato

Staff:

Tom Orrock

Linda Dickerson, PhD

INFORMATION

TAB SECTION A

 X **ACTION REQUIRED:**
Approve Minutes

DATE OF MEETING
09/01/15

MATERIAL
PREPARED BY: Orrock

DATE MATERIAL
PREPARED 08/12/15

AGENDA ITEM:	Approval of CSI Committee Meeting Minutes
ENCLOSURES:	<ul style="list-style-type: none">• Minutes of CSI Meetings on June 18, 2015
OTHER MATERIAL RELATED TO ITEM:	None

ISSUE:

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

Continuous System Improvement Committee
Meeting Highlights
Thursday, June 18, 2015

Crowne Plaza San Francisco Airport
1127 Airport Blvd., Burlingame, CA 94010
Parkside Room

Committee Members Present:

Susan Wilson, Chair

Lorraine Flores, Chair-Elect

Kathleen Casela

Amy Eargle, PhD

Karen Hart

Celeste Hunter

Esmeralda Liberato

Raja Mitry

Monica Nepomuceno

Noel O'Neill

Walter Shwe

Staff Present:

Laura Leonelli

Others Present:

Beryl Nielson, CALMHBC, Napa County

Luvenia Jones, LMHB, Alameda County

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

Planning Council Members Issue Requests: Chair Susan Wilson asked if any Committee members had an issue request to bring forward. Hearing none, she continued the agenda.

Welcome and Introductions:

Chair Susan Wilson welcomed those present, who all introduced themselves and shared their background and interest in the Continuous System Improvement Committee.

Review and Approve April Minutes:

The minutes were reviewed and no changes suggested. Karen Hart moved that the minutes be approved as written; Lorraine Flores seconded the motion; the motion passed.

Update: Data Notebook completion, distribution timeline:

Linda Dickerson reported that the Data Notebook has been completed with the addition of data from the California Outcomes Management System (CalOMS) which was received in mid-May. Each County reports this data on their substance abuse treatment programs to the State. Notebooks were customized with each county's data and were electronically mailed to the County Behavioral/Mental Health Directors. Completed Data Notebooks are due to the CMHPC by August 4th. The County Behavioral Health Directors' Association (CBHDA) has discussed the Data Notebook with its members, which is a welcome demonstration of support (thanks to Noel O'Neill). The DHCS Children's EPSDT Performance Outcome System (POS) work group has been finalizing performance indicators, and a report should be available in September. It may be the data source for a

new theme for next year's Data Notebook, which will be discussed this fall. CSI Member input on the theme has been valuable, please give input for the new topic for next year.

Update: CMHPC and OAC Priority Indicators Joint Task Force; OAC Statewide Disparities Evaluation Framework

Renay Bradley reported that the Priority Indicators Joint Task Force will meet again in July, the regular meeting schedule is the second Thursday every other month. The Trends report is due from UCLA early next year, and the analysis of the 12 Priority Indicators will include recent Fiscal Year data. The Task Force is going to recommend if Indicators need to be revised, or deleted, or new ones added. For example, Indicators for the definition of 'new client' have been revised, and Indicators for 'timely access to services' have been added. LD has met with RB and the OAC staff and have provided input to the Task Force. The conclusion of the study depends on the OAC's ability to use DHCS data, the access to which must be approved. CSI members who also serve on the Task Force remarked that many counties participated in the meeting by phone. There needs to be consistency across counties about what data is collected. Indicators should measure what outcomes that the clients would like to achieve.

OAC Statewide Disparities Evaluation Framework – there is a question about whether the Mental Health Services Act (MHSA) has had a positive impact on reducing disparities in access to mental health care. The first report on this subject was not conclusive due to limited data. How would it be possible to get better data? The OAC Evaluation Committee is discussing this issue, but there seem to be no conclusions possible in the short term. In the long term, DHCS data collection and reporting could be improved to include important demographic information. The OAC can also be informed by the CA Reducing Disparities Project funded by the MHSA. RB will send out an Evaluation Committee meeting schedule so that CSI members can participate.

CSI 2015 Work Plan - review and update:

Committee members discussed the Goals listed in the Work Plan and made some modifications:

Goal #1 – Completion of the Data Notebook. Activities are in progress, and the product is a final report around the end of the year. The Goal will be duplicated for next year's Work Plan. Member comments: Who is the target audience, and who are the Stakeholders? There was discussion about who has input into developing the document and which agencies are able to complete it. At this time dissemination of the Data Notebook consists of posting the reports on the CMHPC web site, but this could be expanded to send copies to organizations with a possible interest, such as the National Association for the Mentally Ill (NAMI), the CBHDA, etc. Counties should also be encouraged to post their Data Notebook report on their web sites for access by local stakeholders such as the Local Mental Health Boards. LMHBs could also use their Data Notebooks as their annual report to their Boards of Supervisors.

Goal #2 - Mental health treatment in Juvenile Justice facilities. The product will be a white paper on the Committee's research, to be delivered in October, 2016.

Goal #3 - Mental health programs for homeless adults and youth. The product will be a white paper, and the final date for completion will be moved from January to June of 2016.

Goal #4 - Review and approve performance outcome measures. Activities include not only the Priority Indicators Joint Task Force but also participation in the DHCS EPSDT Performance Outcome System review, to be added.

Goal #5 – To be added: Identify current mental health related research and compile an Annotated Resource List. Activities will include obtaining research articles, composing a brief summary of each, and saving them to a new and dedicated folder on the CMHPC shared drive to be accessible to staff and stakeholders. Research articles will inform the white papers to be prepared for Goals #2 and #3. The Resource List will be distributed to members on a regular basis.

Panel Presentation: Mental Health services to Homeless Adults and Youth:

Ky Le, Director, Santa Clara County Office of Supportive Housing – Mr. Le began by noting that there has always been a strong correlation between mental illness and homelessness. Factors include low income, no affordable housing and few supportive services. Many solutions and strategies have been tried but plans fail because they don't focus on housing. Resources are directed to affordable housing but not supportive housing. Three strategies are needed and should be applied appropriately:

- Residential care, and other options for permanent, supportive housing;
- Rapid re-housing using temporary income supports;
- and Homelessness prevention.

Mental health systems can address homelessness by using a housing assessment tool (eg, the VISPDAT) as a part of the service intake process. MHSAs Housing funds should develop supportive housing units and mental health departments should reserve them for the serious mentally ill by controlling the wait list. There needs to be more money (from all sources) designated for housing development, housing subsidies, and long-term supports.

Sparky Harlan, CEO, Bill Wilson Center – Ms. Harlan distributed packets of information about the BWC. She stated that the focus and vision of the Bill Wilson Center is to prevent poverty through supporting youth and families, by connecting them to services and working to end youth and family homelessness by 2020. This is part of the Federal Housing and Urban Development (HUD) plan for the past two administrations. The US Inter-Agency Council on Homelessness coordinates all Federal departments dealing with homeless programs for various populations like chronically homeless, veterans, etc. Often these populations have competing needs and resource allocations. At both federal and local levels, limited resources create a need to prioritize.

The BWC is a national trainer for Family Advocacy Services (FAS), a homelessness prevention program that includes caseworkers placed at schools to help families at risk of losing their homes. Many of the families are immigrants, some monolingual Spanish speaking. The program measures outcomes by how the children perform in school, since

uncertain housing is reflected in low attendance and grades. The agency is known and trusted in the community and students self-refer.

Senator Dianne Feinstein has submitted a bill that would establish a common definition of homelessness for youth and families (for HUD and other federal agencies) and expand it to include those who are doubled-up with other families. The BWC believes that housing for youth should include supportive services, using different models for youth than for adults. Transitional housing is a good model for youth. Ms. Harlan illustrated this point with a handout from the packet: for youth under 18 yrs the focus is on family reunification, over 18 the focus was on independent living. However, now the focus is on re-connection with families even over age 18.

Questions from Committee members: How does the agency employ and train staff from immigrant communities, some of whom have experienced trauma? Ms. Harlan replied that many of their staff are peers, some under age 25. They come from the communities that they serve and the agency provides staff mentoring as well as training. Mentors are from similar backgrounds and help newer staff deal with issues of re-traumatization. What counties does the agency serve? Mostly Santa Clara, also Santa Cruz. The agency believes that services should be located in the community so they are willing to find partners in other counties and provide training to them. What about services for foster youth? The agency serves many foster youth and is designing a homeless youth plan. They are piloting a project to re-locate 5 -6 youth to a more affordable area and providing 18 months of support to help them establish there. SCC has become just too expensive to live in.

Dr. Vitka Eisen, CEO, HealthRIGHT 360 – The agency is a merger of several entities, including Walden House and the Haight Ashbury Free Clinic. It now provides services in 7 counties: Santa Clara, San Mateo, San Francisco, Los Angeles, Orange, Imperial and San Diego. The focus is on integrated substance abuse treatment services, mental health care and primary care. The agency runs 4 Federally Qualified Health Centers. 70% of the clientele is homeless. The agency houses about 1000 people statewide, and provides services in jails and prisons as well. Many of the 800 employees are consumers, who inspire the clients through their experience. Volunteers run a hotline that provides over 30,000 calls per year, as well as a Teen Chatline. 30 years ago the CEO was a client who received residential treatment for 2 years through public funding until she was stabilized and had income and housing. No one was released from the program until all 3 conditions were met. Since then SUD has become criminalized, and clients are much sicker with chronic diseases, mental illness, no employment and are often incarcerated. Publicly funded treatment is much shorter, 90 days to 6 months. The Affordable Care Act has provided more people with Medi-Cal, but there is still not enough housing. HUD creates eligibility barriers to affordable housing by excluding anyone with a SUD or who has been in prison. More supportive transitional housing is greatly needed.

Discussion: Main points –

- Focus of services should be on outcomes, not the requirements of funding sources
- Collaboration is effective in providing a continuum of services – warm hand-off
- The 1115 Waiver negotiations include coverage of housing through Medi-Cal – CMS will not make direct payments but cost savings can be used.

- However, costs savings are difficult to quantify and apply, they are estimates only
- Drug Medi-Cal can now pay for residential treatment in facilities > 16 beds
- It is important to connect the homeless with a social community. Many have no family or are estranged, but they stay connected with the program and with peers.
- Strategies with short and long term goals should be established to create a whole system to reduce homelessness.

Public Comment:

Thank you for covering these interesting topics. It is nice to hear how different regions are handling these issues.

Evaluate Meeting/Develop Agenda for Next Meeting:

The next Quarterly Meeting of the CMHPC will be in the Sacramento area. On July 1 we will decide on a new theme for the fiscal year. Agenda items for the CSI Committee meeting will include:

- Homelessness – rapid rehousing, transition to community from involuntary commitments. The Committee wants to emphasize Youth and TAY (18 – 25 yrs) within this topic. A panel of homeless youth will be arranged: some organizations to contact are the California Youth Empowerment Network (CAYEN), Youth in Mind, and referrals from Monica N and Kathleen C. The topic can intersect with Juvenile Justice and schools. Lorraine F will also ask FAS program staff.
- Data Notebook – Updates and the new Theme for 2016.

The meeting was adjourned at 11:55 a.m.