

Continuous System Improvement Committee
Meeting Highlights
April 17, 2013
Ontario Airport Hotel (Formerly the Hilton Ontario)
700 N Haven Avenue
Ontario, CA 91764
1:30 p.m. to 5:00 p.m.

Committee Members Present

Patricia Bennett, PhD, Chairperson
Susan Wilson, Vice-Chair
Amy Eargle
Jeff Riel
Walter Shwe
Lorraine Flores
Bill Wilson
Carmen Lee
Monica Nepomuceno

Staff

Tracy Thompson
Linda Dickerson, PhD

Others Present

Beryl Nielson, Napa RiHB, CALMHBC
Michael Reiter, APS Healthcare CAEQRO
Stephen Bright, PhD, Dept. of Alcohol and Drug Programs
May Farr
Beverly Scott

Patricia Bennett, Chairperson, welcomed members. Committee members and guests introduced themselves.

Presentation: California Department of Alcohol and Drug Programs

Dr. Stephen Bright, Research Scientist, Office of Applied Research and Analysis, Department of Alcohol and Drug Programs (ADP) provided a presentation on how data informs alcohol and drug prevention efforts at the Department of Alcohol and Drug Programs. The Office of Applied Research and Analysis (OARA) supports ADP by providing evidence-based information to help alcohol and other drug (AOD) and problem gambling stakeholders make informed decisions and improve services. The OARA's major focus areas are to evaluate and document AOD related problems and consequences; quantify and predict need for AOD services; describe populations served; and measure client outcomes and program performance.

With the implementation of the Affordable Care Act, ADP's Strategic Planning Unit recommended several strategies to address underage drinking in particular. Specifically, prevention efforts should:

- Focus on mitigating the negative costs and consequences of underage drinking

- Focus on sustainability with respect to funding, infrastructure, analytic capacity, workforce readiness, and partnership development
- Build partnerships across systems to plan and more fully address the underlying determinants of specific AOD risk and protective factors, by providing more holistic services

ADP's Prevention Services Division (PSD) is responsible for policy development and for monitoring the state-funded prevention, treatment, and recovery programs. PSD consists of three components—Prevention Services, Treatment Services, and the California Access to Recovery Effort.

PSD's overarching goal is to develop and maintain a comprehensive statewide prevention system to prevent and reduce AOD problems, and to improve the health and safety of the citizens of California by

- Modifying social and economic norms, conditions, and adverse consequences resulting from the availability, manufacturing, distribution, promotion, sales, and use of AOD, and
- Effectively addressing at-risk and underserved populations.

The California Outcomes Measurement Service for Prevention, or Cal OMS-Pv, is a data collection tool that supports ADP's goal to develop and implement processes, practices, standards, and tools that enable collection of meaningful outcomes measures from all ADP-funded AOD prevention programs in each of California's 58 counties.

ADP was awarded a Strategic Prevention Framework State Incentive Grant (SPF SIG) funded through the Substance Abuse and Mental Health Services Administration (SAMHSA). This grant requires a State Epidemiological Workgroup (SEW) to promote the use of data in state and local decision-making, and bring systematic, analytical thinking to the causes and consequences of substance use.

Last year, SEW staff decided to follow up on two important data products, a 2008 SAMHSA report that provided California data on the costs of substance abuse and misuse, and a 2012 report that provided a Cost-Benefit Analysis of AOD Prevention Efforts (currently under review). Working through the SPF-SIG project, the SEW contracted Dr. Ted Miller and his team at the Pacific Institute for Research and Evaluation (PIRE) to produce state level and county-specific cost data as a way to help communities quantify the impact and cost of substance abuse. The SEW staff helped compile the data and had input into the final document. The cost estimate reports provides estimates of tangible (actual) and quality of life costs—for the state as a whole and for individual counties—due to the abuse of alcohol and other drugs.

Working with the SEW, ADP plans to provide this information to county prevention personnel, and provide some level of technical assistance (e.g., through written guidance, webinar training, or conference call) on how to utilize the information to benefit their local planning efforts, for example, by helping communities prioritize prevention services.

As the lead department for the Governor's Prevention Advisory Council (GPAC), ADP is leading a drive toward integrating a collective impact approach, which includes partners in the mental health and other behavioral health fields.

Questions/Comments

- Carmen Lee: Is there any commitment toward the homeless population and alcoholism? *Answer:* That was the first major effort to tie the issues of people's social conditions with substance abuse and other mental health issues in the last needs assessment
- Bennett: What kind of data is collected for the CALOMS data system? *Answer:* CALOMS treatment indicators look at aspects of the person who is receiving treatment, what their experience was prior too treatment, and ask questions before discharge as well.
- Bennett: Does the state put out any kind of annual report that summarizes the results of the CALOMS data? *Answer:* Yes. It does look at the issue of outcomes and is available on the AOD website. We hope to delve deeper into outcomes in the future.
- Bennett: There are some counties that attempt to match users of alcohol and drug treatment, mental health treatment, and other kinds of services because they want to identify those who are part of more than one system so they can better leverage resources and they can better coordinate services to ensure better outcomes. This rarely happens in most counties, though it is really a serious attempt in some counties to make this happen.
- Lorraine Flores: Some of the counties are starting to categorize children, transition age youth, adults, and older adults. I don't see that happening in the AOD. Will there ever be a review of this in the future? *Answer:* I think this goes back to the need to have more efforts to cross system collaborate. This is something that has been on hold since realignment.
- Bennett: Once the counties enter the data does the state take the time to send the data results back to them? *Answer:* Susan Wilson advised that CALOMS is a different kind of system. The counties input their own data and so they have access to it already. Lorraine Flores advised that they are able to get the data.
- Bennett: This committee is grappling with how to determine the effectiveness of what we currently have as statewide system, and the ability to measure outcomes. We have adopted a set of performance measures that this council is responsible for reviewing and recommending on an annual basis for mental health. The CALOMS system was a system ahead of its time. What are you seeing in terms of outcomes? Are you able to identify those kids of services and those kinds of programs that have better outcomes than others? *Answer:* The AOD is currently working on these issues and we want to do more to track outcomes. Dr. Ted Miller from the Pacific Institute for Research and Evaluation works in quantifying outcomes and has done a few studies focused on California one of which AOD commissioned. The first study looks at cost benefit analysis of evidence based interventions. Dr. Bright will send a link to this article once available.
- Bennett: Over the course of the last 20-25 years we have learned so much about what works, how we can help individuals, and what we can do to improve their quality of life. The question for me becomes why don't we hold programs accountable for producing the outcomes that should be aligned to what we know works? *Answer:* This is so important and more needs to be done to hold programs accountable. The State Epidemiological Work Group, funded by SAMHSA, is part of a broader Strategic Prevention Framework State Incentive Grant (SPF SIG). These SPF SIG workgroups are called State Epidemiology Workgroups or SEWs. This work group funded an intervention for 50 randomly stratified cities using environmental strategies and other strategies to test this notion of whether money

makes the difference or particular kinds of intervention. This is at least two years out in terms of outcomes.

- Susan Wilson: One of the things we been looking at locally is the **study by the Center for Disease Control (CDC) and Kaiser Permanente called the Adverse Childhood Experiences study.**

Current Projects Update Evaluation Committee MHSOAC

Linda Dickerson provided an update on the MHSOAC Evaluation Committee. Dickerson provided a matrix of the MHSOAC Evaluation Committee activities, a timeline for 2013 Evaluation Committee Activities, and a summary of the MHSOAC current and forthcoming evaluation projects from December 2012 through March 2013. Dickerson provided a brief outline of the Evaluation Committee's current activities:

- Data Quality and Corrections Plan (contract with Sacramento State)
- FSP Costs/Cost Offsets (contract with UCLA)
- Trends in Priority Indicators (contract with UCLA)
- Evaluation Master Plan (contract with Dr. Joan Meisel)
- Impact of Services on Client Outcomes (contract with UCLA)
- Reducing Disparities in Access to Care (contract with UC Davis)
- Prevention and Early Intervention (contract with UCLA)
- Evaluate Quality of County Innovation Evaluations
- Evaluate the Impact of the Community Planning Process
- Strengthen CSS Data Collection and Reporting Systems

Questions/Comments

- Bennett: How many people are on the Evaluation Committee? *Answer:* About 10
- Bennett: Are they mainly members of the Commission? *Answer:* They are mainly members who are not part of the commission other than the Chair and Co-Chair.
- Bennett: How do they select members for the Committee? *Answer:* People send in applications and they are selected.
- Adrienne Cedro-Hament: How often does the committee meet? *Answer:* Approximately quarterly for a half day. The subcommittees meet as needed in between these meetings.
- Bennett: The subcommittees work on particular topics of evaluation? *Answer:* They are working on topics related to the reports that have already been submitted or are in progress.
- Bennett: Although it is somewhat helpful to receive this information via e-mail I would ask for an additional step. We all have other full time jobs and receive a lot of e-mails. I would like to **see the relevant fact sheets from the MHSOAC in the packet** to reflect upon. We should also make it **a standing item on our agenda for Dickerson to report out about the Evaluation Committee's efforts. And to talk to us not only about the Evaluation Committee bit also what other kinds of issues are going on in terms of evaluation.** It will be useful to review the Evaluation Master Plan and make sure that we understand it and make comments when necessary. I would hope that staff would **include Evaluation Master Plan in our packet**

and place this on the agenda for our next conference call. *Answer:* Dickerson advised that the Evaluation Master Plan is a very large document but it can be sent electronically.

- Bennett: Perhaps a couple of committee members and staff could get together and create a summary document of the Evaluation Master Plan. I would like this committee to be able to speak about this in front of the entire council. **I would like the Power Point that explains the Evaluation Master Plan (as suggested by Mike Reiter) and the Evaluation Master Plan sent out to this committee again.**
- Bennett: We need to make a note that **we should follow up with what conversations are taking place regarding the MHSOAC's independence and role.** *Answer:* Mike Reiter advised that DHCS has contracted with the California Institute for Mental Health to do a project called Business Plan that will address this issue.
- Bennett: We can look at that but there are other ideas as well. I can give suggestions are where to look for this information.
- Jeff Riel: Are all these contracts by design? *Answer:* Bennett advised that they put out Request for Proposals (RFP's) for organizations to bid on. They then award a contract based on a certain process.

Topic Review: CMHPC Committees

Patricia Bennett advised that the committee has been working on goals and timelines for the work plan. There are particular topics of interest the members would like to focus on and see presentations on. One of those topics is about the effect of trauma and the impact on children's mental health. We have invited Alicia Lieberman from UCSF to present on this topic.

- S. Wilson: I have a request: when we invite speakers to come I would like us to compress the rest of our agenda to allow more time for them to speak and have more time for questions.

The other topic is around AB 114 and school based mental health services.

- Monica Flores advised that she is willing to assist in inviting a representative from the Department of Education to speak on this topic.
- Lorraine Flores: I can also share what is happening in Santa Clara County from a provider point of view.
- Bennett: I wonder if there is an organization outside the CDE that is doing an evaluation of AB 114. *Answer:* Monica will look into this when she invites a CDE representative.
- Nepomuceno asked that members who have specific AB 114 questions to please e-mail her.
- S. Wilson asked that the committee add the Adverse Childhood Experiences Study. We can have an educational 10 minute look at what this study is.

Bennett advised that in the Executive Committee John Ryan referred to the legislation that is responsible for creating the Planning council and what we are held accountable for doing. The question he posed was what is the CSI doing in relationship to what the pc supposed to be doing? I want us to remember that what we do and the work we produce needs to be in service to what we are mandated to do. One of the charges of the PC is to **review and recommend Performance Indicators for the statewide system.** This was done two years ago and one the things I want this

committee to do is look over the performance measures and talk about them. This needs to be on our work plan.

- Bennett: We also talked about producing a scorecard that would indicate hospitalization rates in counties. We need to discuss whether this is still relevant.
- Cedro-Hament: There is specific data that is available but is not being utilized. We need to advocate for the use and dissemination of this data.
- Dickerson: It is also important to advocate for the timely release of data from the State.

Update on Workbook Development (Data Notebook)

Susan Wilson advised that the Workbook Subcommittee will now be called the Data Notebook Subcommittee. During the last conference call the subcommittee talked mostly about next steps. Jane Adcock, Linda Dickerson, and Susan Wilson will be giving a presentation to the CALMHB/C on Friday. The Data Notebook is a requirement and our subcommittee needs to move along quickly and create some timelines for the work we need to do. We also need to be sensitive to the fact that we need to give the counties ample time to train and do the Notebook. We are going to work on developing a small work plan and a timeline. Members of the Data Notebook Subcommittee are:

- Susan Wilson, Chair
- Patricia Bennett, Ph.D.
- Amy Eargle
- Lorraine Flores
- Karen Hart
- Monica Nepomuceno
- Cary Martin, CALMHB/C
- Beryl Nielsen, CALMHB/C
- Herman DeBose Ph.D., CALMHB/C
- John Pearson, Napa County Mental Health Board

Everyone is welcome to join the conference calls.

- Bennett: What data will be useful? *Answer: Linda Dickerson:* One of the things we are hoping to present is an introductory guide on how to use the data from the EQRO. I would like to point out where the numerical data may be, but also spend some time discussing the narrative data – strategies the local mental health plan has put forward to implement improvements to access and timeliness of service and incorporating client and stakeholder input.
- Bennett: Are you hoping to utilize the EQRO data as the model data in the Data Notebook? *Answer: Dickerson:* Yes as major portion of the Notebook. With time and repeated use we can expand our resources. The EQRO data is public and recent.
- Bennett: I have heard people object to the fact that the EQRO data is primarily derived from Medi-Cal data. When we come up with what the schema is going to be in the Notebook we need to make sure that we are including some other kinds of information to a broader population.

- Dickerson: The National Alliance on Mental Illness (NAMI), under contract with the MHSOAC, tabulates all the MHSA funded programs in California by county. This is another source of data.
- Bennett: This all sounds great but I want to mention that next year every county is going to have to reproduce their entire comprehensive Mental Health Services Act plan. This is not just an update of the MHSA plan, this is a different process. Approval will be done solely by the Board of Supervisors in each county. The Boards of Supervisors will turn to their Advisory Boards for direction. It is my hope that the Data Notebook will be used as a tool in this process. How do we judge whether or not we have made progress in terms of access, consumer involvement, and what are the indicators?
- S. Wilson: This would be an interesting topic for Advisory Boards. Delve into what was the consumer and family involvement in the development of this plan. Think how many questions you could ask about just that piece. This is vitally important to the plan. This would be an invitation to the boards to ask questions as well.
- Cedro-Hament: Counties do not always have a glossary. This is especially important for understanding acronyms.

CSI Work Plan for 2013

Bennett discussed the template that members chose for work plan development.

Members decided on the following goals as a starting point:

- Compile a list of where to find data and what the data is good for.
 - Review Performance Indicators and make recommendations
 - Advocacy for data and state reports released sooner.
 - Review of Evidence Based practices that incorporate concepts of childhood trauma. Make recommendations when necessary. What does exist right now in Cal regarding trauma services? Help to promote these services.
 - Monitor and review the progress of the transition of AB 3632 to AB 114.
 - Complete the Data Notebook
 - Review and revisit the California Healthy Kids Survey: write a letter to all the school district superintendents to look at the need for this survey at such a low cost.
- Bennett: Do we need to have a discussion about **workforce development** in relationship to what California will need come 2014 in terms of a behavioral health workforce when there are many more people with capacity to have access with health insurance for services. There is no committee that currently works on this. The Health Care Reform Committee will be looking at this and I envision some inter-committee collaboration.
 - Bennett: Another important goal is **to report findings and recommendations on program performance annually to the Legislature and to make recommendations for consideration of replications of successful programs**. We could invite those programs to come and speak with us or even our own members could talk about these programs and move that forward to the full council and talk about what the recommendation is for replication.

- Flores: Would you like to break this down into types of programs, such as Innovation and PEI? *Answer:* Bennett advised that the data must be there to show that outcomes are excellent.
- Bennett: There is amazing work going on with PEI with regards to psychosis and intervening early on in schizophrenia. It would be wonderful if we could see the data and early results of this.
- **Monica Nepomuceno will discuss the California Healthy Kids Survey on a future agenda to discuss advocacy.**
- Bennett: In October 2013 the CSI committee will be responsible to material at the full PC meeting. We need to discuss what we would like to present at that meeting. I think it is important to present information on the Data Notebook, and our role in reviewing the Performance Indicators.
- Carmen Lee: Will there be an opportunity to look at how Drug and Alcohol fits into mental health? *Answer:* There may not be enough time to do this at the full PC meeting, but possibly at our meeting at some point.
- Beryl Nielsen: **I would like to know what the Department of Rehabilitation (DOR) doing for mental health consumers?** *Answer:* Bennett advised that the committee can ask Jeff Riel to discuss this at a future meeting.
- S. Wilson: We have so many agencies represented here at the PC and it would be nice to have the agencies report out at the PC as well. This could be taken to the Executive Committee.

Develop Agenda for Next Meeting

- Update: MHSOAC Evaluation Committee
- Report: Child Welfare Council and EPSDT Workgroup
- Presentation by Alicia Lieberman on the impact of trauma on the developing brain
- Work plan review and approval
- Update: Data Notebook

Future meetings

- Discussion: What is the DOR doing for mental health consumers? (Jeff Riel)
- Discussion: Advocacy around the California Healthy Kids Survey (Monica Nepomuceno)
- Presentation on AB 114
- Possibly look at the study by the Center for Disease Control (CDC) and Kaiser Permanente called the Adverse Childhood Experiences study.

Bennett: **We need to discuss the October full PC meeting in more detail on a future call.**

Meeting Adjourned