

**Continuous System Improvement Committee
AGENDA
Red Lion Woodlake
500 Leisure Lane
Sacramento, CA 95815
1:30 p.m. to 5:00 p.m.**

Notice: All agenda items are subject to action by the Planning Council. The scheduled times on the agenda are estimates and subject to change.

	Room	Tab
1:30 p.m. Planning Council Member Issue Requests	Edgewater B	
1:35 p.m. Welcome and Introductions <i>Patricia Bennett, Ph.D., Chair</i> <i>Susan Wilson, Vice-Chair</i>		
1:40 p.m. Review and Approve April 2013 Minutes		
1:45 p.m. Presentation: MHSOAC Activities <i>Renay Bradley, PhD, Director of Research & Evaluation,</i> <i>MHSOAC</i>		
2:30 p.m. Questions/Comments		
3:00 p.m. Break		
3:15 p.m. Work Plan Review: Discuss Future Presenters		
3:30 p.m. Discussion: CMHPC Mandates Plan <i>Patricia Bennett, Ph.D., Chair</i> <i>Susan Wilson, Vice-Chair</i>		A
3:50 p.m. Discussion: MHSOAC Evaluation Master Plan Comments		B
4:15 p.m. Update on Data Notebook <i>Susan Wilson, Vice-Chair</i>		
4:45 p.m. Evaluate Meeting/Develop Agenda for Next Meeting <i>Patricia Bennett, PhD, Chair</i> <i>Susan Wilson, Vice-Chair</i>		
5:00 p.m. Adjourn Committee		

COMMITTEE MEMBERS

Patricia Bennett, PhD, Chair
Susan Wilson, Vice-Chair
Adrienne Cedro-Hament
Amy Eargle
Lorraine Flores
Karen Hart
Celeste Hunter

Carmen Lee
Monica Nepomuceno
Jeff Riel
Walter Shwe
Bill Wilson

PROPOSED MEETING GROUND RULES

- Show up, be on time, be prepared
- Leave outside concerns outside
- Listen respectfully and appreciatively
- Speak to the question or issue, not in response to a person
- No side talk
- Be open-minded and objective: be informed by your expertise - decide based on evidence
- Practice active listening
- Be brief, stay on point; no speech making
- Say what you think, not what others think
- Respect confidentiality
- Allow the facilitator to 'direct speaking traffic'
- Cell phones and pagers on silent.

Continuous System Improvement Committee Charter

Overview

The California Mental Health Planning Council (CMHPC) is mandated by federal and state statute to advocate for children with serious emotional disturbances and adults and older adults with serious mental illness, to provide oversight and accountability for the public mental health system, and to advise the Governor and the Legislature on priority issues and participate in statewide planning.

Purpose

The purpose of the Continuous System Improvement Committee is to monitor, review, evaluate, and recommend improvements in the delivery of services in the public mental health system in California. By highlighting and recognizing outstanding service delivery programs, it is hoped that effective care can be duplicated and shared throughout the State of California.

The CSI will consider programs across the lifespan, incorporation of cultural competence in all programs, fiscal impacts on service delivery, legislative issues affecting programs, and other issues that may require attention as they occur.

Mandate

5772. The California Mental Health Planning Council shall have the powers and authority necessary to carry out the duties imposed upon it by this chapter, including, but not limited to, the following:

- (a) To advocate for effective, quality mental health programs.
- (b) To review, assess, and make recommendations regarding all components of California's mental health system, and to report as necessary to the Legislature, the State Department of Health Care Services, local boards, and local programs.
- (c) To review program performance in delivering mental health services by annually reviewing performance outcome data as follows:
 - (1) To review and approve the performance outcome measures.
 - (2) To review the performance of mental health programs based on performance outcome data and other reports from the State Department of Health Care Services and other sources.
 - (3) To report findings and recommendations on programs' performance annually to the Legislature, the State Department of Health Care Services, and the local boards.
 - (4) To identify successful programs for recommendation and for consideration of replication in other areas. As data and technology are available, identify programs experiencing difficulties.

(d) When appropriate, make a finding pursuant to Section 5655 that a county's performance is failing in a substantive manner. The State Department of Health Care Services shall investigate and review the finding, and report the action taken to the Legislature.

(e) To advise the Legislature, the State Department of Health Care Services, and county boards on mental health issues and the policies and priorities that this state should be pursuing in developing its mental health system.

(f) To periodically review the state's data systems and paperwork requirements to ensure that they are reasonable and in compliance with state and federal law.

(This is only a partial list of all the CMHPC's mandates)

Guiding Principles

Committee policy and strategy recommendations should reflect and strive to address the following priorities:

- 1) Focus on improved outcomes for clients and their families.
- 2) Best practices and continuous quality improvement
- 3) Culture and linguistic competence
- 4) Promotes a client/family/parent driven system
- 5) Reduces stigma and discrimination
- 6) Emphasize the inclusion of all ages across the life-span
- 7) Aimed to reduce mental health disparities
- 8) Promote total health integration

The committee is made up of a chair-person, vice chair-person, and members. Currently, the committee consists of the following members.

Continuous System Improvement

Name
Patricia Bennett Chair
Susan Wilson Vice-Chair
Adrienne Cedro-Hament
Amy Eargle
Lorraine Flores
Karen Hart
Celeste Hunter
Carmen Lee
Monica Nepomuceno
Jeff Riel
Daphne Shaw
Walter Shwe
Bill Wilson

Continuous System Improvement Committee

Draft Work Plan

	Measure of Success	Target Audience
<p>Goal #1 Complete Data Notebook</p> <p><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></p>	<p>Issuing Statewide Report</p>	<p>Local Mental Health Boards</p>
Objectives	Action Steps	Data/Evaluation
<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 	<p>Timeline</p> <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 2013: Basic design of Data Notebook complete • September 2013: Training component complete (keeping in mind some pre-training activities) • December 2013: Training complete • March 2014: Feedback from the counties complete <p>Leads</p> <p>Linda Dickerson Susan Wilson</p>

Goal #2		Measure of Success		Target Audience	
Identify best practices and make recommendations for treatment of childhood trauma.		Brief report with recommendations for dissemination.			
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 by Alice Lieberman ● 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>June 2014</p> <p>October 2014?</p>	<p>Monica Nepomuceno</p> <p>Lorraine Flores</p> <p>Celeste Hunter</p> <p>Tracy Thompson</p>	

Goal #3	Measure of Success	Target Audience
<p>Determine the effectiveness of the transition to AB 114</p>	<p>Issue recommendations to Governor</p>	<p>Department of Education Governor</p>
Objectives	Action Steps	Data/Evaluation
<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 	<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>
Timeline	Leads	
<p>June 2013-October 2013</p> <p>June 2013</p> <p>October 2013-January 2014</p>	<p>Lorraine Flores</p> <p>Monica Nepomuceno</p> <p>Tracy Thompson</p>	

Goal #4	Measure of Success		Target Audience	
Objectives	Action Steps	Data/Evaluation	Timeline	Leads
<p>Review and approve the performance outcome measures</p> <p>WIC 5772 <i>To review and approve the performance outcome measures.</i></p>	<p>Provide feedback</p>	<ul style="list-style-type: none"> • Committee members to become well versed on Performance Indicators • Mental Health Division Chief Presentation? 		

Goal #5 Review MHSOAC Evaluation Master Plan	Measure of Success Recommendations/comments to MHSOAC	Target Audience	
	Data/Evaluation	Timeline	Leads Linda Dickerson Pat Bennett
Objectives	Action Steps		
<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 		

Continuous System Improvement Committee

Meeting Highlights

June 16, 2013

Hilton San Francisco Airport Bayfront
600 Airport Blvd. Burlingame, CA 94010
1:30 p.m. to 5:00 p.m.

Committee Members Present

Patricia Bennett, PhD, Chairperson
Celeste Hunter
Patricia Santillanes
Monica Nepomuceno
Walter Shwe
Lorraine Flores
Bill Wilson
Carmen Lee
Adrienne Cedro-Hament

Staff

Tracy Thompson
Linda Dickerson, PhD
Jane Adcock, EO

Others Present

Beryl Nielson, Napa RiHB, CALMHBC
Danielle Mole, Ca Alliance of Child and Family Services
Jim Alford, Ca Department of Education
Chris Drouin, Ca Department of Education

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

Presentation: AB 114

In signing the 2010-11 Budget Bill (SB 870) on October 8, 2010, Governor Arnold Schwarzenegger vetoed \$963 million in General Fund spending that had been approved by the Legislature, including a deletion of approximately \$133 million in funding for the AB 3632 mandate (Chapter 26.5 of Division 7, Title 1, California Government Code) to county mental health departments to provide mental health services for eligible special education students. The Governor “declared” in his veto message that the mandate is suspended for 2010-11. This purported action meant that responsibility for provision of these mental health services to students with individualized education programs (IEP) would fall back onto local educational agencies (LEA), namely school districts.

On October 12, 2010, the County Mental Health Directors Association (CMHDA) sent out a memorandum regarding the Governor’s veto of AB 3632 funding. While the CMHDA indicated it would further analyze the impact of the Governor’s veto from a programmatic and legal perspective, it set out some options for local county mental health offices to consider in the interim, ranging from ceasing to accept any new referrals for AB 3632 services to reviewing

whether any current AB 3632–eligible students could receive mental health services outside of the IEP process, if eligible for Medi-Cal funding.

On October 15, 2010, the California Department of Education’s Special Education Director sent correspondence to special education directors and other interested parties across the state reminding them that under the federal Individuals with Disabilities Education Act (IDEA), if an agency other than an LEA fails to provide or pay for the necessary special education and related services for an eligible student, then the LEA must provide or pay for these services in a timely manner.

On June 30, 2011, Assembly Bill 114, Chapter 43, Statutes of 2011 (AB 114), was signed into law. Under AB 114, several sections of Chapter 26.5 of the California *Government Code* (GC) were amended or rendered inoperative, thereby ending the state mandate on county mental health agencies to provide mental health services to students with disabilities.

With the passage of AB 114, school districts are now solely responsible for ensuring that students with disabilities receive special education and related services, including some services previously arranged for or provided by county mental health agencies.

Jim Alford, California Department of Education, Chris Drouin, California Department of Education, Danielle Molé, Policy Advocate and Grassroots Advocacy Coordinator, from the California Alliance of Child and Family Services, and Lorraine Flores, CMHPC, Santa Clara County, provided a presentation on the AB 114 transition.

Questions/Comments

- Patricia Bennett: Linda Dickerson’s question was: what is the difference between mental health services and educationally related mental health services? My understanding is that there is no difference. *Answer:* There should not be any difference although they may be expressed in different terms.
- This is a difficult undertaking for school districts- how do they do it and what are their options for delivering these services? *Answer:* State Education law allows related services to be delivered in 3 ways:
 - The school districts may hire their own staff as long as the staff is qualified.
 - Contract with a non-public school that meet certain certification requirements.
 - Contract with a local public mental health agency.
- Patricia Bennett: Over the course of the mid to late nineties we did a lot of work throughout California establishing children’s system of care- and in those counties that dealt strong systems of care there was very strong partnership between education and mental health. What has happened with that in terms of Education being at the table? Is this partnership still in place? *Answer:* Karen Hart advised that Monterey County is one of those that have a very strong relationship. This is because of the relationship that was in place before.
- Karen Hart: It looks as though there has been some good headway with regards to family rights.

- Jane Adcock: The committee would like to delve deeper into the evaluation of the successes and challenges of this transition.
- Patricia Bennett: Have access to services improved or not? *Answer:* This is still very new and there is not a lot of rich data as of yet.
- Chris Drouin advised that it may be useful to look at the data that The California Council of Community Mental Health Agencies (CCCMHA) gathering on AB 114 while working in the different school districts across California. This information would then be disseminated to CCCMHA members.
- Patricia Bennett: Are the Special Education Local Plan Area's (SELPA) required to submit data? *Answer:* Yes, they submit data the Department of Education. We receive data on special education twice a year.

Current Projects Update: Evaluation Committee MHSOAC
Committee Discussion: MHSOAC Evaluation Master Plan

The Evaluation Master Plan was developed for the Mental Health Services Oversight and Accountability Commission to chart its course on evaluation activity for the next 3-5 years. Committee members have expressed an interest in reviewing and discussing the MHSOAC Evaluation Master Plan. Linda Dickerson, PhD, provided a brief background on the Evaluation Master Plan prior to discussion.

There is a statutory role for MHSOAC to evaluate California's public community-based mental health system [W&I Code 5845(a) and 5845(d)(12)] In early 2011, as the MHSOAC Evaluation Committee considered priorities for future evaluation projects, it recommended that the Commission consider developing an Evaluation Master Plan so that evaluation is completed as a unified effort as compared to an ad hoc basis. In November 2011, the Commission advanced the Committee recommendation and the MHSOAC entered into a contract with consultant Joan Meisel Ph.D. to draft a plan through a collaborative effort with state departments, counties, and stakeholders. The MHSOAC Evaluation Master Plan is the result of findings from interviews with approximately 40 key informant interviews along with county visits.

The 'first read' of the Evaluation Master Plan was at the January 24, 2013 Commission Meeting. Commissioner suggestions were then incorporated into the Plan. Other State entities have also been offered the opportunity to provide feedback on the Plan.

The Evaluation Master Plan outlines a set of criteria for prioritizing evaluation questions to be addressed via evaluation efforts, and the specific evaluation activities that would/could be used to address those questions. This process was used to generate a series of evaluation activities defined as being high or medium level priorities that should be carried out in the next 3-5 years.

The criteria applied to the evaluation questions include:

- Consistency with MHSA: Are the questions consistent with the language and values of the Act?
- Potential for quality improvement: Will answers to the question(s) lead to suggestions for and implementation of policy and practice changes?

- Importance to stakeholders: Are the questions a high priority to key stakeholders?
- Possibility of partners: Are there other organizations that might collaborate and/or partially fund the activity?
- Context and forward looking: Are there changes in the environment that make the question particularly relevant? (e.g., the evolving health care environment; political concerns)
- Challenges: Do the question(s) address an area that is creating a challenge for the system?

The criteria for the evaluation activity include:

- Feasibility: How likely is the evaluation activity to produce information that answers the evaluation question(s)?
- Cost: How many resources are needed to do the activity well?
- Timeliness: How long will it take to complete the evaluation activity?
- Leveraging: Does the evaluation activity build upon prior work of the MHSOAC or others?

The MHSOAC offered to meet with representatives from other state level entities that were mentioned within the Master Plan, including: Agency, Office of Health Equity, DHCS, OSPD, and the Planning Council. There were some requests for revisions at this meeting:

- DHCS was not comfortable with the contractor assigning them the responsibility of compiling data and producing reports/data in specified formats based on our preferences; we changed this to note that the OAC would meet with DHCS to discuss this process and establish roles re: provision of data to the OAC for performance monitoring
- The MHSOAC should partner with DHCS and the Department of Finance to discuss and support the immediate need to devote sufficient resources to the maintenance and support of the existing data sources in the interim until a new system is in place. The CMHPC wants to be sure that all docs like this are understandable to the wide array of MHSA stakeholders.
- The CMHDA hopes the master plan will serve as a framework for development of a more cohesive statewide approach to evaluation and quality improvement; they specifically agree with the need for more continuous quality improvement, need for data reporting system improvements, and need to collaborate with counties on evaluation design.

Questions/Comments

- Patricia Bennett: I ask that committee members commit to reading the MHSOAC Evaluation Master Plan, make our notes, and through a phone call or meeting discuss our thoughts.
- Adrienne Cedro-Hament: We need to be at the table- do we have to be invited? *Answer:* We are at the table and are part of Evaluation Committee at the MHSOAC.
- Patricia Bennett: Has there been any discussion about how we can set up feedback loops for evaluation so that questions that come up get fed back into the ongoing process of designing new evaluation questions. How can we assure that voices of consumers and community members and different stakeholders get to help shape what comes up over the course of the next 3-5 years? *Answer:* We are in the process of setting up some sort of system. We have

the statutory requirement to review performance indicators. I interpret that to mean that we are in a role to approve what they are going to do as an evaluation.

- Patricia Bennett: When the MHSOAC begins to get results, those results will be presented a certain way. If they take that information and go to specific stakeholder groups for feedback that will be a richer base of knowledge.
- Linda Dickerson: One of the key things I hope to see in the Data Notebook is that we do not neglect any age group.

Update on Data Notebook

The Data Notebook Subcommittee convened after the CSI Committee meeting. Please refer to Data Notebook meeting highlights.

CSI Committee Work Plan review and approval

CSI committee members discussed goals and timelines for the work plan at the April 2013 meeting. 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.

Staff drafted a work plan for members to review, edit, and approve.

- Members asked that a “Target Audience” section be added to the work plan.
- Members populated the timeline for each goal.
- Members added “Review MHSOAC Evaluation Master Plan” to the work plan.

Staff will update the work plan and committee members will review at the next meeting.

Evaluate Meeting/Develop Agenda for Next Meeting

- Committee members would like to have an AB 114 panel at the full CMHPC meeting. Jane Adcock advised that this may need to wait until the January 2014 meeting. Jane Adcock advised that it may be helpful to see the AB 114 transition from the grassroots level.
- Patricia Bennett asked staff to think about how we could operationalize an AB 114 panel. Committee members will discuss the plan for the full CMHPC meeting in January on the next CSI committee meeting meeting/conference call.

CSI Committee Meeting Highlights

June 16, 2013

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- Linda Dickerson would like a letter of advocacy about data and data sources and evaluation issues that relate to the MHSOAC and DHCS. We should advocate for more county level reporting and recent reporting and effort to make reports understandable to stakeholders. The members will discuss this further on the next CSI committee meeting meeting/conference call.

Meeting Adjourned

**Continuous System Improvement
CSI “In-Between” Meeting Highlights
July 26, 2013
9 a.m. to 10 a.m.**

Members Present

Pat Bennett, Chairperson
Celeste Hunter
Lorraine Flores
Amy Eargle
Walter Shwe
Karen Hart
Monica Nepomuceno

Staff

Tracy Thompson
Linda Dickerson, PhD
Jane Adcock
Michael Gardner

Review and Approve Minutes

A motion made by Lorraine Flores and seconded by Celeste Hunter: *Meeting highlights from the June 28, 2013 “in-between” meeting were approved as written.*

No abstentions

No oppositions

Update on the Performance & Outcomes System for Medi-Cal Specialty Mental Health Services for Children & Youth Stakeholder Advisory Committee

- Linda Dickerson: There is a group meeting every two weeks. The Advisory committee has presented a major overview of the system. They have provided an overview of the process and a review of the performance and outcomes system matrix. Staff will provide link to committee members for more information.

There are three phases to the implementation strategy:

- ❖ The first is to examine Information Technology and the data subgroup
- ❖ The second is to assess county systems and other state systems for data not currently submitted to DHCS
- ❖ The third strategy is to explore opportunities for system integration.

On August 8th, the Advisory Committee will be looking at the input from the stakeholder community to see what modifications need to be made and will then assign priority outcomes to the matrix.

- Patricia Bennett encouraged committee members to look at the link and provide input.
- Lorraine Flores: Do we need a separate subcommittee that would report back?
- Patricia Bennett: We may want to **include this in the work plan as a goal.**

- Linda Dickerson: This is going to be done very quickly and given to legislators by October 1st. After October 1st I do not see a need for a separate workgroup.
- Patricia Bennett- who is responsible for implementation? *Answer:* DHCS is responsible

Council Mandates and CSI committee responsibilities

WIC 5772

- *To review and approve the performance outcome measures.*
 - *To review the performance of mental health programs based on performance outcome data and other reports from the State Department of Health Care Services and other sources.*
- Patricia Bennett: One of the Planning Council’s mandates is to review performance outcome measures. The second bullet (above) seems overwhelming, but we are planning a meeting to begin to talk about how we might meet that mandate. Our first task will be to inventory what our resources are to date. I am hoping that we will be able think outside of the box. This seems discouraging because we feel it must involve mass quantities of data, but that may not be the case. My hope is to come out with an evaluation plan. This may take a while to unfold but it can help us meet the mandates. I am asking for volunteers to be part of the mandate meeting either in person or by telephone. Please put your thinking caps on and think about qualitative and quantitative data. What added value does the Planning Council bring to the arena that may not be occurring elsewhere? Let Jane know if you are interested.

Jane Adcock will send the meeting dates to members. Lorraine Flores expressed interest in being involved.

Evaluation Master Plan Progress Update

- Patricia Bennett: The CSI Committee needs to review the Evaluation Master Plan and provide comments and/or recommendations. This is a reminder to everyone to come to the next meeting prepared to provide input. Please give to any feedback to staff
- Jane Adcock: We talked about breaking up the Evaluation Master Plan into smaller pieces and assigning each portion to a small group. Every other week we could get together and talk about that.
- Patricia Bennett: Will staff make the assignments to committee members and organize this?
Answer: yes

Solidified Plan for October/January full PC meeting

- Jane Adcock: The CSI Committee will not be able to present at the October 2013 meeting. The January 2014 meeting is still up in the air. More information will be available in October.
- Patricia Bennett: This will give the committee time to flesh out its work plan and delve deeper into the Evaluation Master Plan.

CSI Agenda for October

- Patricia Bennett: Will there be time at the full Planning Council meeting to have Renay Bradley provide a Master Plan discussion? *Answer:* No
- Patricia Bennett: Do members feel that we can share input with Renay about Evaluation Master Plan by October 2013? *Answer:* Yes
- Linda Dickerson will send an **invite to Renay Bradley** to attend the October CSI meeting in Sacramento and participate in the CSI Committee discussion around the Evaluation Master Plan. Members will provide feedback to Renay Bradley.
- **Review work plan again**
- **Update on Data notebook committee**
- Patricia Bennett: The CSI committee could have a trauma presentation for the full Planning Council or just the CSI meeting.
- Monica Nepomuceno: What will the committee or the full council do with this information on trauma?
- Patricia Bennett: When we hear a presentation and subject matter, there is an opportunity for advocacy through legislation, letter writing, etc. There is a direct mandate to look at outcomes and figure out what is happening in terms of evaluation. This is an opportunity to do that.
- Celeste Hunter: There are many resources in San Diego regarding trauma. We will be in San Diego for the January 2014 meeting.
- Monica Nepomuceno: The Department of Education has a Student Mental Health Policy Workgroup that has submitted the first recommendations to the California Commission on Teacher Credentialing (CTC) to add mental health curriculum into administrative and credential programs. On August 1st and 2nd there will be a meeting to review the new recommendations and the public can provide input. Staff will look into this further.

Meeting Adjourned

The next CSI “In-Between” Meeting is scheduled for August 23, 2013 from 9 a.m.-10 a.m.

Call #: 1-866-831-0091

Participant Code: 1629962

Continuous System Improvement
CSI CC Meeting Highlights
June 28, 2013
9 a.m. to 10 a.m.

Members Present

Pat Bennett, Chairperson
Susan Wilson, Vice-Chairperson
Amy Eargle
Walter Shwe
Karen Hart
Celeste Hunter
Pat Santillanes
Carmen Lee
Monica Nepomuceno

Staff

Tracy Thompson
Linda Dickerson, PhD

Discussion: AB 114 panel for CSI meeting

- Pat Bennett provided a brief recap of the recent CSI meeting. The Department of Education provided a presentation on AB 114 with a brief discussion and some questions. The CSI Committee will invite a panel from different counties that include family members and providers. The committee would like to know how were they are experiencing the change from AB 3632 to AB 114.
- Which counties and which stakeholder groups should the committee invite? *Answer:* Santa Clara County as one county– and have one or more school districts and a group of consumers like parents and a SELPA representative from each of those entities. The Committee should invite a large county, a small county, with a mixture of north and south.
- Celeste/ Karen/ Monica/ Lorraine will take point on this and provide names and contacts to staff. Karen Hart will provide names from Monterey County. Celeste will provide names of SELPA directors from different districts
- The Committee will draft a set of questions for each grouping to respond to:
 - Celeste: Who is doing the assessments for the Individual Education Plan (IEP)? Who are they contracted with? What are the steps to take for due process procedures?
 - Pat Bennett: What standards are they using to ensure that they are using best practices and measuring outcomes?
 - Karen Hart: How the counties doing it? What percentage is outside contracting? What worked, what didn't, what are the challenges?
 - Pat Santillanes: What is working and what are their challenges now?
- Pat Bennett asked that ***committee members please think about the panel discussion and any questions for presenters and please send to staff.*** The committee will wait until we know what county we will be in to help us decide on what counties to invite. The AB 114 presentation may be in October or January. Staff will talk with Jane Adcock.

Discussion: Presentation ideas for October/January full PC Meeting

- AB 114 for the full meeting

- Pat Santillanes: To what extent do we address the 5 year work plan of the MHSOAC? *Answer:* Pat Bennett: It is our job to review the work plan and provide comments. The question is how we want to address this in the full council.
- Pat Bennett: The CSI committee needs to become very familiar with the MHSOAC Evaluation Master Plan take our comments back to the full council, and the committee needs to review and comment on the Priority Indicators. We don't have time to do that between now and January.
- Linda Dickerson: Should we request an expanded presentation from Renay Bradley at the October meeting? Pat Santillanes: This would be helpful
- Karen Hart: What is the timeline on providing input on the Evaluation Master Plan? *Answer:* We could provide input after a presentation from Renay Bradley.
- Pat Bennett: Are we able to request that the CSI committee put off their presentations until January 2014? If there is time at the October meeting we could ask Renay Bradley from the MHSOAC to speak.
- Linda Dickerson advised that the MHSOAC has a new Request for Proposal (RFP) seeking a contractor. Dickerson will forward information regarding the MHSOAC RFP to members *Opportunity to comments on RFP language until July 5th*
- Pat Bennett: The committee needs to focus on the Evaluation Master Plan and comment and the Priority Indicators and comment. It is a good idea for Renay Bradley to present but we are a very diverse council and the topic of evaluation and how it is presented can be confusing. I wonder if there is any pre-work we can do with the council like what the purpose of evaluation is and different types of evaluation.
- Monica votes yes to invite Renay Bradley/Susan Wilson votes yes to invite Renay Bradley. We should have Renay Bradley present sooner rather than later. Staff will check with Jane Adcock regarding time at the October 2013 meeting.

Discussion: Letter for the MHSOAC regarding Evaluation Master Plan

Combine letter inviting Renay with enthusiasm about Evaluation Master Plan input – staff to work on this

Next Steps and Future Agenda Items

- Pat Bennett requests that members add comments and suggestions to draft work plan send to staff. *We need one or two individuals to volunteer as leads on certain goals.*
- Linda Dickerson: There is a July 23rd stakeholder meeting to review the children's mental health parameters proposed by the DHCS and an expert work group. There is a major concern that the parameters may be too lengthy and comprehensive.

Pat Bennett asked if there are any volunteers willing to listen in on the meeting. Linda will send information to members.

**Data Notebook Subcommittee
CSI Committee
June 19, 2013
Hilton San Francisco Airport Bayfront
600 Airport Blvd. Burlingame, CA 94010
5:15 p.m. to 6:30 p.m.**

Members Present

Pat Bennett
Beryl Neilsen
Lorraine Flores
Monica Nepomuceno
Karen Hart

Staff Present

Jane Adcock, EO
Linda Dickerson, PhD
Tracy Thompson

Discussion of Data Notebook Work Plan

- **Jane Adcock:** There has been some criticism regarding the External Quality Review Organizations (EQRO) data source for the Data Notebook. There is the feeling that the Data Notebook should embody the Performance Indicators. There is merit in that and we will revisit the parameters to make sure that they align with the Performance Indicators. I think the group should have another conversation about this to make sure we are all on the same page. Along with that is the criticism that the subcommittee is not using DHCS data or MHSA data within the Data Notebook. The most recent data available is from fiscal year 2009/10. That data is now four years old. The local boards have made it clear that this data is too old.
- **Pat Bennett:** The issue of mapping our Data Notebook to align with Performance Indicators is very important but which data sets we use for that is also important. We do not want to use old data. Many individuals in some counties have had problems with EQRO data. We need to be cognizant of that.
- **Jane Adcock:** It is difficult when reviews are by funding source because real world services don't get delivered by funding source, so it can get difficult to tease that out.
- **Pat Bennett:** My concern is that I wouldn't want the local boards to come back and say that the Data Notebook is not useable. I want the local boards completely on board about what the Data notebook contains. They are the primary people that must be happy with it.
- **Linda Dickerson:** One of the issues that we need to consider; given that we don't have good data resources we might be faced with a choice of doing next to nothing, and that is not an acceptable option.
- **Pat Bennett:** All data is okay data. We should not use old data because the local boards have already expressed that older data is not useful. I think we should pay attention to the importance of the Data Notebook aligning with Performance Indicators. When the Mental Health Services Act (MHSA) first began it was much easier to make a clear delineation between MediCal services and MHSA services. This is not the case anymore because it is all intertwined. Even though the EQRO data is not the universe of data, it is a reasonable source.
- **Linda Dickerson:** The EQRO data is a start and in the meantime we are working with various agencies to come up with access to more data.

Data Notebook Draft Parameters

Linda Dickerson provided a copy to members on the Data Notebook 2013 Project Outline draft parameters. Jane Adcock advised that this information will be sent to all subcommittee members.

- **Jane Adcock:** One suggestion that we received was to look at the Consumer Perception Survey Data. This is data we can get from the DHCS. Jane Adcock and Linda Dickerson obtained a copy of the most recent survey that was utilized and pulled a few questions that embody the MHSA.
- Linda Dickerson read through the draft parameters for members.
- **Pat Bennett:** Is this data that can be aggregated at the county level? *Answer:* Yes. These are the client satisfaction surveys the counties provide.
- **Pat Bennett:** There are those who feel that these surveys are not terribly valid. People may not be completely honest on a perception survey because the county provides the services, then county workers ask how you like the services. People may feel uncomfortable saying anything negative.
- **Lorraine Flores:** Are these questions you feel are relevant for each age category? The question under Transition Age Youth (TAY): *Since starting services, the number of days I was in school was...?* This question is not completely relevant. *Answer:* Linda Dickerson: It depends on how you define TAY. It may be 16-25 years so it could include high school or junior college.
- **Lorraine Flores:** The biggest factors surrounding TAY are housing, employment, and education. To have a question solely about school will miss 3/4ths of the TAY community. *Answer:* Jane Adcock advised this level of detail can be explored further at the next Data Notebook meeting. It will also be important to look closely at what terms we are using within the Data Notebook so that is understandable to everyone.
- Lorraine Flores suggested that staff look at the Self-Sufficiency Matrix to assist with questions.
- Jane Adcock advised that the subcommittee can continue to have a conversation around what kinds of questions should be included and whether using the Consumer Perception Survey Data is appropriate.
- **Karen Hart:** How are you able to get data when the counties are unable to get any? *Answer:* Jane Adcock advised she received approval to access data but staff has not received the data yet.
- **Linda Dickerson:** We have provided presentations to the CALMHB/C about data and using data. We are hoping to glean more information about what would be useful to the local boards regarding Data Notebook content.
- **Lorraine Flores:** We need to all agree to read over the Consumer Perception Survey and provide feedback regarding questions. *Staff will provide the full survey to members via e-mail.*

Next Data Notebook Meeting is July 11, 2013 from 9:00 A.M. to 10 A.M.

Call in # 1-866-831-0091 Participant Code: 1629962

Data Notebook Meeting Highlights

July 11, 2013

9 A.M. to 10:00 A.M.

Members Present:

Susan Wilson, Chairperson
Karen Hart
Lorraine Flores
John Pearson
Monica Nepomuceno
Cary Martin
Beryl Neilsen

Staff Present:

Tracy Thompson
Linda Dickerson, PhD

Review and Approve Minutes from last meeting

June 19, 2013 Meeting Highlights approved.

Discussion of Data Notebook:

Data Indicator/Parameter Items proposed:

Selected *Client Outcomes Indicators* from Consumer Perception Survey Data

- Linda Dickerson: We need to keep it simple and be sure to present the limitations and usefulness of each type of data. Lorraine Flores had requested more depth within the Transition Age Youth (TAY) questions. Would we leave out some of the questions or add more questions?
- Lorraine Flores: My experience with TAY comes from a homeless background. When we ask questions that relate to being “in school or work,” the majority of TAY won’t be doing either. I am wondering if there is a more general way that can capture what they’re doing to move out of their situation; such as training, volunteer work etc.
- Karen Hart: The counties have said for many years that the Consumer Perception Surveys do not capture as much information as they would like. However, if we are talking about selecting something in order to retrieve data then we need to go with what is available. The school and work questions for TAY may be questions we won’t rely on. We can focus on questions that are applicable to more people in that age group. There is large difference between adult and older adult. Focus on questions that are more inclusive of all age groups.
- Susan Wilson: There are questions we know most of the TAY can answer and we should focus on those questions.
- Linda Dickerson: The question that asks for information on living arrangements can be added. (*Page 2 of 4 #2*) This question can span all ages.
- Karen Hart: The question about having support from family and friends in a crisis is another one that can span all ages. (*Page 2 of 4 #25*) This will give us an idea of the social support for people receiving services.

- Beryl Neilsen: Is there a police and jail question? That question could span most ages as well. *Answer:* Yes
- Linda Dickerson: The question that relates to being “in school or work,” may not be applicable, but it can still be useful because it can show us unmet need or unmet success. We can still glean information from TAY marking “Not Applicable.” I wish there was a subset of questions for volunteer or internship.
- Lorraine Flores: Most of the street population won’t mark “Not Applicable” on the survey they will mark “No.”
- Karen Hart: What we really want to know on the Consumer Perception Survey is “are you constructively occupied?” We are looking for things that will give us enough data for the Notebook for right now.
- Susan Wilson: One of the outcomes we can plan on from this exercise is feedback to the Department of Health Care Services (DHCS) regarding question content within the Consumer Perception Surveys. What questions should be added and what questions should be deleted in order for the counties to receive the best data?
- Linda Dickerson: The Youth Services Survey for Families includes a question that asks “in the last year, did your child see a medical doctor (or nurse) for a health check-up?” I do not see this question in the adult survey but we need to know if people are connecting with primary medical care.
- John Pearson: Is there a target group in mental health other than by age group? *Answer:* They have demographic breakdown by race and ethnicity as well. John Person: Is this for Full Service Partnerships (FSPs)? *Answer:* The surveys do not pertain specifically to FSPs but would apply to whoever was available to fill out the forms.
- Karen Hart: The counties will query everyone who comes in for services during a specific time frame.
- Linda: The surveys are also available in multiple languages.

Selected System Performance Outcomes for Local MH Plans: EQRO Data

- Linda provided the Proposed System Level Performance Indicators using the External Quality Review Organization (EQRO) Data. Dickerson advised that she wanted to focus on some very specific questions related to national quality goals and wait time for appointments. The first question is: What is the wait time for appointments within these categories?
 - New patient: adult
 - New patient: child
 - Urgent care appointment
 - Post-hospitalization appointment (within 7 days; or within 30 days)

Some counties don’t track effectively and other counties track very well.

- Susan Wilson: Access to appointments is a large issue for consumers. If counties are not tracking this information effectively it may encourage them to track more reliably in the future.
- Linda Dickerson: One of the major measures the Federal Government is looking at is reduced re-hospitalizations. If a person is suddenly re-hospitalized after 7 to 30 days they feel a full level of care was not provided.
- Linda Dickerson: We are interested in whether counties have a measure of how many clients have access to primary medical care. Some counties will say they have no information for that, or any way of tracking that information. This lack of specific data is a strong point for potential advocacy.
- Karen Hart: How many counties are focusing on Medical Homes? Where would this data come from? Is this an EQRO question that every county answers? *Answer:* Linda Dickerson advised that the EQRO does ask questions related to linkages to primary healthcare, but it is not going to be a numerical parameter.
- Cary Martin: This is a crucial question given where we are with the Affordable Care Act but we should do include this question with an idea toward clarity.
- Linda Dickerson: The next question is: Does your county have a measure of how many MH clients also have a substance use problem? If so, what per cent are believed to have dual diagnoses relating to both MH and substance use (alcohol or drugs)? Some counties have a measure and some do not. This may be hard to tabulate.
- Linda Dickerson: The third question is: Are people engaged in their services? (Retention Rates)
 - Total # of services received
 - Cultural and linguistic appropriateness of services (qualitative info from focus group info; i.e., not a “numeric” data item, but we can also get indication from report’s description of local MH program efforts in this area).

The fourth question is: Are people coming in for services? (Penetration Rates)

- One measure used to address access to services for different groups.
- Subgroups of data to consider:
 - race/ethnicity,
 - gender
 - children
 - foster children
 - TAY (ages 16-25 in EQRO data)
 - Adults aged 18-59
 - Older adults, aged 60 and over.
- John Pearson: I question the usefulness of penetration rates. *Answer:* Linda Dickerson: Penetration rates are an imperfect measure but we do not have the means to get a better measurement at this time.

- Karen Hart: We have a huge list and we will need to pare these down. We need to look at client related well-being versus county questions related to how well they are doing as a county. This is a learning process for the counties and we need to be cognizant of that.
- Linda Dickerson: That is about system performance and accountability around the local mh plan as opposed to client outcome that is part of the mandate.

Review of Proposed Work Plan and Timelines

- Susan Wilson: Are we able to start writing this July? Linda: Yes basic design and content complete fairly quickly.

Feedback from June 21 Presentation to CALMB/C Meeting

- Cary Martin: The CALMHB/C enjoyed the presentation and if you continue to provide more data on dual diagnosis you will have a real human story there.
- John Pearson: It seems that the EQRO data will be used as foundation for data notebook. Is there any opportunity to interact with the EQRO regarding their reports? *Answer:* Linda Dickerson: The EQRO has required and optional activities. Mike Reiter is very receptive. Linda will send out contact information for Mike Reiter with website information.

Public Comment

No public comment at this time.

**The Next CSI Data Notebook Meeting is: August 8, 2013 from 9:00 A.M. to 10 A.M.
Call in # 1-866-831-0091 Participant Code: 1629962**

Data Notebook Meeting Highlights

August 8, 2013

9 A.M. to 10:00 A.M.

Members Present:

Herman DeBose, PhD
Karen Hart
Lorraine Flores
John Pearson
Herman DeBose, PhD

Staff Present:

Tracy Thompson
Linda Dickerson, PhD
Jane Adcock

Others Present

Mike Reiter, APS Healthcare CAEQRO

Review and Approve Minutes from last meeting

A motion made by Lorraine Flores and seconded by John Pearson: *Meeting highlights from June 19, 2013 approved as written.*

Mike Reiter's information: mikereiter@apshealthcare.org

Updated information September 20, due to APS Healthcare's move to new offices:

Office: (882) 268-1515, ext. 2572. Fax (866) 647-5020.

2485 Natomas Park Drive, Suite # 360

Sacramento, CA. 95833

Discussion of Data Notebook:

Draft of Sample Data Notebook for Tehama County: project "in-process;" need review and comments by workgroup participants

Linda Dickerson provided members with a copy of the draft of sample Data Notebook for Tehama County entitled, "Module 1: System Performance Indicators (EQRO Data)". Information in this module is taken from the External Quality Review Organization report on the most recent mental health services data available for each county. These reports are prepared by APS Healthcare under contract to the California Department of Health Services. The purpose of the contract is to evaluate the type and quality of services provided under Medi-Cal Specialty Mental Health funding (Short-Doyle).

Each year, EQRO reports are prepared after local site visits and extensive data analysis of the approved billing and claims data. Comprehensive reports for each of 56 counties are found at this website:

<http://caeqro.com/webx/Reports%20and%20Presentations/FY2012-13%20EQRO%20MHP%20Reports/>

In this discussion guide EQRO data, figures, and text is quoted heavily. The purpose is to extract some major points to help inform local stakeholders, mental health boards, and commissions.

Reviewing this data is intended as a springboard for comments and discussion of not just Medi-Cal funded services, but of any, or all, MH services in your community that you may wish to consider.

- Mike Reiter: I have a concern about the "first visit" information. This information is self-reported data by the mental health plans. No process has been made available to come up with a standard definition of what first visit is. If you are going to use first visit data you must use with extreme caution. I would encourage the subcommittee to push for this because it is a

big issue. Is it the first billable visit or first visit where someone gets treatment? This varies widely. I am most interested on what you think standards ought to be. This is an important thing to lobby for.

- Linda Dickerson: I have extracted and turned information into a data table simply using what the mental health plan claims but without any explanation of a table or spreadsheet. The first question deals with the wait time from your contact to when you actually get to see someone. This is timeliness data.
- Linda Dickerson: I may need to write an entirely different set of text to introduce this concept or quality goal regarding first visit data.
- Linda Dickerson: Timeliness or getting an appointment for a child therapist is not tracked by many plans. Some of that may reflect the shortage of child psychiatrists.
- Karen Hart: A shortage of child psychiatrists is a factor but another reason is because there is a tendency to not make the psychiatrist the first stop in children. This plays a large role on the wait time as well.
- Mike Reiter: In San Francisco every child gets assessed by child psychiatrist. There is a range of opinions on this.

PAGE 2

- Herman DeBose: Is this specific to a particular county? *Answer:* Linda Dickerson stated that Tehama County was selected because it is a small population county and the report is shorter. This shows individualization for Tehama County but the effort to extract this much individual information is considerable. The other issue is how to deal with the information that the mental health plan says it is doing. Tehama County has a population of around 60,000 people.
- Herman DeBose: Are services spread out? It may be difficult for citizens to get access to services because of the area itself. *Answer:* Linda Dickerson: Yes, the distances comprise one barrier to access.

PAGE 3

Question: What is the effect of appointment wait time on the goal to reduce re-hospitalizations?

- Linda Dickerson: One of the issues is that it is difficult to import figures from EQRO documents. This is one of the major quality improvement efforts in the state. The timeliness in receiving some kind of clinical contact plays an important role in re-hospitalization rates.
- Mike Reiter: There is an unreleased annual report that states “if you have a psychotic diagnosis and don’t have a medical visit within 7 days of discharge, the chances of re-hospitalization goes up.” Under Medicare if your re-hospitalization rate does *not* meet certain standards or *goes up*, you get a reduction in Medicare reimbursement. This includes any place that has a general hospital license. Counties and hospitals need to work together.

PAGE 3

Question: Are people of all ages and race/ethnicity groups coming in for services, in numbers roughly similar to their proportion of total Medi-Cal clients?

- Linda Dickerson: This is the way we are looking at penetration rate data. Penetration rates are imperfect measures. Forty percent of the Medi-Cal enrolled population in many counties are children (17 or younger). But in some counties, children may comprise up to 80% of the Medi-Cal covered population. So there is a lot of variability. The trend reports for penetration rates for foster youth and transition age youth are important. Foster children are a vulnerable group and the TAY population has special needs and overlaps with young adults. *PAGE 6*

Question: Are people engaged in their services and do they continue to come in for care?

- Mike Reiter: We use this chart as proxy for real data. Engagement would mean consumers should have certain number of visits in so many months. This is difficult to measure.
- Linda Dickerson: Tables can start a springboard for discussion for local stakeholders and mental health board members. One factor I did not include was financial info. But one of the things that Mike Reiter pointer out is the disparity between average dollars spent in services per beneficiary per client. There is a disparity between Hispanics and the white population.
- John Pearson: What about data around individual therapy and group therapy? *Answer:* Linda Dickerson: That data not easily at accessible. Maybe individual counties can inquire or follow up on this issue.
- Herman DeBose: The chart doesn't specify what the service was. We would need to know the specific service.
- Karen Hart: We may need a section for things we *should* be doing even though we may not be currently doing them. This would be things for the mental health boards to think about and ask about. *Answer:* Linda: I could include some optional questions.
- Jane Adcock: This needs to be in the realm of outcomes and program performance.
- Linda Dickerson: The questions on pages 8-15 are included to assist with generating discussions and recognizing that different counties move along at different rates. There is an effort to offer more physical health care to mental health clients.

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- Linda Dickerson: I am working on trying to locate some other data from other sources. There is some criticism around trying to find estimates of need in counties. These are different than penetration rates and it is difficult to come up with reliable data. We are still in the process of developing Module 2 (Consumer Perception Survey Data). We are also developing an Optional Module 3, to get input from those counties which currently are able to report summaries of data about their own MHSA-funded programs. The purpose is so we can use their experience and reports as a basis for expanding the following year's Data Notebook to include a section for structured discussion of MHSA-funded local programs.
- Linda Dickerson: It is quite an effort to quote the EQRO data. It will be difficult task especially for the largest counties. If I had a volunteer that could assist me that would be great.

Review of Proposed Work Plan, Implementation, and Timelines

- Linda Dickerson: We may be able to find exemplary programs and can point to the full report on the websites.

- John Pearson and Herman DeBose discussed some aspects of using the EQRO and other sources of data in their county reports. Herman DeBose advised that he is working on a project to get a complete list of contact information for all the local Mental Health Boards and Commissions. It has been difficult to accumulate this information. John Pearson acknowledged that privacy concerns might underlie some of that reluctance.
- John Pearson and Herman DeBose advised that it may be a good idea to customize the Data Notebook reports for large versus smaller counties based on their EQRO reports.

Public Comment

No Public Comment at this time

Meeting Adjourned

The next Data Notebook Meeting is scheduled for September 12, 2013 from 9 a.m.-10 a.m.

Call #: 1-866-831-0091

Participant Code: 1629962

UPDATED Meeting Schedule:

The next Data Notebook Meeting will be Thursday, October 10, 2013 from 9 a.m.-10 a.m.

X INFORMATION

TAB SECTION: A

___ ACTION REQUIRED:

DATE OF MEETING: 10/16/13

PREPARED BY: Thompson

DATE MATERIAL
PREPARED: 09/16/13

AGENDA ITEM: Discussion: CMHPC Evaluation Mandates Plan

ENCLOSURES:

- Evaluations Work Group: Purpose, Goals, Assumptions
- Evaluation Work Group Meeting - Summary Notes – September 6, 2013
- Evaluation Work Group Meeting - Summary Notes - August 22, 2013
- Matrix of Performance Indicators

OTHER MATERIAL RELATED TO ITEM:

ISSUE:

The CMHPC Evaluation Work Group has held meetings to discuss and create a plan to fulfill the CMHPC mandates. Members will take this time to discuss the CMHPC Mandates Plan with a special focus on WIC 5772.3. The full Planning Council meeting will discuss the mandates plan at the Thursday meeting and would like input from the CSI Committee.

Evaluation Work Group

Purpose: To establish a plan for the Council to fulfill its statutory mandates regarding evaluation

Goals:

1. Draft a plan that identifies processes, data sources, resources and timelines relevant to each mandate
2. Present the plan to full Council for discussion at the October 2013 meeting
3. Finalize the plan and obtain Council approval
4. Assist with implementation/operationalizing of the plan
5. Annually review accomplishments and make recommendations for improvement

Assumptions:

Be innovative! Think outside the box!

Evaluation doesn't have to be statewide nor based on hard data to be credible

Focus on areas where we can have an impact

Council evaluation will be from the perspective of the consumer and family member

Stay away from 'all or nothing' thinking, consider starting with segments rather than the whole

There is no perfect data source nor is it coming in near future so begin with what we have and build from there

Actions:

1. Identify the evaluation questions we want to answer
2. Identify the data sources for the questions
3. Identify the collection activities
4. Establish timelines for each activity

Matrix of California's Public Mental Health System Prioritized Performance Indicators

To Begin Implementation of CMHPC's Approved Performance Indicators

Type of Indicator	Age Group	Education/Employment	Homelessness/Housing	Justice Involvement
Individual Client Outcomes* (for FSPs)	Children	Indicator #2: Average Attendance—Score per year	Indicator #1: Housing Situation/Index--Score	Indicator #1: Number of Arrests
	TAY	Indicator # 8: Under 18 years—Average Attendance--Score per year 18+ --Proportion participating in paid and unpaid employment	Indicator #7: Housing Situation/Index--Score	Indicator #7: Number of Arrests
	Adults	Indicator #13: Proportion participating in paid and unpaid employment	Indicator #12: Housing Situation/Index--Score	Indicator #12: Number of Arrests
	Older Adults	Indicator #13: Proportion participating in paid and unpaid employment (Explore feasibility of Indicator #20--Instrumental Activities of Daily Living)	Indicator #17: Housing Situation/Index--Score	Indicator #17: Number of Arrests
County Mental Health System Performance	Indicators #5, 6, 11, 16, 21: Family/Youth/Client Perception of Well-being Indicator # 30: Age, Gender, Race/Ethnicity of entire FSP population Indicator # 31: Access of FSPs to Primary Care Physician Indicator # 33: Penetration Rate → 03/04 and 06/07 data already provided from CSI Indicator # 34: New Clients by county by age, gender, race ethnicity for FY 04/05 and FY 07/08 from CSI. (New clients are those without service for prior 6 months.) Indicator # 35 or # 37: Involuntary Care—3 day and 14 day commitments Indicator # 43: Annual Numbers Served through CSS from Exhibit 6 of FSPs, General System Development and Outreach/Engagement. Workforce Indicators #s 45 & 46: To Be Requested for the Development of Five-Year Plan			
	None At This Time			
Community Indicators	None At This Time			

Frequency of Data Request: Individual: Baseline and Annual Data (Y1, Y2, etc.); System: Annually Beginning 04/05; Begin with statewide and regional reports; then produce county specific reports.

Summary Notes from Evaluation Work Group Meeting
August 22, 2013

Present:

Walter Shwe	Susan Wilson	Pat Bennett	Beverly Abbott
Carol Hood	Jane Adcock	Karen Hart	

Agreements

The Council needs to partner due to our small resources

We need to identify our unique role within the system (MHSOAC, DHCS, CMHPC)

We want to bring in the perspective of the local mental health boards

The Council is to review the evaluation work of others

CMHPC brings the client and family member voice/perspective

Implementation of ACA is good opportunity to revise state reporting system which will be huge effort and take time to implement and see results

Questions

How do we want to use data?

How do we interpret the statutory words, “review” and ‘assess’? (“Evaluate” only appears in federal statute, not in WIC)

How do Electronic Health Records impact data collection?

To Do

Review MHSOAC activities to check where they fits within Council role/requirements

Get an inventory of the evaluations occurring in mental health by other entities

Inquire to DHCS regarding a report from CiMH on the results of the 2012 Consumer Perception Survey

Research the Priority Indicators being used by MHSOAC and originally approved by CMHPC to guide our efforts and build on efforts of others

Brainstorming on Strategies to Fulfill Requirements

Hold public meetings/forums

Use Council meetings for systematic inquiry, create a plan for 1-2 years out

Program visits

Collect groups of County data on specific topics

Next Steps

Secure the Priority Indicators being used

Review the Council statutory requirements

Create a plan to fulfill the requirements that includes activities, sources and timelines.

Summary Notes from Evaluation Work Group Meeting
September 6, 2013

Present:

Walter Shwe Susan Wilson Pat Bennett Carol Hood
Jane Adcock Karen Hart

No changes or additions to Summary Notes of August 22nd meeting.

Reviewed Priority Indicator Chart and discussed the following:

UCLA has operationalized the priority indicators thru a contract with MHSOAC. The level of detail needed to get into it and agree on the domains is very deep. It is challenging to get consistent data and it is difficult to agree on the calculations.

Counties do not all use standardized, consistent definitions. One must give them specific definitions and calculation formulas for the counties to be able to extract a data report.

Raw data doesn't really mean anything without the formulas. Millions of questions go into each indicator to define it and drill down to the specifics.

Good data in mental health is complicated by 2 things: 1) the data system is not modern nor up-to-date (there are other systems that allow the user to upload data and immediately receive feedback) and 2) when the system is not user friendly then it is unlikely to be used in a meaningful way.

So while the Council could ask Counties to produce reports, it would be very difficult due to the facts above. Recommended that the Council use the data that UCLA has created for fiscal years 2004-05 and 2009-10 and perhaps do a comparison between the years. The data is for all clients not just those receiving FSP level of services.

Next meeting to occur in lieu of Executive Committee meeting on Friday, 9/20 at 9am

Jane to attempt to populate the draft work plan for evaluation activities. Pat to share templates for evaluation plans.

X INFORMATION

TAB SECTION: B

___ ACTION REQUIRED:

DATE OF MEETING: 10/16/13

PREPARED BY: Thompson

DATE MATERIAL
PREPARED: 09/16/13

AGENDA ITEM: Discussion: MHSOAC Evaluation Master Plan Comments

- ENCLOSURES:**
- Meeting Highlights: Discussion of MHSOAC Evaluation Master Plan:
 - *Part 1 through Part 3 (Pages 18-40)* August 15, 2013
 - *Part 4 (Pages 40-79)* August 29th, 2013

OTHER MATERIAL RELATED TO ITEM:

ISSUE:

The MHSOAC Evaluation Master Plan was developed for the Mental Health Services Oversight and Accountability Commission to chart its course on evaluation activity for the next 3-5 years. Committee members have reviewed and discussed the MHSOAC Evaluation Master Plan via meetings over the last few months. Members will take this time to discuss MHSOAC Evaluation Master Plan comments made by committee members and next steps.

*****A copy of the full MHSOAC Evaluation Master Plan is included in the CSI Meeting Materials Packet that was provided at the June 2013 meeting.*****

Discussion of MHSOAC Evaluation Master Plan

Meeting Highlights

Part 1 through Part 3 (Pages 18-40)

August 15, 2013

10:30 a.m. to 11:30 a.m.

Members

Pat Bennett
Walter Shwe

Staff

Tracy Thompson
Linda Dickerson, PhD
Jane Adcock, EO

- Patricia Bennett: Embedded in the first 3 sections are the major kinds of data collection activities and sources of data statewide. It would be useful to pull that out into a chart. Seeing this would be useful for people.
- Jane Adcock: I appreciate how they laid out some basic evaluation question.
- Patricia Bennett: At each level there is a different modality to conduct evaluation. There is the Systems level and community level and so on. If you are evaluating Prevention and Early Intervention, the evaluation will look different depending upon what level you are evaluating.
- Linda Dickerson: It will be difficult to separate MHSA from broader community mental health efforts. Community is a term that has a lot of layers of meaning depending even on the culture you come from. Some of these issues are the same issues we struggled with in the EPSDT work group.
- Patricia Bennett: I appreciated the fact that they talked about the data systems and the funds being spent for counties to bring electronic health records on board. I would like to see how that might impact mental health. **When they have the electronic health records up and running what does that mean for mental health in terms of evaluation?** This may help us in looking at comparable data across counties and have statewide implications.
- Linda Dickerson: Much of the electronic county record stuff was still in progress when this was written.
- Patricia Bennett: Any time any new organization brings on a new data system there will be growing pains. From a systems perspective this is a brand new data source that each county is required to have. What are the implications for data collection for behavioral health? Maybe it would be nothing but I would like to know that.
- Jane Adcock: I would like to complete all the calls to review the MHSOAC Evaluation Master plan and then coordinate a response to the MHSOAC.
- Walter Shwe: **Should there be a minimum level that every county should be held too in terms of access?**
- Jane Adcock: The MHSOAC is looking at a variety of possibilities regarding evaluation while our mandate is to evaluate performance of the Mental Health programs. The mandate seems more specific for the CMHPC.

- Patricia Bennett: They indicate the performance outcome measures in the MHSOAC Evaluation Master Plan. When the MHSA was first instituted the separation between the MediCal mental health system and MHSA dollars was way more pronounced- it is less so now. **Is it their intention to evaluate all mental health services including MediCal funded services or are they going to stick to only those funded through the MHSA?**
- Jane Adcock: Most services have blended funding.
- Walter Shwe: Amount of funding counties use for MediCal services is near 50% or greater.
- Jane Adcock: The Bureaus of State Audits have released their MHSA report.

Discussion of MHSOAC Evaluation Master Plan

Meeting Highlights

Part 4 (Pages 40-79)

August 29th, 2013

10:30 a.m. to 11:30 a.m.

Members

Pat Santiallanes

Walter Shwe

Staff

Tracy Thompson

Linda Dickerson, PhD

Jane Adcock, EO

- Jane Adcock: What is a simple way to explain the difference between performance monitoring and evaluation studies? *Answer:* Linda Dickerson: There is the tendency to use those terms in a fluid way but the most consistent is that monitoring refers to system and program and how well it is doing and evaluation is more about client outcomes. The overarching goal of evaluation is to assess what works or what did work.
- Patricia Bennett: The priority indicators included in the Initial Priority Indicator Report are the Individual Levels and the System Levels. The MHSOAC states that this original set of 12 indicators needs to be revisited and revised.
- Linda Dickerson: The community level indicators are not as well defined and that is something a variety of studies are trying to evaluate. The RAND study under contract with CalMHSA is looking at stigma reduction in school and reduction in stigma among the population at large. This type of study is more closely related to marketing studies. Other community level indicators are looking at things that give indication of the state of mental health in the population like the percent of people involuntarily hospitalized.
- Jane Adcock: There are three types of activities the MHSOAC propose to engage in and they have outlined high priority and medium priority within each of those three.
- Linda Dickerson: The MHSOAC is proposing new indicators or additional indicators, and doing trial studies in limited counties to improve the definition for certain indicators in terms of how they are calculated. The CMHPC input and feedback is called for.
- Jane Adcock: The MHSOAC is interested in developing a process to work with the CMHPC.
- Linda Dickerson: Half of the people represented within the CSI data system are those served through the Short Doyle Act and those consumers represent 2/3 of the expenditures.
- Jane Adcock: I do not see the SAMHSA Block Grant included. This is definitely something that should be mentioned.

- Walter Shwe: The MHSOAC recommends piloting new indicators. If they are already using all the indicators and using existing data why would they need to pilot new counties? Why not look at the data they already have? *Answer:* Linda Dickerson: They are looking at efforts in some of the large counties that have similar outcome measuring data systems. They are looking at the client level in a much more detailed way.

Meeting Adjourned

Remaining Calls:

- September 12th: Part 5 through Part 6 (Pages 79-94)
- September 26th : Discussion of the Evaluation Master Plan in its entirety

http://www.mhsoac.ca.gov/Evaluations/docs/EvaluationMasterPlan_Final_040413.pdf

Call Information

Call in # 1-866-831-0091

Participant Code: 1629962