

November 13, 2013

Greetings to our Workgroup members!

I am providing a short report to update everyone on the progress on our project thus far.

Susan Morris Wilson, chair of the Workgroup, has asked that we cancel this week's conference call, because:

- (1) She is at a conference in Oregon, and
- (2) Both she and I are engaged in a major effort to edit the Data Notebook before we proceed further, and
- (3) We are still waiting to hear back from workgroup members on any suggested edits or changes to improve the draft document. So far no one from the workgroup has sent notes or "Track changes" to suggest edits to any part of the document.
- (4) We are awaiting data tabulations from CiMH regarding the Consumer Perception Surveys, which are expected by the end of this month.

We had hoped that we might have a major, updated revision to send out to you by this date, but this is still a work in progress. We are working to streamline and simplify where possible, and to place some sections in a more logical order. We are adding a Table of Contents and more Section Headings to make the structure easier to follow.

One significant change, intended to enhance engagement by the MHB members, is to move to the front (right after the Introduction) the section which asks:

- (a) "What are the Strengths of MH Programs in Your County?"
- (b) "Do any of these programs focus on underserved or special needs populations?"
- (c) "What are your suggestions for improvement of services?" etc.

We are placing some helpful reference material in an Appendix; so far we have:

- (i) EQRO glossary, since we refer MHB members to their county EQRO report (glossary kindly provided by APS Healthcare)
- (ii) Additional Definitions and abbreviations (if you have suggestions, please let us know what you think should be included here).
- (iii) Copies of the original forms for the Consumer Perception Surveys (Adults, Older Adults, Families of Children, and Youth). Having the forms available will make it easier to complete the writing and organization of the related part of Client Outcomes Section of the Data Notebook.
- (iv) Research Resources – for example, materials from the California HealthCare Foundation on the state of mental health needs and services; selected materials/recent reports from MHSOAC; recent reports from SAMHSA, NIMH, etc. (This section still in progress, so feel free to forward internet links to

materials you think useful). This section will be separate from a short Bibliography at the end of the main Data Notebook, which will list only the references cited in the document itself.

- (v) We are considering adding the data tables about types of services provided in Appendix D of the individual County reports from [www.CAEQRO.com](http://www.CAEQRO.com). However, it turns out the tables are not in a form that can be easily imported, so we may simply need to refer people to look at those tables from the online source, examine them, and draw their own conclusions.

We appreciate your continued input and support. John Pearson raises some questions in the attached email, some of which I shall attempt to address.

Please keep in mind this is still a Draft document. In Napa, it appears that some of the MHB members have taken the initiative to do a sort of “beta test” of this Draft, to see how well it works in their local setting. I do have concerns that too much will be asked of the local QI coordinators or MH Directors.

Also, the draft has some questions which likely will be removed: for example, “Do you think there will be enough children’s therapists available after the expansion of Medi-Cal?” As has been pointed out to me, virtually no one thinks there are enough child therapists or psychiatrists. So perhaps this is not the most helpful way to look at things.

Asking in the Notebook about appointment wait times for therapists in a language other than English (generally Spanish) may not be helpful either, as many areas are already considered “medically underserved” and underserved in mental health and substance use treatment resources. So, getting ANY services can be challenging, let alone in a language other than English.

But, on the other hand, if you find that there is informative local data readily available, then that is a local choice to include that material, and you are most welcome to do so. Sharing such information may be very instructive to us all as we make revisions in the subsequent year Data Notebooks.

The truth is, aside from the EQRO reports, we really have very little idea what local MH Departments are doing, aside from those few which post their own data reports online. (see Monterey, Humboldt, San Mateo, and Napa Counties (overall community health report which has some MH data). Sometimes there are reports (for example, San Mateo’s MHSAs programs, which are buried deep in the Agenda or minutes of a MHB committee meeting), which would be informative to the public but are very hard to track down, unless someone has sent you a link.

So, in spite of my months-long search for more information and data at the county level, until John Pearson wrote about it, I had no idea that Napa is using the Palette of

Measures from CiMH to evaluate Children's Services and Outcomes. Whatever information John and his group conclude is likely to be interesting and helpful. That might be one of the desirable things to describe in the Napa Data Notebook, if the MHB members wish to do so. It certainly sounds like a "Strength" of the local programs and a potential source of pride. Most importantly, sharing information about programs that work helps other counties.

Next, let's address the comments on penetration rates and retention rates. The emphasis on measures of access to mental healthcare services, including measures of fairness and continued engagement in services, are key items that the state and counties are required by the federal government to address in their quality improvement efforts. These are measures designed to address some aspect about how well our agencies are reaching out to provide services to minority groups and underserved populations. Once initiation of services has occurred, to what extent are we able to provide a minimally adequate dose of therapy or other treatments (e.g. Rx)? That is of course a question for extended discussion and debate by experts and stakeholders alike.

These measures are imperfect, but until something better is established statewide, these are what we have to work with so far. We can use these legacy measures to check that the trends are heading in the direction of improvement (or not). The issues of addressing health disparities are about more than simple fairness. These questions have their grounding in the basic civil rights of all members of our society. These issues also are of importance because the health outcomes are much worse for many persons of color, in terms of nearly every physical health measure (or provided treatments) tracked by public health departments, with shorter lives and worse quality of life being the result of health disparities accumulated across the lifespan.

John Pearson comments that there is "no single source" for the various questions and items. That is correct. The goal is for the MHB members to pull together information from various sources, and bring their individual perspective and experience to bear, and to produce a document that integrates all of the available information. This process may even yield a report that is inter-disciplinary in nature. There is no single source of convenient info to spoon-feed to either the public or to data analysts like myself (alas).

Finally, the local mental health boards will always have the option to fill in some questions with "No data available", or maybe: "We don't have that exact data, but we do have some other data that addresses a closely related question." While reporting by the MHBs is a mandate, the exact form of the report is NOT mandated. There is room for individual county variability and choice. The substantial work going into the Data Notebook project is designed to facilitate the efforts by MHBs.

We welcome specific suggestions to improve the final product, and to make it more usable and relevant.

Best wishes,

*Linda D.*

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