

California Behavioral Health Planning Council

Performance Outcomes Work Group Agenda

Monday, February 11, 2019 from 10:00 am to 3:00 pm
Residence Inn Marriott 1121 15th Street
Sacramento, CA 95814

Capitol Room

10:00 am	Welcome and Introductions <i>Susan Wilson</i>	
10:10 am	Review CBHPC Statutory Responsibilities <i>Jane Adcock</i>	Tab 1
10:30 am	Review Data Resources Recently Used for Performance Indicators <i>Linda Dickerson</i>	Tab 2
10:45 am	Develop Objectives of the Performance Outcomes Work Group <i>Susan Wilson and All</i>	Tab 3
11:45 am	Public Comment	
12:00 pm	Lunch	
12:45 pm	Develop Work Plan for our Work Group: Goals, Roles, Timeline <i>Susan Wilson and All</i>	Tab 4
2:00 pm	Develop Work Group Operations <i>Staff and All Work Group Members</i>	Tab 5
2:30 pm	Public Comment	
2:45 pm	Wrap Up/Next Steps <i>TBD, Chairperson and All</i>	
3:00 pm	Adjourn	

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

Performance Outcome Work Group Members

Susan Morris Wilson	Susan Turner, UCI
Lorraine Flores	Noel O'Neill
Raja Mitry	Darlene Prettyman
Walter Shwe	Steve Leoni
Jane Adcock, Staff	Linda Dickerson, Staff

If reasonable accommodations are required, please contact the Council at (916) 323-4501, not less than 5 working days prior to the meeting date.

California Behavioral Health Planning Council

Performance Outcomes Work Group

Monday, February 11, 2019

Agenda Item: Review CBHPC Statutory Responsibilities

Enclosures:

- Welfare and Institutions Code section which delineate both direct Council reporting requirements and indirect responsibilities
- U.S. federal code which provides duties of state mental health planning councils.

Background/Description:

The Work Group members need to discuss this material and become knowledgeable regarding this part of the Planning Council mission in order to lay the foundation for development of the overall objectives, specific goals, and tasks that will comprise the work plan.

WELFARE AND INSTITUTIONS CODE - WIC

DIVISION 5. COMMUNITY MENTAL HEALTH SERVICES [5000 - 5952]

5610.

(a) Each county mental health system shall comply with reporting requirements developed by the State Department of Health Care Services, in consultation with the **California Behavioral Health Planning Council** and the Mental Health Services Oversight and Accountability Commission, which shall be uniform and simplified. The department shall review existing data requirements to eliminate unnecessary requirements and consolidate requirements which are necessary. These requirements shall provide comparability between counties in reports.

(b) The department shall develop, in consultation with the Performance Outcome Committee, the **California Behavioral Health Planning Council**, and the Mental Health Services Oversight and Accountability Commission, pursuant to Section 5611, and with the California Health and Human Services Agency, uniform definitions and formats for a statewide, nonduplicative client-based information system that includes all information necessary to meet federal mental health grant requirements and state and federal Medicaid reporting requirements, and any other state requirements established

by law. The data system, including performance outcome measures reported pursuant to Section 5613, shall be developed by July 1, 1992.

(c) Unless determined necessary by the department to comply with federal law and regulations, the data system developed pursuant to subdivision (b) shall not be more costly than that in place during the 1990–91 fiscal year.

(d) (1) The department shall develop unique client identifiers that permit development of client-specific cost and outcome measures and related research and analysis.

(2) The department's collection and use of client information, and the development and use of client identifiers, shall be consistent with clients' constitutional and statutory rights to privacy and confidentiality.

(3) Data reported to the department may include name and other personal identifiers. That information is confidential and subject to Section 5328 and any other state and federal laws regarding confidential client information.

(4) Personal client identifiers reported to the department shall be protected to ensure confidentiality during transmission and storage through encryption and other appropriate means.

(5) Information reported to the department may be shared with local public mental health agencies submitting records for the same person and that information is subject to Section 5328.

(e) All client information reported to the department pursuant to Chapter 2 (commencing with Section 4030) of Part 1 of Division 4 and Sections 5328 to 5772.5, inclusive, Chapter 8.9 (commencing with Section 14700), and any other state and federal laws regarding reporting requirements, consistent with Section 5328, shall not be used for purposes other than those purposes expressly stated in the reporting requirements referred to in this subdivision.

(f) The department may adopt emergency regulations to implement this section in accordance with the Administrative Procedure Act (Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code). The adoption of emergency regulations to implement this section that are filed with the Office of Administrative Law within one year of the date on which the act that added this subdivision took effect shall be deemed to be an emergency and necessary for the immediate preservation of the public peace, health and safety, or general welfare and shall remain in effect for no more than 180 days.

5614.5.

(a) The department, in consultation with the Quality Improvement Committee which shall include representatives of the **California Behavioral Health Planning Council**, local mental health departments, consumers and families of consumers, and other stakeholders, shall establish and measure indicators of access and quality to provide the information needed to continuously improve the care provided in California's public mental health system.

(b) The department in consultation with the Quality Improvement Committee shall include specific indicators in all of the following areas:

(1) Structure.

(2) Process, including access to care, appropriateness of care, and the cost effectiveness of care.

(3) Outcomes.

(c) Protocols for both compliance with law and regulations and for quality indicators shall include standards and formal decision rules for establishing when technical assistance, and enforcement in the case of compliance, will occur. These standards and decision rules shall be established through the consensual stakeholder process established by the department.

(d) The department shall report to the legislative budget committees on the status of the efforts in Section 5614 and this section by March 1, 2001. The report shall include presentation of the protocols and indicators developed pursuant to this section or barriers encountered in their development.

(Amended by Stats. 2017, Ch. 511, Sec. 7. (AB 1688) Effective January 1, 2018.)

5664.

In consultation with the County Behavioral Health Directors Association of California, the State Department of Health Care Services, the Mental Health Services Oversight and Accountability Commission, the **California Behavioral Health Planning Council**, and the California Health and Human Services Agency, county behavioral health systems shall provide reports and data to meet the information needs of the state, as necessary.

5772.

The **California Behavioral 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 and substance use disorder programs.

(b) To review, assess, and make recommendations regarding all components of California's mental health and substance use disorder systems, 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 and substance use disorder 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 and substance use disorder 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 the performance of programs annually to the Legislature, the State Department of Health Care Services, and the local boards, and to post those findings and recommendations annually on its Internet Web site.
- (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 in delivering mental health services 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 and substance use disorder issues and the policies and priorities that this state should be pursuing in developing its mental health and substance use disorder health systems.
- (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.
- (g) To make recommendations to the State Department of Health Care Services on the award of grants to county programs to reward and stimulate innovation in providing mental health and substance use disorder services.
- (h) To conduct public hearings on the state mental health plan, the Substance Abuse and Mental Health Services Administration block grant, and other topics, as needed.
- (i) In conjunction with other statewide and local mental health and substance use disorder 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.
- (j) To advise the Director of Health Care Services on the development of the state mental health plan and the system of priorities contained in that plan.
- (k) To assess periodically the effect of realignment of mental health services and any other important changes in the state's mental health and substance use disorder systems, and to report its findings to the Legislature, the State Department of Health Care Services, local programs, and local boards, as appropriate.
- (l) To suggest rules, regulations, and standards for the administration of this division.
- (m) When requested, to mediate disputes between counties and the state arising under this part.
- (n) To employ administrative, technical, and other personnel necessary for the performance of its powers and duties, subject to the approval of the Department of Finance.

5845

(a) The Mental Health Services Oversight and Accountability Commission is hereby established to oversee Part 3 (commencing with Section 5800), the Adult and Older Adult Mental Health System of Care Act; Part 3.1 (commencing with Section 5820), Human Resources, Education, and Training Programs; Part 3.2 (commencing with Section 5830), Innovative Programs; Part 3.6 (commencing with Section 5840), Prevention and Early Intervention Programs; and Part 4 (commencing with Section 5850), the Children’s Mental Health Services Act. The commission shall replace the advisory committee established pursuant to Section 5814. The commission shall consist of 16 voting members as follows:

(1) – (11) present requirements of the MHSOAC

(12) Work in collaboration with the State Department of Health Care Services and the **California Behavioral Health Planning Council**, and in consultation with the California Mental Health Directors Association, in designing a comprehensive joint plan for a coordinated evaluation of client outcomes in the community-based mental health system, including, but not limited to, parts listed in subdivision (a). The California Health and Human Services Agency shall lead this comprehensive joint plan effort.

FEDERAL REGULATIONS regarding state Mental Health Planning Councils:

**STATE MENTAL HEALTH PLANNING COUNCIL
42 U.S.C., 300x., Sections 1914 and 1915**

Section 1914. State Mental Health Planning Council

- (a) IN GENERAL—A funding agreement for a grant under section 1911 is that the State involved will establish and maintain a State mental health planning council in accordance with the conditions described in this section.
- (b) DUTIES—A condition under subsection (a) for a Council is that the duties of the Council are--
 - (1) To review plans provided to the Council pursuant to section 1915(a) by the State involved and to submit to the State any recommendations of the Council for modifications to the plans;
 - (2) To serve as an advocate for adults with a serious mental illness, children with a severe emotional disturbance, and other individuals with mental illnesses or emotional problems; and
 - (3) To monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the State.

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California Behavioral Health Planning Council

Performance Outcomes Work Group

Monday, February 11, 2019

Agenda Item: Review Data Resources Recently Used as Performance Indicators

Enclosure(s):

- Table of the Most Frequently-Used Sources for Data

Background/Description:

This agenda item presents an opportunity to review a summary table of the most common data resources used and presented in Council reports, specifically the Data Notebook project.

For a copy of the Table named above, contact Linda Dickerson at Linda.Dickerson@cbhpc.dhcs.ca.gov

California Behavioral Health Planning Council

Performance Outcomes Work Group

Monday, February 11, 2019

Agenda Item: Develop the Overall Objectives of our Work Group

Enclosure(s):

- Excerpt from contract with University of California, Irvine which details the scope of work for the contract.

Background/ Description:

This meeting agenda item provides time for Work Group members to discuss and agree on the objectives for the work to be done by UCI and the Work Group.

The scope of work from the contract is provided as reference.

Project Summary/Abstract

The University agrees to provide the following services to the State:

The California Behavior Health Planning Council (CBHPC) is required to provide reports on the effectiveness of the public mental health system. CBHPC will use the research and recommendations from The UC Regents of the University of California, Irvine (UCI) to meet federal and state statutory requirements, develop effective reporting systems, manage CBHPC resources and create relevant and easily understood outputs (reports).

Scope of Work

The CBHPC is establishing this Agreement with UCI to obtain the services of Susan Turner, Ph.D. and her research team to conduct a review of the CBHPC state and federal evaluation requirements of the public mental health system in order to provide guidance and recommendations on the CBHPC completion of the requirements. The CBHPC 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 review and report on the public mental health system; participate in statewide planning, and to advise the Legislature on priority issues.

The CBHPC provides reports on the effectiveness of the public mental health system. CBHPC will use the research and recommendations from UCI to:

1. Meet statutory requirements

2. Develop effective reporting systems
3. Manage CBHPC resources and workload
4. Create relevant and easily understood outputs (reports)

1. **Services to be performed:**

A. Performance Period: (Year 1)

1) Initial Evaluation of federal and state requirements

- UCI will familiarize itself with state and federal codes that govern the CBHPC in order to execute services described in this contract.
- Attend CBHPC Quarterly Meeting.

B. Performance Period: (Year 2)

1) Data analysis, interpretation, and Evaluation of federal and state requirements

- Provide interpretation and evaluation of state and federal codes that govern the CBHPC and evaluation of the CBHPC performance in this area.

2) Identify data sources available to the CBHPC for reporting purposes

- Research, review and identify publically available data sources the CBHPC can use for reporting purposes. Provide a list of data types and sources available.
- Meet with Executive Officer and/or Executive Officers, Performance Outcome Measures Ad-Hoc committee, CBHPC Staff, and council members in order to appropriately identify the CBHPC data needs.

3) Identify evaluation questions

- Attend CBHPC meetings and/or in-between Ad-Hoc meetings as needed in order to work with the CBHPC on the development of questions for annual evaluation conducted by the CBHPC.
- Develop a list of possible questions the CBHPC can use in annual evaluations. The contractor will identify questions that are relevant, clear, concise, and consistent with the mandated reporting requirements of the CBHPC.

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Agenda Item: Develop Work Plan for this Work Group: Specific Goals, Roles, Timelines

Enclosure(s):

- Template for Work Plan

Background/Description:

This agenda item provides the work group with an opportunity to develop a work plan to identify and specify the goals, objectives, roles and timeline for the work with the consultants from UCI.

The work group will create a work plan that includes:

- Goals
- Measure of Success/Output
- Targeted Audience
- Action Steps
- Timeline
- Leads

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Agenda Item: Develop Work Group Operations

Enclosure(s): None

Description:

This Work Group is newly established and some operational decisions need to be made. This agenda item provides an opportunity to discuss and decide the “Who, What, When Where, and Why,” for administration of the Work Group.

Decisions for Work Group Operations

A. Decision on Leadership

B. Decision on Meeting Format:

1. Frequency of Meetings
2. Duration of Meetings
3. Location of Meetings

C. Future Meeting Agenda Items to Remember and Plan