

California Behavioral Health Planning Council

Performance Outcomes Committee Agenda

Tuesday, April 19, 2022

Sonesta Silicon Valley

1820 Barber Lane, Milpitas, CA 95035

Douglas I Room

2:00pm to 5:00pm

- | | | |
|----------------|---|--------------|
| 2:00 pm | Welcome and Introductions
<i>Susan Wilson, Chairperson</i> | |
| 2:05 pm | Approve Meeting Minutes
<i>Susan Wilson, Chairperson</i> | Tab 1 |
| 2:10 pm | Setting the Stage for Today's Meeting
<i>Susan Wilson, Chairperson</i> | |
| 2:15 pm | 2022 Data Notebook Updates
<i>Susan Wilson, Linda Dickerson, and Justin Boese</i> | Tab 2 |
| 2:30 pm | Performance Outcomes Event Updates
<i>Susan Wilson, Chairperson</i> | Tab 3 |
| 2:40 pm | Public Comment | |
| 2:45 pm | Preview of 2021 Data Notebook Responses
<i>Justin Boese and Linda Dickerson</i> | Tab 4 |
| 3:15 pm | Public Comment | |
| 3:20 pm | Update on Children/Youth Data Project
<i>Justin Boese</i> | Tab 5 |
| 3:30 pm | Public Comment | |
| 3:35 pm | Break | |
| 3:45 pm | 2023 Data Notebook Topic Discussion
<i>Susan Wilson and All</i> | Tab 6 |
| 4:35 pm | Public Comment | |
| 4:40 pm | Wrap Up and Plan for Future Activities
<i>Susan Wilson, Chairperson</i> | |
| 4:55 pm | Public Comment | |

If reasonable accommodations are required, please contact the Council at (916) 701-8211, not less than 5 working days prior to the meeting date.

5:00 pm Adjourn

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

Performance Outcome Committee Members

Susan Morris Wilson	Karen Baylor	Darlene Prettyman
Lorraine Flores	Walter Shwe	Jim Kooler
Noel O'Neill	Steve Leoni	Uma Zykofsky
Hector Ramirez	Catherine Moore	

Invited External Partners

Theresa Comstock, CA Association of Local Behavioral Health Boards/Commissions
Samantha Spangler, California Institute for Behavioral Health Strategies

Council Staff

Justin Boese
Linda Dickerson

**California Behavioral Health Planning Council
Performance Outcomes Committee
Tuesday, April 19, 2022**

Agenda Item: Approve December 2021 and January 2022 Meeting Minutes

Enclosures: December 2021 and January 2022 Draft Meeting Minutes

Background/Description:

Committee members will review the draft meeting minutes for December 2021 and January 2022.

Motion: Accept and approve the December 2021 and January 2022 meeting minutes.

California Behavioral Health Planning Council

Performance Outcomes Committee

December 22 2022

Meeting Summary (DRAFT)

Performance Outcome Committee Members who attended:

Susan Morris Wilson	Karen Baylor
Lorraine Flores	Walter Shwe
Noel O'Neill	Steve Leoni
Hector Ramirez	Uma Zykofsky

Invited External Partners in attendance:

Theresa Comstock, CA Association of Local Behavioral Health Boards/Commissions
Samantha Spangler, California Institute for Behavioral Health Strategies

Council Staff in attendance:

Jane Adcock, Executive Officer	Jenny Bayardo,
Justin Boese	Linda Dickerson

Item #1: Welcome and Introductions

Susan Wilson, Chairperson, opened the meeting with a welcome, roll call and introductions.

Theresa Comstock, upon introduction, requested a few minutes to remind the group of the need to more tightly focus their questions on 'Performance Outcomes,' in support of the Welfare and Institutions Code (W.I.C.) sections regarding the duties of the Boards and Commissions. She reminded the committee that the Board members are volunteers and that the Data Notebook work becomes burdensome with excess numbers of questions, some of which are very difficult to answer.

Item #2: Setting the Stage for Today's Meeting

Susan Wilson requested that Linda Dickerson provide opening remarks to orient members to the draft 2021 Data Notebook document.

Linda Dickerson provided some opening comments on the Draft Data Notebook with the theme of The Effects on Behavioral Health and BH Services of the Covid-19 Pandemic.

Key points included:

- This pandemic has been an extraordinary phenomenon. It has affected every support system in society, everything from Behavioral Health, to hospitals, to getting food from the places where it's produced to the grocery stores, everything, every single thing.
- Because it has affected large numbers of people's mental health, there is a certain amount of trauma that many of us are feeling. Certainly, these responses would be enhanced in those vulnerable individuals who already were experiencing mental health challenges.
- Some of the questions near the end address resiliency and how we think about our public health and behavioral health systems, because certainly our behavioral health systems get involved whenever there is a public health emergency, whether it's fires, mudslides, earthquakes, or mass fatality events.
- Linda is always thinking about what kind of information can we provide that supports the decisions that people at the counties, and in the advocacy groups, and certainly at the level of DHCS, and our own group, what kind of decisions do they (and we) expect to make over the coming year?
- What we need is data that supports our actions and our decisions, and that's what is driving how she posed the different questions. She approached this task with a great sense of urgency.
- By no means should all of these questions appear in the final draft. Even 10 out of 16 questions will be more than sufficient. The questions are divided into three major sections: behavioral health impacts on children and youth, impact on adults and older adults, and questions about peer support personnel and staffing.

Steve Leoni objected to focusing so much on issues of bereavement, and criticized the analogy comparing the impact of this pandemic to the fire emergencies around the state.

Linda Dickerson acknowledged his comment, but said that the comparison of the trauma from the fires to the trauma from the pandemic is the most apt analogy she could think of in terms of impact and response.

Item #3: The 2022 Data Notebook Survey Development

Susan Wilson led and moderated the discussion, supported by Linda Dickerson and Justin Boese. All members of the committee were encouraged to participate. Comments are summarized below.

Susan Wilson solicited responses on each question, such as:

“What are your thoughts on this item? Is there a better way to phrase it? What are we after? Is it a question that we need the answer?”

Susan read out Question A: Have there been increased thoughts of suicide and/or related thoughts of self-harm? (Basis: Surveys of School-Age youth in KidsData.org).

Noel O’Neil said that if this is a question directed to BH boards and BH Departments, it’s difficult to measure. We can measure “Are you seeing more youth in crisis who are expressing issues or symptoms of suicidality?” We can measure (client) contacts that we have. (Susan agreed with this comment).

Uma Zykofsky agreed with Noel’s comments. She said that yes, we are seeing the increase in suicidality, but that is very hard to measure. She said she would take it one step further and ask whether we want to narrow our focus to suicidality or should we include other factors (reference to CHIS and other surveys). There has been a lot of increase in anxiety and other types of symptoms.

Hector Ramirez agreed with the comments just made. Hector said we could refer to information in the U.S. Surgeon General’s recent report and the issues it identified and the recommendations or guidelines on preventative measures. They include issues of suicidality, anxiety, substance use and other things increasing in youth. The KidsData.org information is old. We also need to think about youth who are persons of color or living in poverty, and those who are at home during the day and left unsupervised and also the mental health needs of persons with disabilities.

[Note: In the chat, Hector provided the reference to the Surgeon General’s report: <https://www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf>].

Steve Leoni disagreed with measuring the numbers of the youth in different types of crises when we should get to them before they are in crisis.

Lorraine Flores suggested rephrasing this question something like this: “Has there been an increase in youth seeking BH services and identify the types of diagnosis?”

Linda responded to series of questions from Susan. She explained that her thinking about this section had evolved since she first wrote it. Linda said she had been hoping to find different sources of data for questions A through D, and maybe F, so that data could be presented as background and context, rather than ask these specific questions of the Boards. This group could include:

- B: Were there increased ER admissions for episodes of self-harm and suicide attempts?
- C: Have there been increased numbers of deaths by suicide in youth <18 during this time frame?
- D: Have there been increased ER visits related to misuse of alcohol and drugs? (e.g. accidental overdoses, vehicle accidents, injuries while intoxicated).

- F. Have there been increased needs or calls for youth crisis intervention teams or psychiatric emergency room use?

Linda went on to explain that unfortunately, the time period for which any of this data is available tends to be fairly old, from around 2019 or earlier if it is available at all. She saw this potentially as information that could be present forced the state as a whole, but the search for data resources was very disappointing. She said this was her first draft of an attempt to implement the wishes of the committee.

Susan moved on to Question E: Within your county have you been able to secure appropriate treatment inpatient beds for youth, for psychiatric admissions of youth, and for detox and SUD treatment of youth?

Karen Baylor said that with respect to DMC-ODS and the process of counties rolling out the full array of Medi-Cal-funded SUD treatment services, she didn't think there are many inpatient beds for youth detox or SUD treatment yet.

Noel commented that he didn't recall that they had ever had adequate psychiatric treatment beds for youth and children within the state before, and we certainly don't now.

Susan went on to the following question: Within your county, have you seen increased needs for youth crisis interventions by BH crisis teams (and/or use of psychiatric emergency rooms)?

Noel said that the way they collect data in his county is by billing codes for services and diagnoses, determining if it was a crisis (yes or no) and counting the event as noted. He added that he felt we need to be mindful of Theresa's earlier comment about simplifying and focusing our questions and avoiding too much complexity.

Susan quickly reviewed the following questions in Section 2 of the proposed draft, by reading and summarizing questions for adult behavioral health. She noted that many of the questions, but not all, were organized similarly to those for children and youth:

- H: Since 2020, what steps has your county taken to increase access to telehealth for MH therapy and medication management?
- I: What has been the experience of SUD therapists/clinicians in your county? Has tele-health for SUD therapy worked for some individual clients, but not for support groups?
- J. Did/does your county have telehealth appointments for evaluation and prescription of medication-assisted treatment? [buprenorphine, methadone, suboxone, emergency use Narcan].
- K. How were crisis services and crisis intervention for adults and older adults impacted in your county?

- L. Based on your experience, do you have recommendations for changes to how crisis intervention takes place or can function effectively, without spreading Covid-19?

Linda said that for this group of questions, she had hoped to find some standard statewide data to use for the background and context. She would have preferred current county-level data but she did a lot of searching for this kind of information, without much success.

Steve Leoni commented that through no fault of her own, Linda has been away from this Committee for over a year, and may not be aware of how things have changed. He said that they don't necessarily just look for data that already exists to present.

Uma said she was wondering if we have already asked telehealth questions in the previous 2020 Data Notebook regarding provision of SUD treatment services. She also said she wanted to emphasize that SUD services and Mental Health services are most often provided by a variety of members of treatment teams, not just therapists.

Theresa Comstock commented that she would really like to remind everyone again of the importance of the Data Notebook for addressing Performance Indicators to the assist members of the Boards and Commissions in meeting their mandates.

Susan moved on to the next topic, noting that there wasn't much time left in the meeting. She asked the members to address Section 3 questions very briefly.

- M. What was Peer Support Specialists utilization like during the pandemic?
- N. Did the pandemic affect your county BH Department's ability to retain staff: MH therapists, SUD treatment staff, and bilingual staff?
- O. Did people in your community make use of the CalHOPE warm-line for MH support during the pandemic?
- P. Did you have programs for supporting the MH of your department staff during the pandemic?

Karen said she felt that the questions for Section 3 are getting farther away from performance outcomes, and may be wandering further from our main goal here.

Jane Adcock suggested dropping Section Three and most of the questions in it, except maybe something about peer support personnel. She said that we also need to be careful about use of the term "peer support specialist" as the state and counties are still developing standardized certification requirements that won't be implemented until July 2022.

There was some brief general discussion, but there were no dissents from the proposal to eliminate Section 3.

Item #4: Wrap-Up and Plan for Future Meeting

Susan Wilson solicited comments from Justin Boese on the survey questions. She asked whether these could be adapted readily in SurveyMonkey to various drop-down menus or standardized options. Justin assured her that this was indeed the case and could be done quite readily.

Susan noted that the meeting had passed the scheduled time, and she encouraged committee members to email any further feedback and comments to Linda Dickerson and/or Justin Boese. There were no further comments.

The meeting was adjourned at 2:45 p.m.

California Behavioral Health Planning Council

Performance Outcomes Committee

January 18, 2022

Meeting Summary (DRAFT)

Members present:

Susan Wilson, Chairperson

Walter Shwe

Lorraine Flores

Noel O'Neill

Steve Leoni

Karen Baylor

Uma Zykofsky

Jim Kooler

Invited External Partners present:

Theresa Comstock, CALBHBC

Samantha Spangler, CIBHS

Other Council Members Present:

Catherine Moore

Staff present:

Jane Adcock, Executive Officer

Linda Dickerson

Justin Boese

Item #1: Approve October 2021 and November 2021 Meeting Minutes

A motion to accept the October 2021 meeting minutes was made by Noel O'Neill and seconded by Lorraine Flores. The motion approved.

A motion to accept the November 2021 meeting minutes was made by Uma Zykofsky and seconded by Lorraine Flores. The motion was approved.

Item #2: Setting the Stage for Today's Meeting

Susan Wilson provided an overview of the goals and agenda items for the meeting.

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Performance Outcomes Committee

January 18, 2022

Meeting Summary (DRAFT)

Item #3: 2021 Data Notebook Update

Susan Wilson provided an update on the 2021 Data Notebook with help from Justin Boese and Linda Dickerson. The Data Notebook had been sent out to the counties and so far there were 36 completed notebooks and 3 currently in progress. Susan noted that the committee usually receives responses from 40-45 counties each year.

Uma Zykofsky asked if there was any pattern in regards to the counties who had not yet responded, and whether there was still time to reach out to them. Linda said that she is working on reaching out to the remaining counties to encourage them to participate, but acknowledged that there are some counties who just don't participate. She also said that it is a lot to ask from the counties while they continue to deal with COVID-19.

Item #4: Public Comment

Kristine Haataja shared that they had heard feedback from several counties regarding the short turnaround of the data notebook (around 2-3 months), and expressed that it would be preferable to receive it earlier in the year so there was more time to respond. Susan Wilson asked her what the ideal time to receive it would be. Kristine answered that it would be great to receive the notebook in July or August when the fiscal year starts.

Steve McNally commented that the Department of Health Care Services (DHCS) has begun putting a ton of data up on their website, but the open data portals are very difficult to use. He said that providing assistance to counties to find, access, and use the data would be very helpful.

Jim Kooler responded that DHCS was open to that conversation, and acknowledged that deciphering the data was a challenge. There is so much data available that it is a challenge to make it user friendly.

Benny Benavidez said that there were some problems with data notebook questions lacking a clear data source for the counties to answer them. He also brought up issues with Survey Monkey not having enough room for written responses. Benny asked for consideration regarding how the questions are written so that the boards can actually

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answer them. Many counties rely on behavioral health staff to complete it, but that is not always possible.

Noel O’Neil said that in the small counties he had served in, the behavioral health boards never participated in the data notebook other than approving what the behavioral health staff generated. The county staff did the legwork and then brought it to the board for approval. He said that he knows it is often done differently in larger counties.

Uma Zykofsky agreed that in her experience as well, most of the work for the data notebook in terms of finding the data and writing the responses was done by county staff. However, on top of the time it takes to pull that together, it also takes multiple meetings of the board to review and approve the data notebook response. She said that time constraints are definitely something to consider when formulating the data notebook and sending it out for completion.

Susan Wilson acknowledged these comments, and said that the committee would strive to do their best moving forward as the data notebook continued to evolve.

Item #5: Update on Performance Outcomes Event

Susan Wilson asked Jane Adcock to update the committee on the performance outcomes event planning. Jane explained that when the event was first envisioned, it was meant to be a vehicle to bring together key entities to discuss the creation of a few key performance indicators to demonstrate the success of investment in behavioral health system. The idea for the event has evolved somewhat since then. She said that the County Behavioral Health Directors Association of California (CBHDA), in coordination with several other organizations, have sponsored a bill (AB 686) which calls for the creation of an advisory workgroup to look at cross-system indicators. This workgroup would fall within the CA Health and Human Services Agency. Jane said that after speaking with them, she believes it could be beneficial to reframe the event to bring entities and stakeholders together to raise awareness and garner support for AB 686.

Steve Leoni commented that he doesn’t believe in key performance indicators as static measures. Key indicators might be useful to identify issues to look into closer, but not necessarily for determining if something is “okay vs. not okay” in a simplistic sense.

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Theresa Comstock noted that the CALBHBC governing board voted to support AB 686. She also shared that there was a bill passed last session that established that the Mental Health Services Oversight and Accountability Commission (MHSOAC) is now responsible for reporting performance outcomes data on Full Services Partnerships (FSPs).

Susan asked Samantha Spangler if she had any thoughts on this topic. Samantha said that she felt it was a very ambitious goal, and that arriving at any kind of consensus regarding performance indicators would be challenging. She raised a couple questions regarding the event, such as what the intended time frame for the event is, and whether it would be planned as a virtual or in-person meeting.

Jane Adcock replied that the original goal was very ambitious, but the introduction of AB 686 provides the opportunity to step back from the larger goal of coming up with performance indicators directly and instead help garner support for the bill. Given the timeline of the legislative process, she said that the goal would be to have this event by June.

Samantha said that an event like this provides a great opportunity for the California Institute for Behavioral Health Solutions (CIBHS) and other consulting firms who have the knowledge and ability to help provide solutions to these issues. She recommended thinking about how best to engage potential partners and what the committee would like them to bring to the table.

Susan Wilson asked if the committee wants to put together a work group of people to continue discussing and planning the event. Uma Zykofsky, Theresa Comstock, and Steve Leoni offered to be a part of that work group.

Item #6: Public Comment

N/A

Item #7: Discussion of Other Data Projects

After a break, Susan Wilson brought the committee to the next agenda item, which is a discussion on “other data projects.” The idea for these projects are smaller data-focused

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fact sheets or white papers to explore specific behavioral health issues in a different format than the data notebook project. The exact form and scope has not been determined yet, and will likely evolve. She asked the committee to think about potential topics they'd like to explore so they could pick one to start. The first project will be an example to see what can be done with these smaller reports. Justin Boese will be the lead for the project.

Jane Adcock told the committee that Justin had developed a few potential topics and subtopics that could serve as a starting place for this project. Justin went over these topics, which included:

- **Children and Youth**
 - Hospitalizations for MH issues
 - Depression-related feelings
 - Suicide and self-harm
 - Bullying and Harassment
 - Cyberbullying
 - School engagement
- **Involuntary Detentions and Conservatorships**
 - 72-hour evaluation and treatment
 - 14-day and 30-day intensive treatment
 - Temporary and permanent conservatorships
 - Admissions to local inpatient services in local mental health facility
 - Admissions to inpatient treatment within jail facility
 - Persons receiving outpatient services in jail facility
- **Criminal Justice**
 - Arrest rates
 - Incarceration
 - Diversion
 - Mental health services provided during and after incarceration
 - Inpatient units in jails

Susan said that she was very interested in bullying, harassment, and cyberbullying issues. She said that in her work, they hear about bullying and harassment constantly from youth.

Jim Kooler said it was also interested in data on children and youth, particularly in light of the impact of COVID-19 on youth health. He is particularly interested in isolation, feelings of depression, and suicidal ideation and how those have been affected by the

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pandemic.

Steve Leoni expressed concern that there was too much focus on institutionalization and involuntary treatment. He said that he wanted to know more about what counties have in terms of community systems and capacity.

Uma Zykofsky said that she felt children/youth issues could use more attention. She also said that one of biggest challenges with those topics is that children and youth are involved in multiple systems, and it may be difficult to find good data on some of these topics.

Noel O'Neil noted that while he would know where to get data on all the measures under "involuntary detentions and conservatorships," the data for children and youth would be much more challenging.

Lorraine Flores suggested following up on some topics the Planning Council had looked into previously. She said that Caitlin Ryan's work with LGBT youth and the family reconnection services came to mind. A follow up on this topic could cover more recent work that has been done since she presented to the council.

Susan noted that committee members seemed in favor of children and youth as a general topic, though there wasn't a lot of consensus on a specific subtopic

Karen Baylor said she agreed with looking at children and youth. She said that DHCS recently published their Continuum of Care document with a ton of information in it, and suggested that Justin take a look at it to see if there is data that would tie into this project.

Item #8: Public Comment

Susan asked for comments from CALBHBC members and others in the audience.

Kristine Haataja suggested looking at the California Health Youth Survey, which touches on a lot of the subtopics discussed for children and youth and could be a good data source.

Stacy Dalglish said she hoped that at some point we can look into increased vacancies / mass resignations within behavioral health departments. She is very concerned about

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the impact of this is on the mental health system.

Kylene Hashimoto said that including context for the issues presented in these “other data projects” would be helpful. She said that, for example, they know that suicide rates are high; but what do they do with that information? How can it be applied?

Susan responded that this was a good point, and that she hoped these projects would provide some direction to potential action or resources. After some final comments from committee members that confirmed there was a consensus to look at children and youth data, Susan wrapped up the discussion on this topic. Justin Boese said that he will begin investigating the subtopics and potential data sources to identify a good set of data to focus on for the first project.

Item #7: Wrap Up and Plan for Future Activities

Susan Wilson reviewed next steps and future activities, including:

- Closing the 2021 Data Notebook survey at the end of February, so that Linda can begin working on a draft of the analysis report.
- Scheduling a meeting in the near future for the performance outcomes / AB 686 event workgroup.
- An interim meeting in late February to approve the final draft of the 2022 Data Notebook.
- Justin will begin gathering information and data sources for the children and youth data project.

The meeting adjourned at 5:00pm.

**California Behavioral Health Planning Council
Performance Outcomes Committee
Tuesday, April 19, 2022**

Agenda Item: 2022 Data Notebook Update

How This Agenda Item Relates to Council Mission

To review, evaluate and advocate for an accessible and effective behavioral health system.

This agenda item provides an update for committee members on the 2022 Data Notebook.

Background/Description:

Each year the Council releases a Data Notebook to the local mental/behavioral health boards and commissions to complete with their perspectives on focused areas of the system. The Data Notebook has two parts. Part One contains standard questions that are included each year to obtain county-specific information on vulnerable populations for which there is no publicly available data. Part Two contains questions focused on different aspects of the public behavioral health system. For the 2022 Data Notebook, the committee decided to focus on the impact of COVID-19 on the public behavioral health system.

The 2022 Data Notebook was developed by Linda Dickerson with the direction and feedback of the committee. The final draft was reviewed for approval at an interim committee meeting in March 2022. Susan Wilson and committee staff will provide an update on the 2022 Data Notebook, including an update on the development of the SurveyMonkey online survey based on the developed survey questions.

**California Behavioral Health Planning Council
Performance Outcomes Committee
Tuesday, April 19, 2022**

Agenda Item: Performance Outcomes Event Updates

How This Agenda Item Relates to Council Mission

To review, evaluate and advocate for an accessible and effective behavioral health system.

This agenda item pertains to a proposed public event on performance outcomes measures to evaluate the public mental health system.

Background/Description:

In January 2022, Performance Outcomes Committee (POC) members discussed holding a public event on performance outcomes measures with invited partners. It was proposed that the event could help raise awareness and support for AB 686, which would establish the California Community-Based Behavioral Health Outcomes and Accountability Review (CCBH-OAR). The CCBH-OAR would facilitate evaluation and accountability of county behavioral health programs through performance indicators, self-assessment, and a system improvement plan and would be completed every 3 years.

A subgroup of the committee met in February 2022 to discuss the planning for the event. It was brought to the group's attention at this meeting that the AB 686 had died in the Assembly. Susan Wilson and Justin Boese will provide an update on the performance outcomes event in light of this development.

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Agenda Item: 2021 Data Notebook Update

Enclosures:

PowerPoint Preview of the 2021 Data Notebook survey results. For a copy of this document, please contact Justin Boese at justin.boese@cbhpc.dhcs.ca.gov.

How This Agenda Item Relates to Council Mission

To review, evaluate and advocate for an accessible and effective behavioral health system.

This agenda item provides an update for committee members on the 2021 Data Notebook.

Background/Description:

Each year the Council releases a Data Notebook to the local mental/behavioral health boards and commissions to complete with their perspectives on focused areas of the system. The Data Notebook has two parts. Part One contains standard questions that are included each year to obtain county-specific information on vulnerable populations for which there is no publicly available data. Part Two contains questions focused on different aspects of the public behavioral health system. In 2021 the committee decided to focus on racial/ethnic inequities in behavioral health.

In order to facilitate a timely collection and analysis of survey data, the 2021 Data Notebook was developed in an online format using SurveyMonkey. The Data Notebook was sent out in September 2021 with a requested return date of November 2021. Committee staff will present a preview of the survey results from SurveyMonkey, and committee members will be able to discuss the results and provide input regarding the analysis of the data.

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Agenda Item: Update on Children/Youth Data Project

How This Agenda Item Relates to Council Mission

To review, evaluate and advocate for an accessible and effective behavioral health system.

This agenda item provides the opportunity for committee members to discuss subjects for other data projects or reports for the committee to develop besides the data notebook project.

Background/Description:

The Data Notebook project has been the primary focus of the Performance Outcomes Committee. The committee has discussed an interest in pursuing other data projects or reports in addition to the Data Notebook. In the January 2022 meeting, the committee decided to focus on children and youth for a smaller data report. Justin Boese will provide an update on this project, including data sources and relevant subtopics to focus the report on.

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Performance Outcomes Committee
Tuesday, April 19, 2022**

Agenda Item: 2023 Data Notebook Topic Discussion

How This Agenda Item Relates to Council Mission

To review, evaluate and advocate for an accessible and effective behavioral health system.

This agenda item provides the opportunity for committee members to review the 2023 Data Notebook for approval.

Background/Description:

Each year the Council releases a Data Notebook to the local mental/behavioral health boards and commissions to complete with their perspectives on focused areas of the system. The Data Notebook has two parts. Part One contains standard questions that are included each year to obtain county-specific information on vulnerable populations for which there is no publicly available data. Part Two contains questions focused on different aspects of the public behavioral health system.

The Performance Outcomes Committee will discuss potential topics for Part Two of the 2023 Data Notebook, with the goal of selecting a topic for development. Previous Data Notebook topics are listed below for reference.

2014

Integrated MH and physical health care
Follow-up after hospitalization
Barriers to service
Penetration rates by race/ethnicity
Retention and outreach programs

2015

Crisis services
Alternatives to inpatient care
Top priority needs for more resources
Integration of MH and SUD services

2016 - Children and Youth

2017 - Older Adult

2018 - System of Care/gaps

2019 - Trauma Informed Care

2020 - Telehealth

2021 - Racial/Ethnic Inequities

2022 – Impact of COVID-19 on Behavioral Health