

**GRAPHIC RECORDING
AND
SUMMARY OF KEY DISCUSSION POINTS

MENTAL HEALTH SERVICES

OVERSIGHT AND ACCOUNTABILITY
COMMISSION RETREAT**

**August 22 and 23, 2005
Sheraton Grand Sacramento Hotel
Sacramento, California**

GRAPHIC AND TEXT RECORDING

MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION RETREAT August 22 and 23, 2005

OVERVIEW

The Oversight and Accountability Commission held a day-and-a-half retreat on August 22 and 23 in Sacramento, California. The Commission's discussions are graphically recorded on the following pages in the order that they occurred.

Also enclosed are three attachments. Attachment A lists the major highlights of the discussions at the Retreat: *Areas of Focus for the Commission's Work*; *Selection Criteria for Prioritizing the Commission's Work*; and *Prevention and Early Intervention Priorities*. Attachment B provides the text from three of the enclosed graphic recordings that are difficult to read: *Brainstorming on Vision of the Future*; *What is Prevention -- An Unstructured Dialogue?*; and *What Outcomes Does the Commission Want to See and How Do We Measure Them -- An Unstructured Dialogue?*

During the Retreat, the Commission did not take formal actions. The primary product from the Retreat was a conceptual Year-One Work Plan to guide the Commission's work. The Draft Work Plan and adopted Work Plan, once the Commission approves it, are on the Commission's website: www.dmh.ca.gov/MHSOAC. The Work Plan is scheduled for adoption at the Commission's September 28, 2005 meeting and that agenda packet contains the Draft Work Plan.

Due to time constraints, the Commission did not discuss Innovation. The Commission will discuss Innovation at a future Commission meeting.

WELCOME

- To define mental illness as a condition deserving priority attention, including prevention and early intervention services, and medical and supportive care.

- To expand successful, innovative service programs including culturally and linguistically competent approaches for underserved populations

- To ensure that funds are expended in most cost effective manner and services are provided in accordance with best practices with oversight to ensure accountability.

- To reduce the long-term adverse impact resulting from untreated serious mental illness.



- To provide funds to adequately meet the need of all who can be identified and enrolled.

WELCOME

These are the **TWO** most important days for us as a Commission.

We will be identifying a draft action plan of our oversight and approval role as well as determining for ourselves what

**THE
BIG
IMPACTS**
will be.



Carrell
Steinberg

AGENDA

MONDAY

10 am

Welcome and organization of day



10:10

Public Comment

10:40

Commission Business

10:55

VISION for the Future

1:00

~~LUNCH BREAK~~

2:00

Prevention and Early Intervention

3:30

~~BREAK~~

3:45

Innovation

5:15

Ideas on Draft Year One Work Plan for tomorrow

5:45

~~Adjourn for day~~

DAY TWO:

TUESDAY

8:30

Public Comment on Monday's Discussions

9:00

Discussion of Draft Year One Work Plan

10:30

~~BREAK~~

10:45

Commission Draft Org Structure

11:45

Next Steps for the Commission

NOON

~~Adjourn~~

**MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION RETREAT**

Monday, August 22, 2005

Morning Session

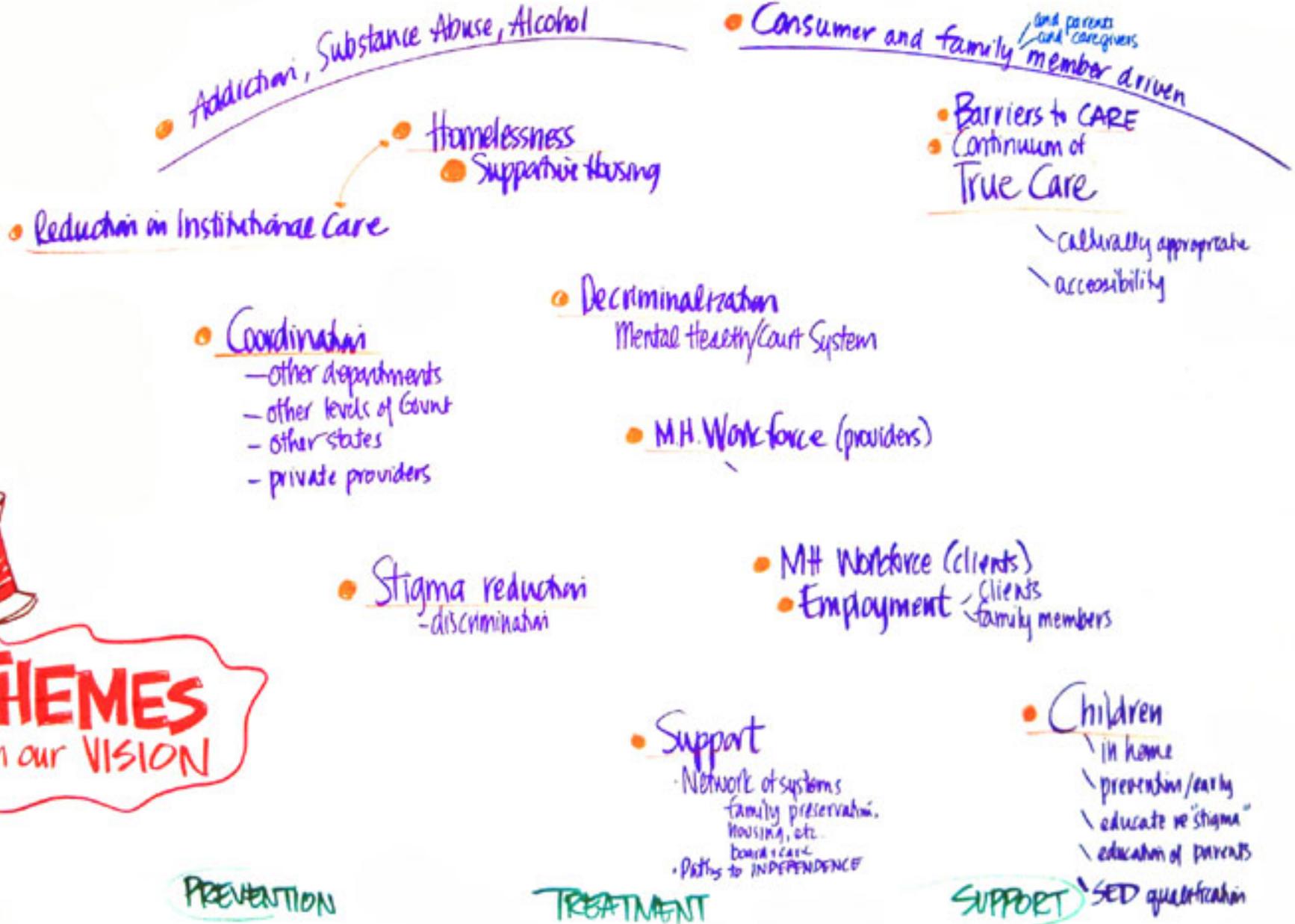
Vision for the Future

Where does the Commission want to focus its attention and make its impact?

How do we measure impact?

What key initiatives could make this impact a reality?

VISION OF THE FUTURE: KEY THEMES



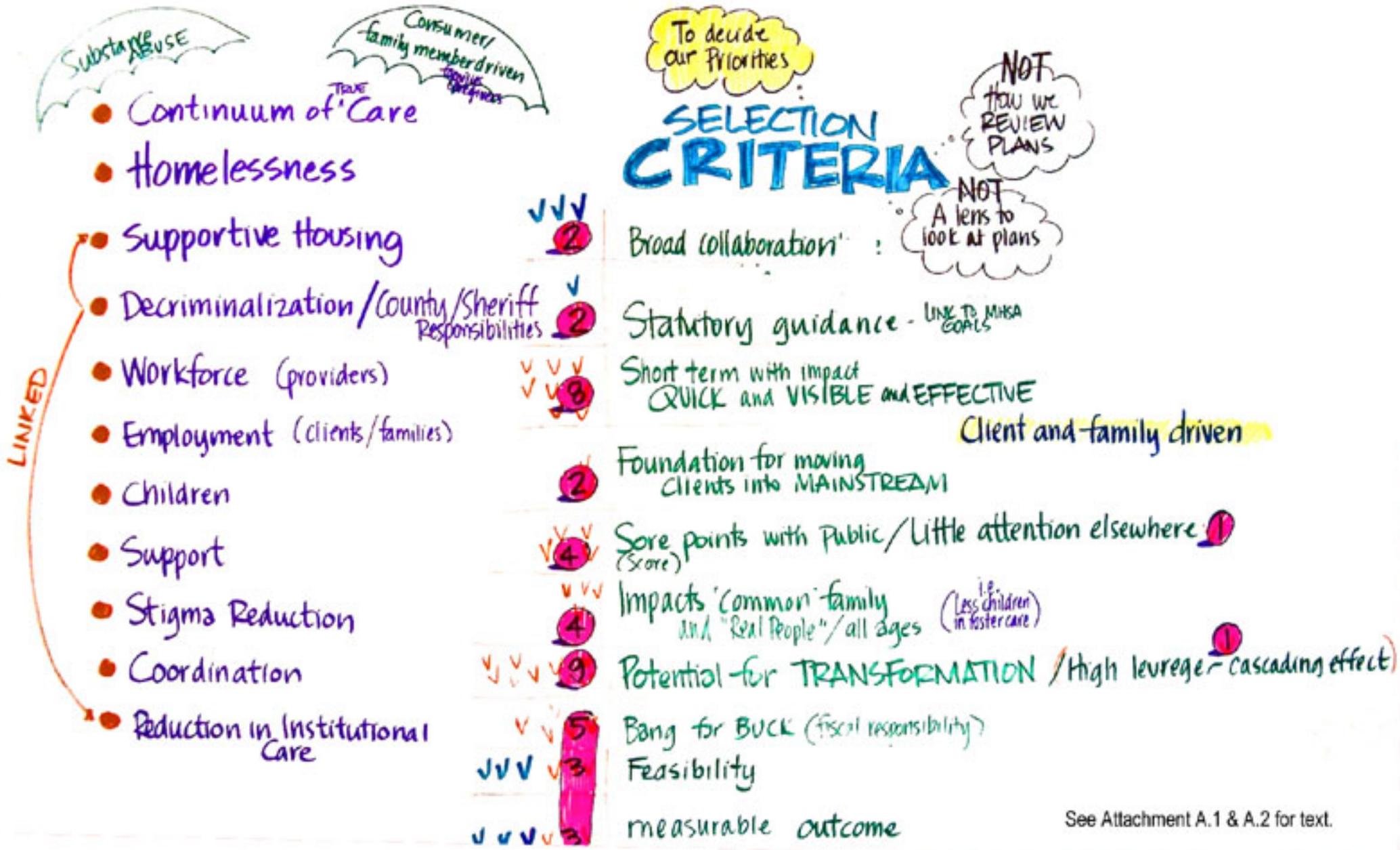
THEMES
from our VISION

PREVENTION

TREATMENT

SUPPORT

Where does the Commission want to focus its attention and make its impact?



**MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION RETREAT**

Monday, August 22, 2005

Afternoon Session

Prevention and Early Intervention

**What are the Commission's overall goals for
prevention of and early intervention in mental illness?**

**What are the Commission's near, mid & longer-term priorities
for prevention and early intervention?**

What results does the Commission want to see?

How do we measure impact?

WHAT IS "PREVENTION"? Unstructured Dialogue

• How do we prepare people to be PARENTS?

• Does it include **COMMUNITY-BASED RESEARCH?**

• Does it include **SCIENTIFIC RESEARCH?**

• Who is the audience if we bring in "experts" from other places?

Here's how the plan will impact me

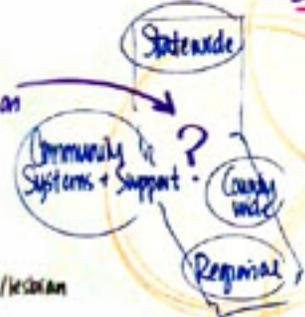
Family members
Administrators
Children

TAP INTO THE STORIES

What does prevention mean to different people?

• Many people with Mental illness showed symptoms at the age of 14

• What is the interrelationship on the children's side?



• What has been researched? What exists?
• There are processes that work and have been measured.

• As an investment... what could he have done LAST year???

- It has to be scientific
- And culturally specific

• Older Adults
• Adults
• Children

• What are criteria for choosing PILOT programs?

• Does it include **PUBLIC EDUCATION** around **STIGMA?**

• The programs where you can show impact is where the resources don't go... but a lot of the work with children is NEW and not measured.

Let's PROVE what WORKS!!

CRITICAL: Expanding in a timely way to TRAUMA

• Different cultures = **NOT ONE SIZE FITS ALL**

but based on a common foundation/structure

Cultural Competence PLAN

• We can create this foundation

Cross community
Healing impaired
Eggs/Resilience

• Don't penalize Programs that are already WORKING

What outcomes does the Commission want to see & how do we measure them?

PREVENTION and EARLY INTERVENTION

Results and Outcomes

CARING

How will you know you've achieved it?

MEASURING IMPACT

Less out of home placements

County case load

Decrease in involuntary commitments
Decrease in suicides/suicide attempts
Decrease in imported new consumers

Transitional age adults issues are addressed

Expansion of new services involving post-partum D.
Eliminating disparities in mental health, especially around cultures

Decreased recidivism

Educating thru cultural barriers/

State Standards for Education are re-evaluated

Public Education

People recognize signs/symptoms early

(clients/child/other)

Educated family practitioners/medical personnel

Faith communities and leaders are involved

Early identification + treatment

Media campaign with a positive view

Stigma is the mental health crisis

Change in perception of mental health
(STIGMA REDUCTION)

Keeping kids out of systems

How many youth understand it. In public consciousness (like "JUST SAY NO" program)
WRAP Plan

Participation in training and outreach
Fewer adults with severe disabilities

People coming in at earlier stages / More successful interventions
No labels / Stigmatizing stigma
More people from new cultures seek services

Reduction in % of foster system
Reduction in % of youth on streets
Reduction in % of youth incarcerated

Types of measurement

- School dropouts
- Employment records/related problems
- Family disruption/break up

Measure by what Family or Consumer thinks is important.

See Attachment A.3 for suggested priorities.
See Attachment B.3 for text.

COMMISSION RESPONSIBILITIES

for County Plan Review and Approval

County Plan Component

Review
+
Comment Approval

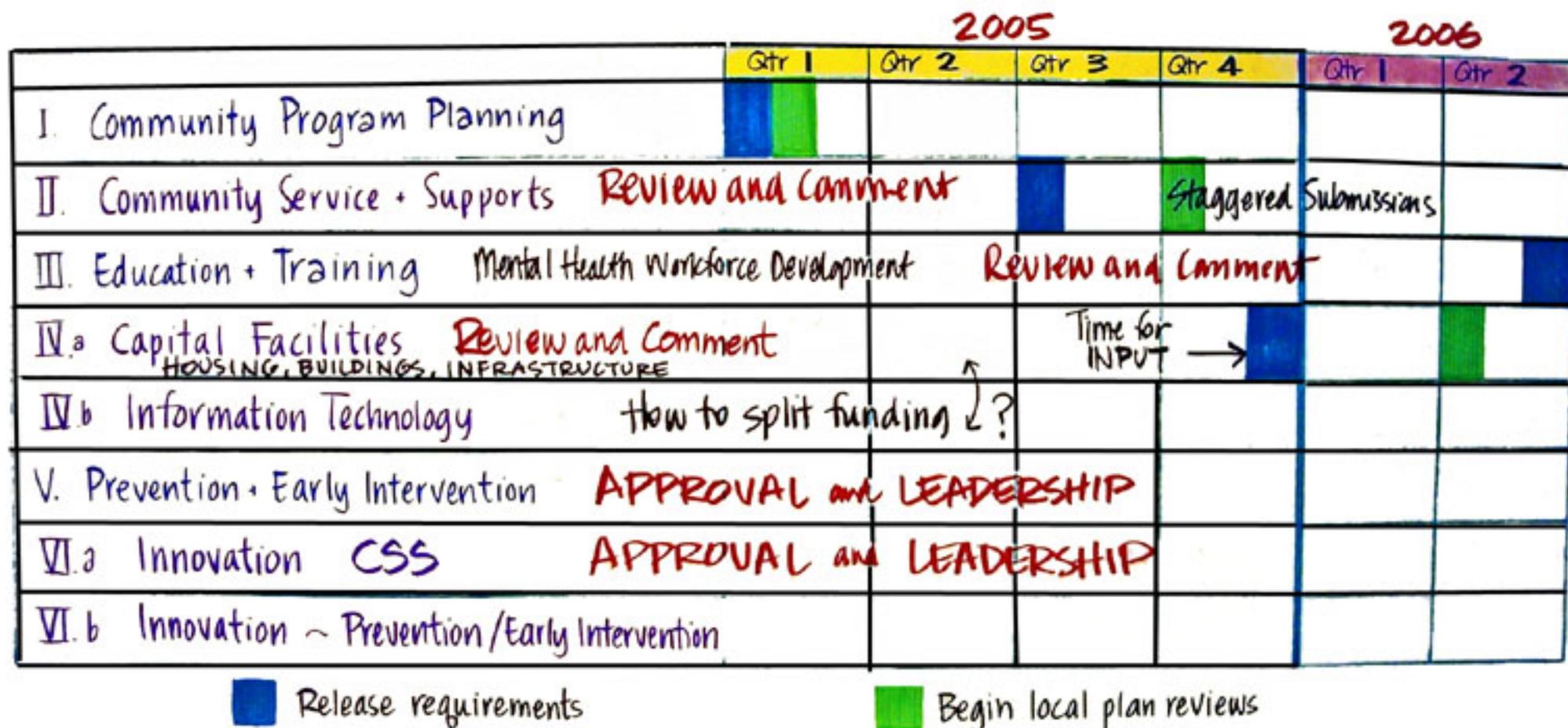
Community Service and Supports		✓	
Education + Training (Workforce Development)		✓	
Capital Facilities + Information Technology		✓	
Prevention + Early Intervention			✓
Innovation			✓



ESTIMATED TIMEFRAMES

MENTAL HEALTH SERVICES ACT

For County Engagement
Starting Points



MOVING TOWARD CONSENSUS TRIAL BALLOON YEAR ONE WORK PLAN

● Establishing Five Commission Committees

KEY
Committees

STANDING

- Prevention/Early Intervention
- Innovation

Only
Commissioners
on these

LIAISON

- Community Services
- Capital Facilities
- Ed / Training

Commissioners
Serve on one of these
or more

Overlay plans with
BIGGER PICTURE

Also Standing
Committees, that
Coordinate with
DMH

- Co-Chaired by Commission members
- Include other stakeholders — paid, easy to attend
There are experienced people available for this role
- 10-12 Members on each

Sept 9.



Stakeholder Group
on OUTCOMES

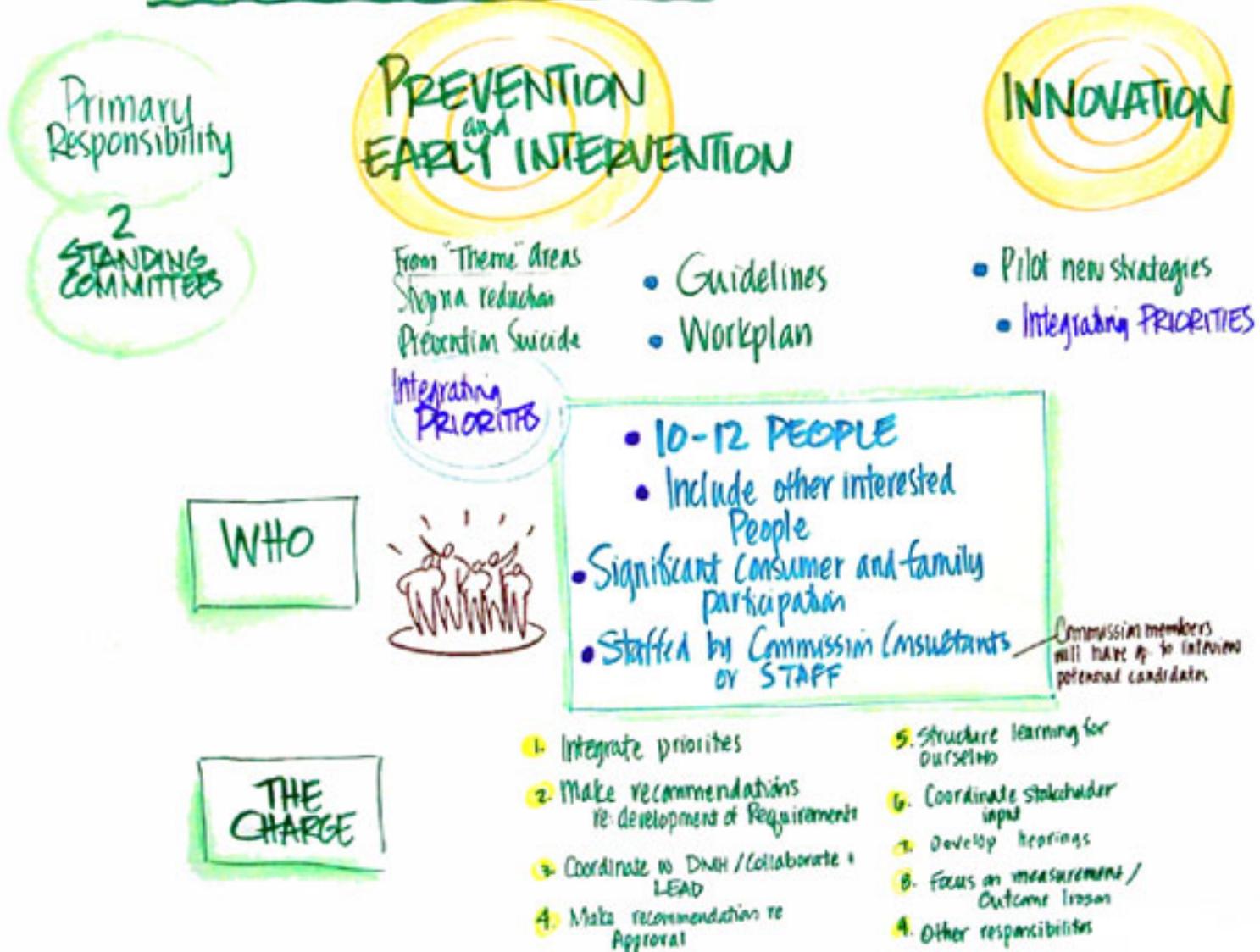
Here! at the
Stratton

Performance
Measure
Advisory
Committee

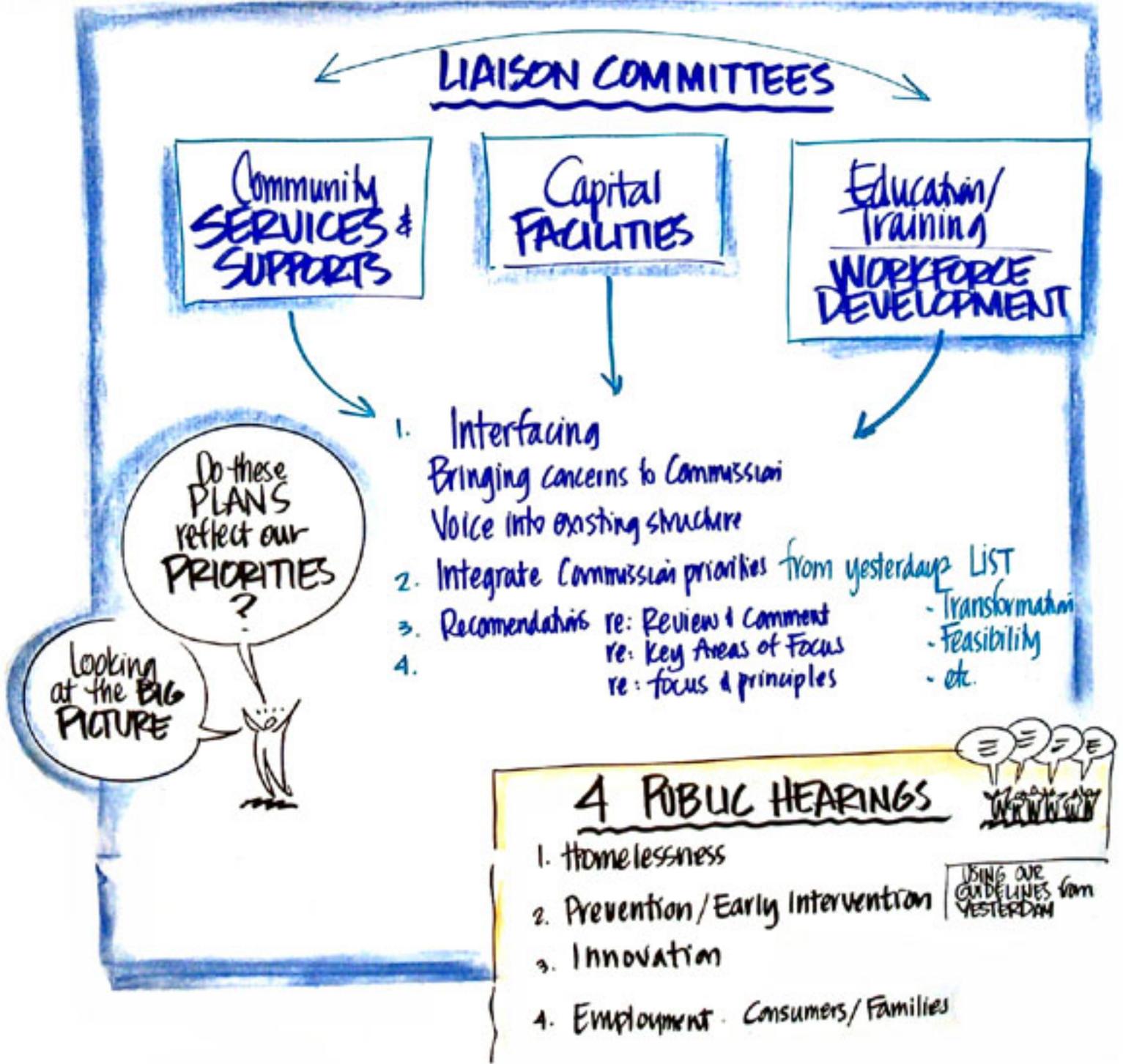
TRIAL BALLOON YEAR ONE WORK PLAN



COMMITTEE STRUCTURE



TRIAL BALLOON YEAR ONE WORK PLAN



TRIAL BALLOON YEAR ONE WORK PLAN

The CHARGE of the COMMITTEES:

Outcomes needs to be part of the charge

- Establishes priority areas
- Workplan with freedom

LIAISON: along with OVERSIGHT - a complement

- ▶ Collaborating with Department
- ▶ Figure out how to review plans
- ▶ Commission Education opportunities
- ▶ Take lead on developing Commission HEARINGS
- ▶ Liason with DMH Stakeholder process
- ▶ Focus on measurement and IMPACT

COMMISSION PUBLIC HEARINGS / EVENT

- at least **ONE** per QUARTER

Site VISITS

Parade!

- SUPPORTIVE HOUSING

Focused on a BOND Capital?
Innovation?

- Prevention / Early Intervention

- Innovation

- Employment / Consumers + Family

BY-LAWS By LAWS
- have staff draft them

Invite Counties
in to learn with us!

**MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION RETREAT**

Tuesday, August 23, 2005

Morning Session

Work Plan and Organization

Responsibilities of Commission

Responsibilities and Schedule of the Department of Mental Health

Discussion of a Draft Year-One Work Plan

Commission's Draft Organizational Structure for Year-One

GRAPHIC AND TEXT RECORDING

MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION RETREAT August 22 and 23, 2005

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Sacramento, California**

ATTACHMENTS A & B

Attachment A: A listing the major highlights of the discussions at the Retreat: *Areas of Focus for the Commission's Work; Selection Criteria for Prioritizing the Commission's Work; and Prevention and Early Intervention Priorities.*

Attachment B: The text from three of the enclosed graphic recordings that are difficult to read: *Brainstorming on Vision of the Future; What is Prevention -- An Unstructured Dialogue?; and What Outcomes Does the Commission Want to See and How Do We Measure Them -- An Unstructured Dialogue?*

**MENTAL HEALTH SERVICES
OVERSIGHT AND ACCOUNTABILITY COMMISSION RETREAT**

**Summary of Key Discussion Points at OAC Retreat
August 22 and 23, 2005**

***Note:** The following is a summary of key discussion points of the OAC's August Retreat. The OAC has not taken formal action on these points.*

1. Areas of Focus for the Commission's Work: At its 8/22/05 retreat, the Commission discussed twelve (12) key areas for its work: (listed in no priority order)

- a. Continuum of True Care
- b. Cultural Competency
- c. Consumer and Family Driven
- d. Homelessness
- e. Supportive Housing and Reduction in Institutional Care
- f. Decriminalization of Mental Illness
- g. Transformation of the Mental Health Workforce
- h. Employment of clients and family, including employment in mental health field
- i. Children, especially keeping children out of the system and education of children and parents as part of stigma reduction
- j. Support Network of Systems to provide a path to independence
- k. Stigma Reduction
- l. Coordination at all levels of California government; supporting other states and the nation to adopt similar programs as the MHSA

***Note:** Additional OAC discussion: Substance abuse is a subset of all above. Each area above could fit into one or more categories of: Prevention, Treatment and Support*

2. Selection Criteria for Prioritizing the Commission's Work: At its 8/22/05 retreat, the Commission discussed ten (10) initial selection criteria for prioritizing its work among the items in #1 above. In an informal straw poll at the Retreat, the Commission selected the criteria with an asterisk (**) as key to the overall success of the implementation of MHSA. In the identification of the asterisk items, the Commission discussed the importance of its own role in maintaining the support of the general public for the implementation of MHSA.

- a. Client and Family Driven
- b. Cultural Competency
- c. Integrated criteria of: Financial "Bang for the Buck," Feasibility; and Ability to be measured **
- d. Potential for Transformation **
- e. Short Term with Impact (Quick, visible and effective) **
- f. Sore / Score Points with the Public
- g. Impacts the "common" family and real people of all ages
- h. Potential for mainstreaming clients
- i. Supports statutory guidance
- j. Broad Collaboration

**Summary Of Key Discussion Points at OAC Retreat, Continued
August 22 and 23, 2005
Sacramento, California**

3. Prevention and Early Intervention Priorities: At its 8/22/05 retreat, the Commission discussed six key (6) Prevention and Early Intervention priorities: (listed in no priority order)

- a. Public education and stigma reduction
- b. Keeping children out of institutional systems
- c. Prevention of suicide and suicide attempts
- d. Early identification and treatment of mental illness, including education of medical personnel in the sign and symptoms of mental illness
- e. Decriminalization of mental illness and reduction of recidivism of persons with mental illness re-entering the criminal justice system
- f. Reduction of the barriers to service among cultural and other underserved groups and increase in the cultural competence in mental health systems

Text from Graphic

Brainstorming: Vision of the Future

- Physicians and clinicians work together.
- Increased respect shown to consumers by providers and public.
- New facilities.
- 50% decrease in those at risk or on streets.
 - Housing stability and services
- More skilled mental health clinicians.
 - New workforce
 - New quality
- No homeless mentally ill on the streets anywhere.
- Coordination: mental health and law, etc
 - Departments work together.
 - Alternative sentencing reductions.
 - Reduced number of incarcerations.
- Better Integration of State, City and County services.
- Involvement with Drug & Alcohol Department Common Goal.
- Other states model our work.
- Services where people live
 - Affordable, quality housing.
 - Supportive.
- Immediate services
 - Reduction in hospitalizations, jails, homelessness.
 - Respond to trauma immediately.
 - Access without stigma.
 - Less suicide.
- Institutional care
 - Reduced by 50%
 - More home care
- Families included in care
 - Families measure their own inclusion
- Reflect diverse ethnicity of consumers and communities.
 - Culturally competent services.
 - 75% increase in staffing that reflects diversity.
- Gay & lesbian youth are not depressed
- Eliminate barriers to care.
- People on streets have more supports
 - Decrease in homeless population.
- Educate at risk mentally ill youth.

Brainstorming: Vision of the Future
August 22 and 23, 2005
Sacramento, California

- Prevention services available broadly.
 - Homeless
 - Incarceration
 - Emergency visits
- Programs increase.
 - Numbers in jails decrease
- Public sees mental health as important as all other services.
- No discrimination in employment.
 - Jobs where people can use their strengths.
- Half of jail beds shut down.
 - Services in community.
- No disconnect in services by age.
 - No division by age.
- Not identified with stigma.
 - Working productive citizens.
 - Parity
 - Treated like a physical illness
 - Reduced suicide
 - Public education campaign like “no smoking”
 - Focus on education at a young age
- Transformation of mental health workforce
 - Numbers
 - Services
- Long term institutional care replaced by short term and respite
- Services
 - Underserved needs
 - Un-met needs
 - Trust for system
- 50 - 99% decrease in children removed from home – child or adult mental illness
 - Safe at home
- Other states fill their own mental health needs
 - Eliminate need for people to come to California from other states
- Create a true system of care
 - Integrated with all services
 - Network calibrated to patient need
- Enhanced client-focused tool box
- No kids who exhibit early on are not served
 - “No child left behind”
 - All schools have education
- Curriculum (stigma)

- For all ages, from pre-school on
 - “What is mental health”
- Long term goals
 - 80% of money spent on prevention
 - 20% on back-end services.

Text from Graphic

What is Prevention? Unstructured Dialogue

- How do we prepare people to be parents?
- What is the interrelationship on the children's side?
 - Community systems and support
 - Statewide
 - Countywide
 - Regional
- Different cultures; not one size fits all
 - Based on a common foundation/structure
 - Culturally Competent Plan
- Does it include Community-Based Research?
- Does it include Scientific Research?
 - What has been researched
 - What exists?
 - There are processes that work and have been measured.
- Does it include public education around stigma?
- Who is the audience if we bring in "experts" from other places?
- As an investment, what could we have done last year? (Older adults, Adults, and Children)
 - It has to be scientific
 - And culturally specific
- What are the criteria for choosing pilot programs?
- Many people with mental illness showed symptoms at the age of 14.
- The programs where you can show impact is where the resources will go, but a lot of the work with children is new and not measured. Let's prove what works!
- Critical: Responding in a timely way to trauma.
 - Social abuse
 - Abuse as a child
- Don't penalize programs that are already working.
- Tap into the stories.
 - Family members
 - Administrators
 - Children
- What does prevention mean to different people?

Text from Graphic

**Prevention and Early Intervention:
 What outcomes does the Commission want to see & how do we measure them?
 (Unstructured Dialogue)**

CULTURAL COMPETENCY AS AN OVER-ARCHING OUTCOME

Results and Outcomes	How will you know you've achieved it? Measuring Impact
Less out of home placements.....	County case load
Decrease in involuntary commitments	
Decrease in suicides/suicide attempts	
Decrease in new consumers	
Transitional age adult issues are addressed	
Expansion of new services - intervening in post-partum depression	
Educating through cultural barriers..... Eliminating disparities in mental health, esp. around cultural	More people from different cultures show-up! People show up for more services! Measure by what family or consumer thinks is important
Decreased recidivism	
State standards for education are re-evaluated	
Public education.....	How many youth understand it. In public consciousness (like "Just Say No" program)
People recognize signs/symptoms early (client/child/other).....	WRAP Plan
Educated family practitioners/medical personnel	
Faith communities and leaders are involved.....	Participation in training and outreach
Early identification and treatment.....	Fewer adults and severe disabilities
Media campaign with a positive view	
Stigma is the mental health crisis..... Change in perception of mental health..... (Stigma Reduction).....	People coming in seeking services at earlier state; More people from new "cultures" seek services; More successful interventions No labels – "Stigmatizing" Stigma
Keeping kids out of system.....	Reduction in % of foster youth Reduction in % of youth on streets Reduction in % of youth incarcerated

Examples of Types of Measurements: School drop-outs; employment records / related programs; family disruption / break-up