Handouts:

- **Exhibit A: San Bernardino County Behavioral Health Contract**
- **Integrated Plan Fiscal Years 2014/15/16/17 Stakeholder Process**
- **Community Policy Advisory Committee (CPAC) Meeting Topics 2014/15/16**

HAND OUT #1

Exhibit A Attachment I
Service, Administrative and Operational Requirements

Contractor's providers, for costs of covered services provided under a contract, referral or other arrangement rather than from the Contractor, or for payment of subsequent screening and treatment needed to diagnose the specific condition of or stabilize a beneficiary with an emergency psychiatric condition.

G. Health Information System. Pursuant to 42 C.F.R. § 438.242 and consistent with Cal. Code Regs., tit. 9, § 1810.376, the Contractor shall maintain a health information system that collects, analyzes, integrates, and reports data. The system shall provide information on areas including, but not limited to, utilization, grievances, and appeals.

1) The Contractor's health information system shall, at a minimum:

a) Collect data on beneficiary and provider characteristics as specified by the Department, and on services furnished to beneficiaries as specified by the Department;

b) Ensure that data received from providers is accurate and complete by:

i. Verifying the accuracy and timeliness of reported data;

ii. Screening the data for completeness, logic, and consistency; and

iii. Collecting service information in standardized formats to the extent feasible and appropriate.

c) Make all collected data available to the Department and, upon request, to CMS.

2) Consistent with Cal. Code Regs., tit. 9, § 1810.376(c), the Contractor's health information system is not required to collect and analyze all elements in electronic formats.

H. Cost Sharing. Pursuant to 42 C.F.R. § 438.108, any cost sharing imposed on Medicaid beneficiaries shall be in accordance with 42 C.F.R. §§ 447.50 through 447.60.

22. Quality Management (QM) Program

A. The Contractor's Quality Management (QM) Program shall improve Contractor's established outcomes through structural and operational processes and activities that are consistent with current standards of practice.

B. The Contractor shall have a written description of the QM Program which clearly defines the QM Program's structure and elements, assigns responsibility to

Exhibit A Attachment I
Service, Administrative and Operational Requirements

appropriate individuals, and adopts or establishes quantitative measures to assess performance and to identify and prioritize area(s) for improvement. The QM Program shall be evaluated annually and updated as necessary per Cal. Code Regs., tit. 9, § 1810.440(a)(6) and 42 C.F.R. § 438.240(e).

C. The QM Program shall conduct performance monitoring activities throughout the Contractor's operations. These activities shall include, but not be limited to, beneficiary and system outcomes, utilization management, utilization review, provider appeals, credentialing and monitoring, and resolution of beneficiary grievances.

D. The Contractor shall ensure continuity and coordination of care with physical health care providers. The Contractor shall coordinate with other human services agencies used by its beneficiaries. The Contractor shall assess the effectiveness of any MOU with a physical health care plan.

E. The Contractor shall have mechanisms to detect both underutilization of services and overutilization of services, as required by 42 C.F.R. § 438.240(b)(3).

F. The Contractor shall implement mechanisms to assess beneficiary/family satisfaction. The Contractor shall assess beneficiary/family satisfaction by:

1) Surveying beneficiary/family satisfaction with the Contractor's services at least annually;

2) Evaluating beneficiary grievances, appeals and fair hearings at least annually; and

3) Evaluating requests to change persons providing services at least annually.

4) The Contractor shall inform providers of the results of beneficiary/family satisfaction activities.

G. The Contractor shall implement mechanisms to monitor the safety and effectiveness of medication practices. The monitoring mechanism shall be under the supervision of a person licensed to prescribe or dispense prescription drugs. Monitoring shall occur at least annually.

H. The Contractor shall implement mechanisms to address meaningful clinical issues affecting beneficiaries system-wide.

I. The Contractor shall implement mechanisms to monitor appropriate and timely intervention of occurrences that raise quality of care concerns. The Contractor shall take appropriate follow-up action when such an occurrence is identified. The results of the intervention shall be evaluated by the Contractor at least annually.

Exhibit A Attachment I
Service, Administrative and Operational Requirements

J. The Contractor shall have a QM Work Plan covering the current contract cycle with documented annual evaluations and documented revisions as needed. The QM Work Plan shall include:

1) Evidence of the monitoring activities including, but not limited to, review of beneficiary grievances, appeals, expedited appeals, fair hearings, expedited fair hearings, provider appeals, and clinical records review as required by Cal. Code Regs., tit. 9, § 1810.440(a)(5) and 42 C.F.R. § 438.416;

2) Evidence that QM activities, including performance improvement projects, have contributed to meaningful improvement in clinical care and beneficiary service;

3) A description of completed and in-process QM activities, including performance improvement projects. The description shall include:

a) Monitoring efforts for previously identified issues, including tracking issues over time;

b) Objectives, scope, and planned QM activities for each year; and,

c) Targeted areas of improvement or change in service delivery or program design.

4) A description of mechanisms the Contractor has implemented to assess the accessibility of services within its service delivery area. This shall include goals for responsiveness for the Contractor's 24-hour toll-free telephone number, timeliness for scheduling of routine appointments, timeliness of services for urgent conditions, and access to after-hours care; and

5) Evidence of compliance with the requirements for cultural competence and linguistic competence specified in Cal. Code Regs., tit. 9, § 1810.410.

23. Quality Improvement (QI) Program

A. The Contractor's QI program shall monitor the Contractor's service delivery system with the aim of improving the processes of providing care and better meeting the needs of its beneficiaries.

B. The Contractor shall establish a QI Committee to review the quality of specialty mental health services provided to beneficiaries. The QI Committee shall recommend policy decisions; review and evaluate the results of QI activities, including performance improvement projects; institute needed QI actions; ensure follow-up of QI processes; and document QI Committee meeting minutes regarding decisions and actions taken.

Exhibit A Attachment I
Service, Administrative and Operational Requirements

C. The QI Program shall be accountable to the Contractor's Director as described in Cal. Code Regs., tit. 9, § 1810.440(a)(1).

D. Operation of the QI program shall include substantial involvement by a licensed mental health staff person, as described in Cal. Code. Regs., tit. 9, § 1810.440(a)(4).

E. The QI Program shall include active participation by the Contractor's practitioners and providers, as well as beneficiaries and family members, in the planning, design and execution of the QI Program, as described in Cal. Code. Regs., tit. 9, § 1810.440(a)(2)(A-C).

F. The Contractor shall maintain a minimum of two active Performance Improvement Projects (PIPs) that meet the criteria in 42 C.F.R. § 438.240(b)(1) and (d). Performance improvement projects shall focus on a clinical area, as well as one non-clinical area.

G. QI activities shall include:

1) Collecting and analyzing data to measure against the goals, or prioritized areas of improvement that have been identified;

2) Identifying opportunities for improvement and deciding which opportunities to pursue;

3) Identifying relevant committees internal or external to the Contractor to ensure appropriate exchange of information with the QI Committee;

4) Obtaining input from providers, beneficiaries and family members in identifying barriers to delivery of clinical care and administrative services;

5) Designing and implementing interventions for improving performance;

6) Measuring effectiveness of the interventions;

7) Incorporating successful interventions into the Contractor's operations as appropriate; and

8) Reviewing beneficiary grievances, appeals, expedited appeals, fair hearings, expedited fair hearings, provider appeals, and clinical records review as required by Cal. Code Regs., tit. 9, § 1810.440(a)(5).

24. Utilization Management (UM) Program

A. The Utilization Management Program shall be responsible for assuring that beneficiaries have appropriate access to specialty mental health services as required in Cal. Code Regs., tit. 9, § 1810.440(b)(1)-(3).

Exhibit A Attachment I
Service, Administrative and Operational Requirements

B. The Utilization Management (UM) Program shall evaluate medical necessity, appropriateness and efficiency of services provided to Medi-Cal beneficiaries prospectively or retrospectively.

C. The Contractor shall implement mechanisms to assess the capacity of service delivery for its beneficiaries. This includes monitoring the number, type, and geographic distribution of mental health services within the Contractor's delivery system.

D. The Contractor shall implement mechanisms to assess the accessibility of services within its service delivery area. This shall include the assessment of responsiveness of the Contractor's 24 hour toll-free telephone number, timeliness of scheduling routine appointments, timeliness of services for urgent conditions, and access to after-hours care.

25. Practice Guidelines

The Contractor shall comply with 42 C.F.R. § 438.236(b) and Cal. Code Regs., tit. 9, § 1810.326 which requires the adoption of practice guidelines.

A. Such guideline shall meet the following requirements:

1) They are based on valid and reliable clinical evidence or a consensus of health care professionals in the applicable field;

2) They consider the needs of the beneficiaries;

3) They are adopted in consultation with contracting health care professionals; and

4) They are reviewed and updated periodically as appropriate.

B. Contractor shall disseminate the guidelines to all affected providers and, upon request, to beneficiaries and potential beneficiaries.

C. Contractor shall take steps to assure that decisions for utilization management, beneficiary education, coverage of services, and any other areas to which the guidelines apply shall be consistent with the guidelines.

HAND OUT #2

Integrated Plan Fiscal Years 2014/15-2016/17 Stakeholder Process

The following are stakeholder comments as submitted directly from the MHSA Integrated Plan community planning meeting comment forms.

In Their Own Words

#	WHAT DID YOU LEARN ABOUT THE MHSA INTEGRATED PLAN?
1	First time happening. Plan for 3 years. Funding not planned to increase but possible.
2	History of MHSA. Current MHSA funding. Plan for next 3 years.
3	How money has been used. How the programs are working.
4	Timeframes. Programs developed/supported. Very interesting to learn multiple layers in which MHSA funds are distributed.
5	All of the components, processes and next steps. It really helped me provide a framework of reference to contextualize what I knew about MHSA.
6	Six components.
7	I'm glad to hear that CASE & IYRT will continue to get funding. Success First has multiple funding streams.
8	About all the wonderful programs.
9	I learned that I know very little about DBH.
10	There's a lot of help out there like program, but we don't know.
11	I learn about people behavior health problems.
12	It was really important to learn the plans, now I know that it exists and that I benefit from it.
13	They have different program I didn't know about.
14	People in need of mental health have a place to go.
15	About the mobile response team.
16	The new RBEST program seems helpful.
17	Looking to integrate programs and take them to underserved areas.
18	Willingness to bring in Nurse Practitioners and Physician Assistants.
19	All current mental health programs.
20	Everything was well covered.
21	The variety of services.
22	The diversity of services provided and accessible.
23	More clear on where we have been. Looking forward to posting.
24	Some more details.
25	A PEI program I had not heard of - LIFT.
26	Number surreal!
27	That MHSA has made a tremendous impact on the community through services and support.
28	I learned about the significant impact of MHSA funding before and after it went into effect.
29	There is progress and hope.
30	A lot of programs/projects across "target" population and focus.
31	Certain programs have been successful, especially housing. Surprisingly high numbers of consumers are being housed. What are the costs per client?
32	Lots of new programs. Increased collaboration. Increased focus on wellness/recovery model.

Integrated Plan Fiscal Years 2014/15-2016/17 Stakeholder Process

The following are stakeholder comments as submitted directly from the MHSA Integrated Plan community planning meeting comment forms.

In Their Own Words

#	WHAT DID YOU LEARN ABOUT THE MHSA INTEGRATED PLAN?
33	Progress that has been made since its inception.
34	Vast array of services provided.
35	Did not realize how much money S.B. county has received in MHSA funding for all programs.
36	Too much to list, but the various programs and received details of them.
37	Programs created and will be created through MHSA fund.
38	I learned about several programs and Plan to attend the DBH Expo.
39	Each of the programs are very well supported and needed in the county.
40	DAC
41	Different components in a continuum of care
42	Research
43	That they have a lot of funding.
44	There were few details that I picked up...misc. stuff (nothing major). Hearing from the clubhouse people added a nice perspective.
45	All the various services and programs.
46	I didn't realize we have so many fantastic programs! Very impressive.
47	How many services that these funds provide.
48	Funding source
49	All the health services for people with mental health.
50	How they help others around the county and region.
51	Good overview of plan.
52	The resources.
53	A lot about a diversity of programs.
54	That there are a lot of services provided.
55	Lots of improvements.
56	About RBEST program and ARMC diversion unit.
57	How they are dealing with crisis and mental health in hospital and jail setting.
58	Need copy of the PPT.
59	All of the programs that have been made available by MHSA to serve of residents.
60	The benefits of the funding on the community.
61	Some Innovation are interesting.
62	RBEST
63	There are more programs through-out the county.

Integrated Plan Fiscal Years 2014/15-2016/17 Stakeholder Process

The following are stakeholder comments as submitted directly from the MHSA Integrated Plan community planning meeting comment forms.

In Their Own Words

#	DO YOU HAVE OTHER CONCERNS NOT ADDRESSED IN THIS DISCUSSION?
1	Employment for disable person program
2	No business bosses would like to hire mental or behavior people
3	We feel discrimination
4	They didn't discuss about the goals
5	It is a lot of information and would like to have it in writing since it is important
6	More programs about anxiety
7	We (DBH) are losing CT1 and other experienced clinicians to other agencies as our salaries and benefit package is not as competitive.
8	Clinics out of space and unable to have more needed staff added
9	How does the county plan to address caregiving/parenting of children? We can provide services to children forever (!) but when we send them home to caregivers who haven't changed it difficult to make a significant impact.
10	Not clear on how INN programs ended /continued/etc.
11	Perhaps more on residential beds/ treatment programs (adults)?
12	Dollar amount given to CBO (PEI, WET. Technology)
13	None. Outstanding presentation.
14	Provide breakdown of funding to CBOs - nonprofits per year
15	Would have liked to have a back and forth discussion instead of individual reports. More client and family member involvement in this report.
16	Future funding opportunities and expansion of the services that are being provided.
17	Community Liaison position
18	There is a huge need for emergency shelters. They are disappearing because of funding/turning into transitional facilities. The most underserved population is single men.
19	Homeless shelters. Crisis interim home
20	Making sure MHSA helps traditional clinics, too.
21	What effect will ACA have on us?
22	TAY who do not have Medi-Cal or who are a former foster child have no access to TAY services. I have tried for year to no avail. There is a high percentage of young people in Redlands. Can you provide services to that community?
23	Need more information on dual diagnosis and accessibility. How are individuals with multiple disabilities served?
24	Some of the programs funded, I've never heard of them. As a worker in the field, if I've not heard of it, is the general community hearing about them?
25	Need more information on the RFP process.
26	I would like to see program funding for long term programs that are working.

Review of Stakeholder Feedback Since 2005

Since the inception of MHSA, the Department of Behavioral Health has consistently surveyed for community mental health needs in the County of San Bernardino. Beginning in 2005 and through 2014, the department has accumulated significant amounts of data, information and input on programming as a result of MHSA, which has been used to guide decision-making and improve services to consumers and families. As part of this year's MHSA Integrated Plan efforts, the department looked back to the early efforts of MHSA and community stakeholder feedback, beginning with the documented feedback of **1,072** individuals in an overview of needs tabulated November 14, 2005.

A listing of questions and the top solutions identified by respondents in 2005 are as follows:

How to Improve Access?

- Increase information in the community about mental health and mental illness.
- Help other agencies understand and respond to mental health issues before a crisis occurs.
- Offer services during crisis situations.
- Offer mental health services in schools.
- Offer mental health consultations and services in other locations.

How to Increase Involvement?

- Offer classes about mental illness for family members.
- Increase education about improving family relationships.
- Develop/implement parenting classes.
- Develop/implement peer support groups.
- Offer support groups for care providers.

How to Improve Outcomes?

- Maintain a stable living environment.
- Staying out of trouble with the law, or out of jail.
- Staying in school or vocational training program.
- Positive social activity and recreation with friends or peers.
- Being able to work in spite of mental illness.

How Should Various Agencies Collaborate?

- Assistance obtaining needed benefits, supportive services.
- Transportation to services.
- Consultation to teachers on early signs of emotional distress and possible treatments.
- Early involvement by other agencies.

Review of Stakeholder Feedback Since 2005

How to Assure Culturally Competent Services?

- Offer educational classes for clients and family members on high risk groups and offer support groups.
- Create more support groups that can be run by consumer/family or special needs group.
- Make sure staff understand how to work with clients of all cultural groups.
- Make sure staff know how to find resources for all cultural groups in our county.
- Expand mental health services for my culture and/or language.

Where are the Biggest Barriers?

- Lack of awareness of what resources are available.
- Too much "red tape," forms, waiting lists.
- Transportation.
- Embarrassment or stigma.
- Fear of losing children.

How Can Recovery be Promoted?

- Education for families who want to help their mentally ill family member.
- Programs that help build skills in problem solving and conflict resolution.
- Counseling on further education and finding employment.
- Services where kids meet after schools.
- Services in my own community where I worship or network.

What Are the Most Pressing Community Mental Health Issues?

- Drug or Alcohol Abuse.
- Violence in the Community.
- Homelessness/Runaways.
- Violence in the Home.
- Unable to Work.

2016 MHSA SUMMIT- QUESTION & ANSWERS

At the MHSA Summit for 2016, the following questions were posed to the attendees:

- **Q1: Do you have additional subjects of interest not addressed in today's discussion?**
- **Q2: How will the information you learned today assist you personally and/or professionally?**
- **Q3: Do you have recommendations for improving the MHSA Stakeholder engagement process?**

Numerous responses were received, however, a few trends were identified for each question.

Q1: For the first question regarding additional subjects of interest, the biggest request was regarding programs and services for children. Another request was for information regarding resources for the Spanish-speaking community and the growing Latino community. There were also a few comments regarding integrating the RBEST approach into existing programs which would allow for providing services to individuals wherever they are. The new MHSA legislations and regulations were also a requested from a few of the attendees at the summit.

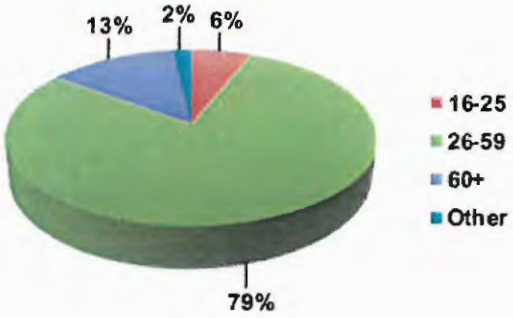
Q2: There were also a few trends that were identified for the question of how the information obtained would serve the attendee. The major response was that it was informational to the attendee and that they could, in turn, provide the information to their customers, coworkers, friends and family. Another overwhelming response was that the information would assist them with providing referrals for services. A few other attendees commented that the summit allowed them to connect with other service providers which in turn, will provide for a collaboration of services.

Q3: The final question regarding recommendations for improving the MHSA Stakeholder process also yielded many responses. A popular response was the need for more meetings and increased engagement in the community in an effort to reach more community members. Others commented on providing some designated time during the presentation for providers to speak about the services they provide. Some of the other suggestions were to allow a panel of consumers that talk about how they deal with their mental illness and the support services they receive.

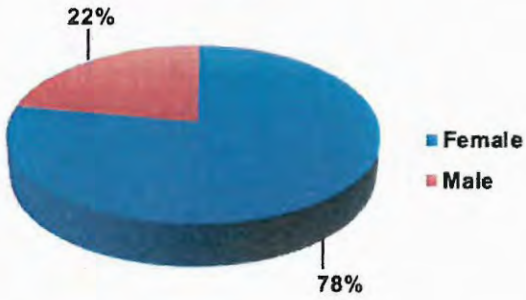
The following page is a representation of the demographic information of the attendees of the 2016 MHSA Summit.

MHSA SUMMIT DEMOGRAPHICS

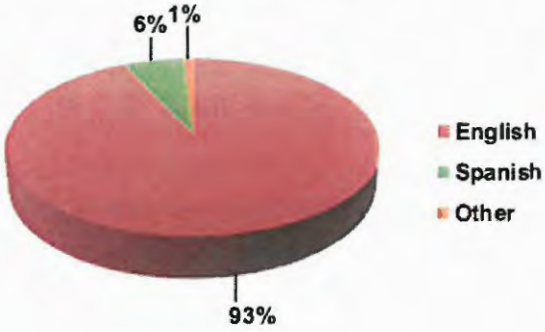
Age



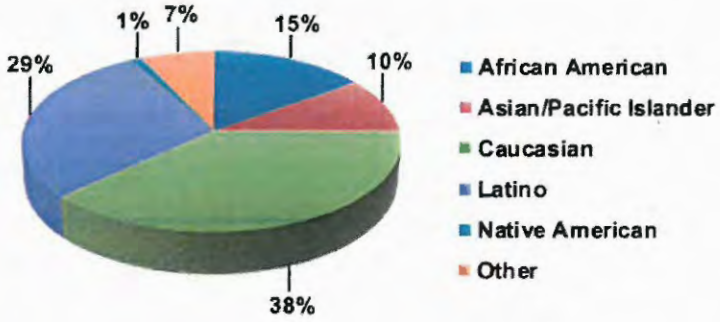
Gender



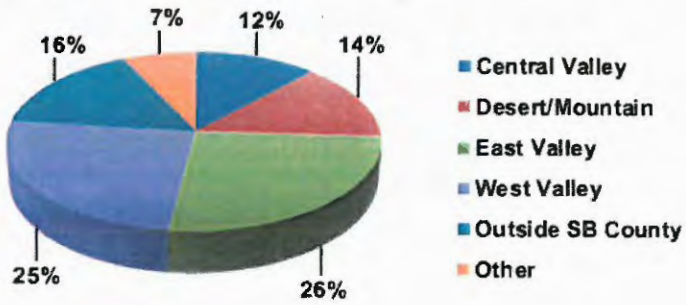
Primary Language



Ethnicity



Region Represented



Fiscal Year 2016/17 MHSA Annual Update Stakeholder Process

As part of the Community Program Planning process, the following are stakeholder comments were submitted directly from participants of the 2016 MHSA Summit.

In Their Own Words

Q1:	DO YOU HAVE ADDITIONAL SUBJECTS OF INTEREST NOT ADDRESSED IN TODAY'S DISCUSSION?
1	More on children /adolescent services and EDO programs
2	I would like to have more of a discussion regarding complex care and clients that have co-occurring issues.
3	Supporting our children and youth in the understanding of mental illness. Need to talk more about it in schools and having support groups for children and teens in schools.
4	How to help the homeless that suffer from mental illness and cannot take care of themselves and ask for help. Who helps them as we have a lot on the street?
5	How the demand for services in this county might be impacted by the tragedy.
6	Plans to address or better serve the growing Latino population.
7	I think it's interesting the shooting wasn't covered at all. It's kind of disappointing, this was a DBH MHSA event and the only person that mentioned it was the performer. Just felt strange.
8	I would have liked to hear more about services that impact children. Most of the focus today was geared towards adults.
9	More children's programs.
10	Infant mental health, pregnant adults with mental issues need support when the baby is born.
11	The impact/engagement of MHSA with schools.
12	Emergency shelter beds- not enough!
13	More resources information for Spanish-speaking community.
14	Would like to see breakouts for various regions.
15	Workforce Education and Training, Peer Run Services, and Integrated Health Initiatives.
16	More info on PEI programs would be beneficial to other stakeholders and community partners.
17	No, Great coverage of the presented topics. Thank you.
18	Broaden access to mental health services directly in Big Bear Lake. Access to services for undocumented people.
19	Education and training.
20	Utilizing dog therapy at outpatient clinics or at housing sites.
21	Education and assistance for individuals/groups on how to establish non-profits that could assist the County/government agencies in providing services and meeting County's staffing needs. How to create partnerships with the County. How about reaching out to the investors at California International Regional Center in Rialto?
22	What programs are currently available for the Latino/Hispanic community that have yet to overcome stigma about mental health and only allow information to be brought to their homes.

Fiscal Year 2016/17 MHSA Annual Update Stakeholder Process

As part of the Community Program Planning process, the following are stakeholder comments were submitted directly from participants of the 2016 MHSA Summit.

In Their Own Words

Q1:	DO YOU HAVE ADDITIONAL SUBJECTS OF INTEREST NOT ADDRESSED IN TODAY'S DISCUSSION?
23	No, this was great information.
24	No. I think topics covered were quite inclusive. Great day!
25	How HR 2646 and S-2002 could impact program goals; legislation that impacts program goals
26	New MHSA regulations.
27	All covered! Thank you!!
28	Awesome! Great job!
29	Children's programs
30	How can we integrate the care philosophies of these "pilot" (e.g. TEST, RBEST, Housing) programs into our regular standard of care? These programs are still by and large, using wonderful innovative approaches to reach historically difficult to reach individuals, but ultimately transition them into the same old standard clinic based services.
31	We need more housing for families with school-aged children. Housing for homeless youth 16-18 and housing for those struggling with substance abuse.
32	As a clinician, how can we convince consumers at the hospital setting who are going through a crisis to see the value of CSU and crisis centers during their stay?
33	All of the information discussed today was all new to me. I appreciate being able to participate in this summit.
34	Get more information for our clubhouses to get this information out and where to get all this information not known until today. Offer more help to individuals that actually need it.
35	Clubhouses!
36	Not really-the subjects were all well covered. Y'all done good, y'hear
37	More in home support services to meet consumers where they are.
38	All of the topics today were great!
39	Legislative changes.
40	Stabilization of mental illness due to healthy diet importance and inability to achieve with funds provided by state Calif 156.00 and inability to get work assistance and food stamps. Feels like being hit in the head by a mallet.
41	Family members as accepted and legal advocates for adult members of the family.
42	The expansion of ongoing/long term rx services. Programs to address end of life/terminal illnesses.
43	How to augment current service shortages due to limited services.

Fiscal Year 2016/17 MHSA Annual Update Stakeholder Process

As part of the Community Program Planning process, the following are stakeholder comments were submitted directly from participants of the 2016 MHSA Summit.

In Their Own Words

Q3:	DO YOU HAVE RECOMMENDATIONS FOR IMPROVING THE MHSA STAKEHOLDER ENGAGEMENT PROCESS?
1	Maybe provide a time slot for MHSA funded contract providers to speak on the services they provide and what more they feel they need to enhance their services, and to talk about what works and what doesn't.
2	Bring people that have experienced or suffered from mental illnesses and let them talk about how they deal and got support. Also talk about their support and hope.
3	Excellent!
4	Come to clinics, county staff need it to know about the programs.
5	It might have been nice to have bright ideas cards at each table to elicit how this information impacts our work contracts.
6	Collaboration through a Systems Strategy committee quarterly where all stakeholders can provide updates on services they provide, learn about DBH initiatives and collaborate on systematically caring for our patients.
7	Maybe smaller strategic committees in various specialties to get feedback regarding problem solving and ideas.
8	All of the information was helpful!
9	Continue the break/table discussion format throughout the day.
10	Perhaps more of the actual language of the Act and authority backing programs- funding-reasons for and accountability required by the Act. Legal Stuff.
11	Need more consumers!
12	Do more meetings/engagement out in the community.
13	I like this Summit. I wish audio could also be heard in the bathrooms so as not to miss info. More representatives from the community, West End, High Desert and Mountain Regions.
14	There was a lot of content overall and the segment after lunch was a little long considering the amount of info and the effects of the food. Breaking that time block up would have been helpful.
15	Not at this time. Great information!
16	Psychiatric input.
17	Release agenda prior to Summit.
18	This was my first summit, not sure.
19	Definitions of referenced laws and bills. Overall great! Learned a lot!
20	I think everyone has done a great job all the way from presenters, logistics, and food. You all have made this a day of information and viable learning, MHSA dollars used well! Always keep in mind the diversity of our community citizens.
21	A little more interaction and activity would be great.

Fiscal Year 2016/17 MHSA Annual Update Stakeholder Process

As part of the Community Program Planning process, the following are stakeholder comments were submitted directly from participants of the 2016 MHSA Summit.

In Their Own Words

Q3:	DO YOU HAVE RECOMMENDATIONS FOR IMPROVING THE MHSA STAKEHOLDER ENGAGEMENT PROCESS?
22	Go out to the public and clubhouses to get more information about all these services to the clients or people.
23	Getting all the information out to more people in the communities.
24	How about expanding RBEST, you people do wonderful work.
25	Continue to be open to address issues that are identified and remove barriers.

Fiscal Year 2016/17 MHSA Annual Update Stakeholder Process

As part of the Community Program Planning process, the following are stakeholder comments were submitted directly from participants of the 2016 MHSA Summit.

In Their Own Words

Q2:	HOW WILL THE INFORMATION YOU LEARNED TODAY ASSIST YOU PERSONALLY AND/OR PROFESSIONALLY?
1	The information learned will help me to better educate or direct community members to MHSA crisis services and to housing services.
2	Future programming plans.
3	It was a great resource to learn about new and innovative programs. These are potential great referrals.
4	I learned about the different crisis centers that we have in the county, very important.
5	Very informative and helpful context to align DBH services to the MHSA framework. Panel was incredibly effective to reduce the number of presentations.
6	Better understanding of current programs to service. Better understanding of funding sources.
7	Better understanding of mental health services provided by DBH.
8	I was able to network with another provider that will enhance the services we provide.
9	How consumer input is used for creation of programs and services.
10	We were able to make a connection with another service provider to collaborate on services.
11	Bring back to team, let them learn the resources and programs available.
12	Personally, this information has reignited my passion for my purpose in life and connecting that with the work I do in the community. Professionally, this information impacts my research in education and will help drive the training and development of my team.
13	Learned a lot about the resources available to our patients and will bring this back to the clinicians at our facility.
14	It will make me more collaborative and energized to persist in communication to that end.
15	The information will assist me when working with students and families.
16	Received information for potential referrals.
17	Help better address questions re programs with data.
18	Assist my efforts to help others.
19	Linkage with RBEST; following the discussion on future housing funding and programs.
20	A great deal of DBH functions overlap MHSA funded programs, all info is valuable.
21	Help to continue providing equality services.

Fiscal Year 2016/17 MHSA Annual Update Stakeholder Process

As part of the Community Program Planning process, the following are stakeholder comments were submitted directly from participants of the 2016 MHSA Summit.

In Their Own Words

Q2:	HOW WILL THE INFORMATION YOU LEARNED TODAY ASSIST YOU PERSONALLY AND/OR PROFESSIONALLY?
22	Open my eyes to a broader aspect of services.
23	Understanding system of care is important for my work.
24	Clarify on services I utilize professionally.
25	Program planning; referral to services previously unknown.
26	Access to RBEST.
27	Personally- able to offer resources to friends and family. Professionally-able to better understand the system of care, services, programs, projects through DBH. Knowledge-better able to do my job.
28	I have more tools in my toolbox to help our clients. I have a broader understanding of more MHSA programs now.
29	Will be able to share information with co-workers about RBEST, TEST, CSU and other services discussed.
30	Valuable information on proposed and existing MHSA projects that assist our consumer.
31	It will help me remind myself to keep things in perspective and stay motivated.
32	It certainly provided a nice perspective on programs that I don't interact with on a regular basis. This helps me understand and talk about the broader range of DBH programs and services.
33	It will allow me to give the information received today to the community that is interested in receiving the information.
34	I will share with my community and with family.
35	I learned a lot more about the CRT and CSU options available. I enjoyed the culturally appropriate lunch program.
36	The info learned about the CRT and CSU will help me explain the services offered by these facilities for community members.
37	When dealing with community members, I will be better informed of services available.
38	More knowledge about support services.
39	Will disseminate info to communities we serve.
40	I will be able to refer clients to all these organizational facilities and programs that I wasn't aware of previously. May also make a referral for someone in my own personal circle.
41	Pass on information on to IRC
42	In linkage and referrals for crisis stabilization.

Fiscal Year 2016/17 MHSA Annual Update Stakeholder Process

As part of the Community Program Planning process, the following are stakeholder comments were submitted directly from participants of the 2016 MHSA Summit.

In Their Own Words

Q2:	HOW WILL THE INFORMATION YOU LEARNED TODAY ASSIST YOU PERSONALLY AND/OR PROFESSIONALLY?
43	Both. Great!
44	Better ability to link or more effectively link clients to supportive services.
45	Education is key, with education comes the knowledge of these resources and programs available to then empower individuals and families to have a better life living in "real recovery".
46	Referring patients to these CSU and crisis centers will greatly reduce return/relapse of consumers in the hospital setting.
47	into acute care.
48	As I am beginning to enter a career in health care it was wonderful to learn about all the resources that are available for persons under the MHSA.
49	May be able to refer a family member; just need to figure out where to staff, or where to have her start.
50	I can refer people to resources.
51	Before today I had never heard of RBEST- Now I will be able to help refer patients and families to this resource.
52	I know more about resources that the MHSA funds and can hopefully refer people I encounter to utilize these resources.
53	Knowing more information about RBEST which I didn't know about and now to get this help or refer people that I know that might need this help.
54	I have learned a lot about what we offer as DBH.
55	It will help me better serve those needing our services. An excellent program with much excellent information.
56	Yes, broadens my knowledge of MHSA programs
57	Very good.
58	More info to link our members to DBH services.
59	MHSA Housing was informative and I did not know anything about these departments. I can utilize these in my personal life and for work.
60	I have more resource information and a better understanding of how the "system" works.
61	Maybe have consumers or their family members share some of their success stories during the Summit to showcase just how much their lives have been impacted since receiving mental health services.
62	A review of all services provided, and collaborating with other members within our network of consumers/providers.
63	Increase referrals to community resources.

Fiscal Year 2016/17 MHSA Annual Update Stakeholder Process

As part of the Community Program Planning process, the following are stakeholder comments were submitted directly from participants of the 2016 MHSA Summit.

In Their Own Words

Q2:	HOW WILL THE INFORMATION YOU LEARNED TODAY ASSIST YOU PERSONALLY AND/OR PROFESSIONALLY?
64	It was good to hear all the formal presentations about our MHSA programs.
65	I don't know we will see what you do with information above.
66	Better the community by informed med service. Dr. King said, "The most urgent questions is what are you doing for others?"
67	Linking clients and educating.
68	Will help me educate my staff on the current programs which ultimately should help those living in our county in need of services.
69	Info on housing programs is useful; agree we need more housing for homeless families.
70	Assist with enhancing referral processes and hopefully augment existing services.

Overview of Stakeholder Process

WIC § 5848 states that an Annual Update shall be prepared and circulated for review and comment for at least 30 days to representative of stakeholder interests and any interested party who has requested a copy. Additionally the mental health board shall conduct a public hearing on the draft Annual Update at the close of the 30 day comment period.

Public Review

The DBH MHSA Annual Update was posted on the department's website from **March 20, 2015 through April 20, 2015**, at www.sbcounty.gov/dbh. The Public Hearing to affirm the stakeholder process was scheduled to take place at the regularly scheduled Behavioral Health Commission Meeting on **May 7, 2015** which is held from **12:00 p.m. until 2:00 p.m.**

The Department invited the public to review this and other plans and provide feedback or comments to the plan, not just during the 30 day comment period. Please see the next section of this report for detailed instructions on how to submit comments under the Substantive Comments/ Recommendations section of this report.

Substantive Comments/Recommendations

An analysis of substantive recommendations is included in the Public Posting and Comment section of this final MHSA Annual Update for FY 2015/16. Comments/recommendations can be submitted via email to the DBH MHSA email box at MHSA@dbh.sbcounty.gov during the time the MHSA Annual Update draft is posted for public comment. Comments can be received anytime through the year but will not be included in the final plan. The plan was posted for 30-days per Welfare and Institutions code 5848 and was posted between **March 20, 2015 through April 20, 2015** at www.sbcounty.gov/dbh.

If you would like to request a comment form be sent to you please email please contact DBH at MHSA@dbh.sbcounty.gov or call **1-800-722-9866** for more information.

During the stakeholder meetings for this MHSA Annual Update community members asked how they might get additional information on what behavioral health services are available in the county. The County has an "Access Unit," that can be called for assistance in locating services and can be reached at **1-888-743-1478**. Service directories are also available online at http://www.sbcounty.gov/dbh/dos/template/Default.aspx.

During the stakeholder meetings, it was noted several times that community members would like information about how to access funds related with MHSA programs for their areas. The department releases several Requests for Proposals (RFPs) every year through a procurement process. MHSA funds can be accessed by successful applicants who participate in the procurement process and are determined to meet criteria for RFPs.

RFP's may be accessed at the county website per the following link http://www.sbcounty.gov/main/rfp.asp. More information on the department's RFP process will be provided over the course of the next year at the Regional District Advisory Committee meetings.

District Advisory meeting dates may be found at the following link http://www.sbcounty.gov/dbh/mhcommission/mhcommission.asp#. For meetings in which RFPs are on the agenda, outreach will be done to inform interested community members of the time and dates of the meetings.

Additionally, several questions were asked about program outcomes, MHSA funding percentages and how new MHSA programs get developed. Program outcomes can be found through the "Current Programs" section of this MHSA Annual Update report. MHSA funding information related to specific programs can be found in the "Fiscal" section.

Community members do not have to wait for a meeting to provide feedback to the department. Feedback can be provided at any time via email or phone at MHSA@dbh.sbcounty.gov or by calling **1-800-722-9866**. As program data, outcomes, statistics and ongoing operations are discussed on a regular basis, regular attendance at one or more of the meetings listed above is encouraged. The Community Policy and Advisory Committee (CPAC) specifically addresses MHSA programs and occurs monthly. If you would like to be added to the invite list for CPAC's meetings, please email MHSA@dbh.sbcounty.gov.

As feedback is collected from the community, it is analyzed with county demographic information, prevalence and incidence rates for behavioral health services, specific treatment information collected by programs, clients served, number and types of services provided, geographic regions served by zip code, data provided to the department by state agencies evaluating access to county services, cultural and linguistic needs, poverty indexes, current program capacity and demonstrated needs in specific geographic regions and areas within the system of care (i.e., inpatient, residential, long term care, day treatment, intensive outpatient, general outpatient care), and program needs are considered.

Assistance for Disabled Individuals:

A good resource for finding services to support developmentally and physically disabled adults would be to the utilization of the **2-1-1** service. The **2-1-1** service is a free and confidential service, available 24-hours a day, providing information and resources for health and social services in San Bernardino County. Call **2-1-1** or visit the website at www.211sb.com, to find resources nearby.

Once the plan is written and posted, feedback is regularly solicited on the content of plans/programs while plans are posted for public review. Feedback/comments can be submitted via email or via the phone at MHSA@dbh.sbcounty.gov or **1-800-722-9866**. If feedback is received it may be incorporated into the new program plan, or if not incorporated, addressed in the final draft MHSA Annual Update FY 2015/16, as to why it was not incorporated.

Depending on the program proposal, services can be provided by DBH clinics or organizational contract providers. In many cases, programs are implemented using both DBH clinics and organizational contract providers working together to provide services in a system of care framework. For services provided by organizational providers, an RFP/procurement process is required. The RFP process can be accessed via the link above and is as follows http://www.sbcounty.gov/main/rfp.asp.

Additional information about past MHSA approved plans can be accessed at the following link http://www.sbcounty.gov/dbh/mhsa/mhsa.asp#. If you have any questions about MHSA programs

in general or programs as detailed in this MHSA Annual Update, please email or call the department at MHSA@dbh.sbcounty.gov or **1-800-722-9866**.

During the stakeholder meetings, participants also mentioned topics they would like more information about specifically. In reviewing this feedback, DBH would like to respond that some of these areas are already being addressed within our current system of care or by other community resources.

Reduction of Discrimination and Stigma:

Prevention and Early Intervention (PEI) Programs focus on reducing stigma and discrimination. The programs are tailored to be culturally and linguistically competent and meet the identified needs of the communities they serve. Services offered include prevention services and leadership programs for children, youth, transitional age youth, adults and older adults, mental health education workshops, community counseling, adult skill-based education programs and parenting support. Additional information regarding PEI programs can be obtained by calling **1-800-722-9866**.

Support for Parents and Caregivers:

The Family Resource Centers (FRC) offer various programs that are tailored to be culturally and linguistically competent and meet the identified needs of the communities they serve, including parents and caregivers. Services offered include: prevention and leadership programs for children, youth, transitional age youth, adults and older adults; mental health education workshops; community counseling; adult skill-based education programs and parenting support. Additional information regarding FRC programs can be obtained by calling **1-800-722-9866.**

Innovation Projects:

Current Innovation projects are discussed in detail in the Innovation Project section of this report. To date three (3) Innovation projects have ended. Two (2) have final reports published in the MHSA Three-Year Integrated Plan FY 2014/15—2016/17, and one (1) is included in this report, detailing project outcomes, successes and what practices will be continued based on learning during the project. Additional information regarding Innovation can be obtained at **1-800-722-9866**.

Shelter Beds and Homeless Assistance:

The Office of Homeless Services (OHS) plays a vital role in the San Bernardino County Homeless Partnership as the administrative support unit to the organization. OHS insures that the vision, mission and goals of the Partnership are carried into effect. Homeless services information and resources can be found at the San Bernardino County Homeless Partnership website: http://www.sbcounty.gov/dbh/sbchp/. The focus of the partnership is to develop a countywide public and private partnership and to coordinate services and resources to end homelessness in San Bernardino County.

The **2-1-1** website offers a guide available to homeless service providers and a list of homeless resource centers. For specific areas in need that may not be available on the websites resources there is the option of dialing **2-1-1** to access the most comprehensive database of free and low cost health and human services available in the county. Call **2-1-1** or visit the website at www.211sb.com, to find resources nearby.

Overview of Stakeholder Process

In addition to the available resources from the OHS regarding homeless services, DBH provides services from the Community Crisis Response Team (CCRT) and the Crisis Walk-in Centers (CWIC) throughout San Bernardino County to reduce incidents of acute involuntary psychiatric hospitalization, reduce the amount of calls to law enforcement for psychiatric emergencies, reduce the number of psychiatric emergencies in hospital emergency departments, reduce the number of consumers seeking emergency psychiatric services form hospital emergency departments, reduce the amount of time a patient with a psychiatric emergency spends in hospital emergency departments and increase consumer access to services. Additional information regarding Community Crisis Response Team (CCRT) and Crisis Walk-in Centers (CWIC) can be obtained through the access unit hotline for 24-hour crisis and referral information which can be reached at **1-888 743-1478.**

Community Education and Resources:

Community Outreach and Education (CORE) provides outreach and education throughout San Bernardino County. It is a component found in many of our MHSA funded programs. In addition to providing education, resources, and linkages to services, it also assists with reducing stigma. The Community Outreach and Education (CORE) department within DBH attends and completes outreach to community events throughout the year. Additional information about CORE activities and obtaining information about department program and services can be obtained by calling **(909) 388-0938**.

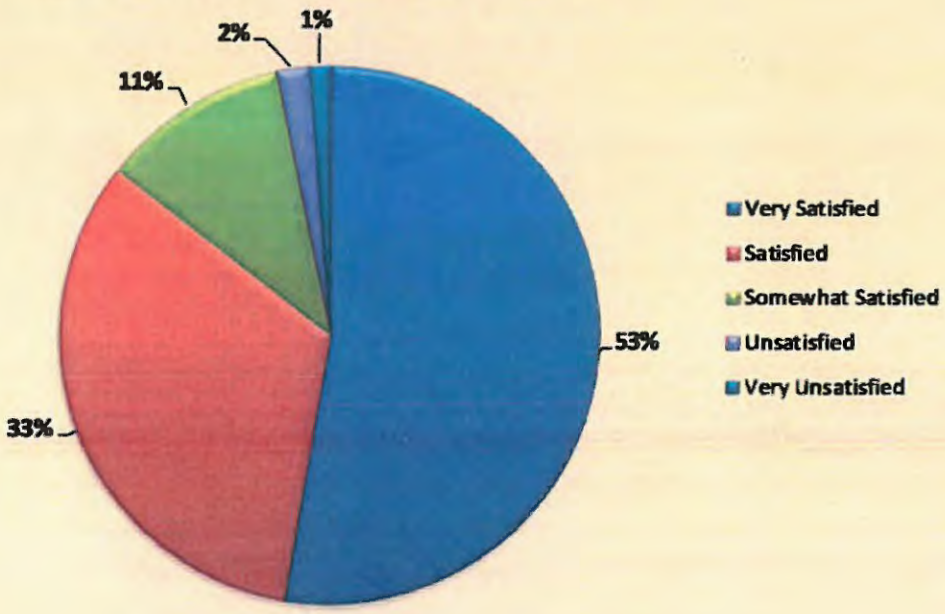
Thank you for your participation in our county stakeholder processes. We greatly value your time and feedback as we work to serve the residents of San Bernardino County, as well as the opportunity to provide you this feedback on your requests for more information during the MHSA Annual Update stakeholder meetings.

Public Posting and Comment

DBH would like to thank those who participated in the public comment portion of the stakeholder process. During the thirty (**30**) day public posting of the MHSA Annual Update, DBH continued to promote the thirty (**30**) day posting and provided overviews and information related to the MHSA Annual Update. All thirty-three (**33**) San Bernardino County Public Libraries received a copy of the posted plan including instructions for submitting feedback. A press release, in English and Spanish, notifying the public of the posting was sent to fifty- one (**51**) media outlets. A series of web blasts were released to all DBH clinics, contracted provider agencies, the Community Policy Advisory Committee, the Cultural Competency Advisory Committee and all subcommittees, the Association of Community Based Organizations, the Behavioral Health Commission, were included on all DBH sponsored social media sites, including Facebook and Twitter, and was posted on the main San Bernardino County website. The MHSA Coordinator made printed copies of the plan, made them available at every stakeholder meeting and distributed three (**3**) hard copies to community and agency members, upon their request. As a result, nine (**9**) comments were received. All of the comments were received on the Stakeholder Comment Form that was available to all stakeholders.

DBH received one (**1**) additional comment via email from a stakeholder interested in receiving behavioral health services. The stakeholder was subsequently contacted by the DBH Access unit for follow up. All nine (**9**) comment forms received indicated the stakeholders were satisfied to very satisfied with the MHSA Annual Update and affiliated stakeholder process. The graph below illustrates the reported general feelings about the MHSA Annual Update from stakeholders that participated in Community Program Planning and provided feedback during the 30-Day Public Comment period. In total, **241** individuals completed a stakeholder comment form. Of the respondents, **97%** indicated they were satisfied to very satisfied with the MHSA Annual Update, **2%** indicated they were dissatisfied, and **1%** indicated they were very dissatisfied.

Feeling About the MHSA Annual Update



Summary and Analysis of Substantive Comments

A summary and analysis of all comments, along with responses, are included as follows:

Comments received on the MHSA Annual Update and stakeholder process, were supportive of the MHSA Annual Update and the Department's Community Program Planning process. Comments received included opportunities to correct wording; affirmation that investments in workforce development are positive; praise for the departments' commitment to providing culturally competent services and programs; support for prevention and early intervention programs; and positive feedback about MHSA programs, in general.

The following are direct questions, comments, or concerns received regarding the MHSA Annual Update posed within the written feedback that was received, along with appropriate responses. Requests for wording changes have been made and are not included below.

Comment: "I am a provider of MHSA services through one of the programs in this report. I have participated in several of the programs through WET including MSW internship program, MHSA loan assumption program, and am going to be taking advantage of the LEPP. However, due to recent pay cuts on top of existing sub-standard pay, I am strongly considering leaving the county so that I can make a decent living. Working on retaining employees should be a goal."

Response: Thank you for the support and acknowledgment of the value of the San Bernardino County Behavioral Health Workforce Education and Training (WET) programs. DBH is strongly invested in the continued development and retention of a diverse and competent workforce, as demonstrated in the department's strategic plan and by the programs described in the WET component section of this Annual Update. The department continues to address workforce and geographic shortage areas and is committed to continuous improvement and is aware of retention issues that need to be addressed, as well.

Comment: I learned about the "success of the services being implemented" by reviewing the MHSA Annual Update.

Response: Thank you for your comment. Behavioral Health is dedicated to ongoing monitoring and quality management of behavioral health programs and services and invites you to share your thoughts throughout the year. Comments can always be provided, not just during the Annual Update, by contacting the MHSA Office of Program Planning and Development at (909) 252-4017 or by emailing MHSA@dbh.sbcounty.gov.

Comment: In response to the survey question, Do you have any concerns not addressed in the 2015/16 MHSA Annual Update?: "Not necessarily concerns not addressed but in general there is always work to do and areas in which systems can improve. Work towards the reduction of disparities is a lifelong process to attain and maintain. I believe MHSA has contributed immensely to communities across the county. Being sensitive to cultural factors and designing programs based on needs identified by communities. I encourage county DBH to keep up the great work."
Additional comments included: I learned about "proposed changes to enhance existing services" and "The draft plan looks great. All partners in care deserve a big 'thank you' for their passion and commitment in the work they do."

Response: Thank you for your comments and feedback. Behavioral Health is committed to continuous improvement and investment in the diverse communities of San Bernardino County.

Comment: "Regarding the demographic data, it would be good to be able to compare service delivery demographics with the actual demographics of the County. This would allow one to see if the service level is commensurate with the population. There are a lot of programs under the MHSA in San Bernardino County. DBH does an admirable job in working to keep the public informed about what services are provided with those funds."

Response: The Department of Behavioral Health is pleased for the support for MHSA programs and services. We appreciate the comment related to countywide demographic data. The data can be located in the Community Program Planning section on page 59 of the MHSA Annual Update. To make comparison easier, the final plan also includes the demographic information in the Executive Summary on page 11 so you do not have to flip through pages to make the comparison.

Comment: "I would like to see a review of PEI services – find out if other programs have the huge demands for services that we are experiencing – and discuss possibilities for expansion of services. I wanted to compliment San Bernardino DBH in their diligent offers to reach out to the community and involve them in planning/decision making process. I have seen firsthand the many benefits of the PEI programs. The PEI programs that I am involved with are VERY busy and making positive inroads in the communities we serve and I am witness to a decrease in suffering, have examples of decreasing unemployment, and reducing stigma and discrimination. PEI proves that those in need will seek help if they know it is there, is easily accessible, and have no barriers - ie: insurance; having to meet diagnostic criteria."

Response: Thank you for the support of Community Program Planning and the programs outlined in the Prevention and Early Intervention component. An important aspect of planning is ensuring the sustainability of programs over time. Behavioral Health has maximized the utilization of MHSA resources to invest in the delivery of Prevention and Early Intervention services but is open to leveraging opportunities for continued growth of the programs. You are invited to share your thoughts throughout the year. Comments can always be provided, not just during the Annual Update, by attending stakeholder meetings, contacting the MHSA Office of Program Planning and Development at (909) 252-4017, or by emailing MHSA@dbh.sbcounty.gov.

Comment: "I learned about the various resources our community offers regarding mental health."

Response: Thank you for your comment. Comments are welcomed throughout the year and can be provided by contacting the MHSA Office of Program Planning and Development at (909) 252-4017 or emailing MHSA@dbh.sbcounty.gov. In addition, please share information about resources and how to access information about programs with your network of colleagues, friends, and family.

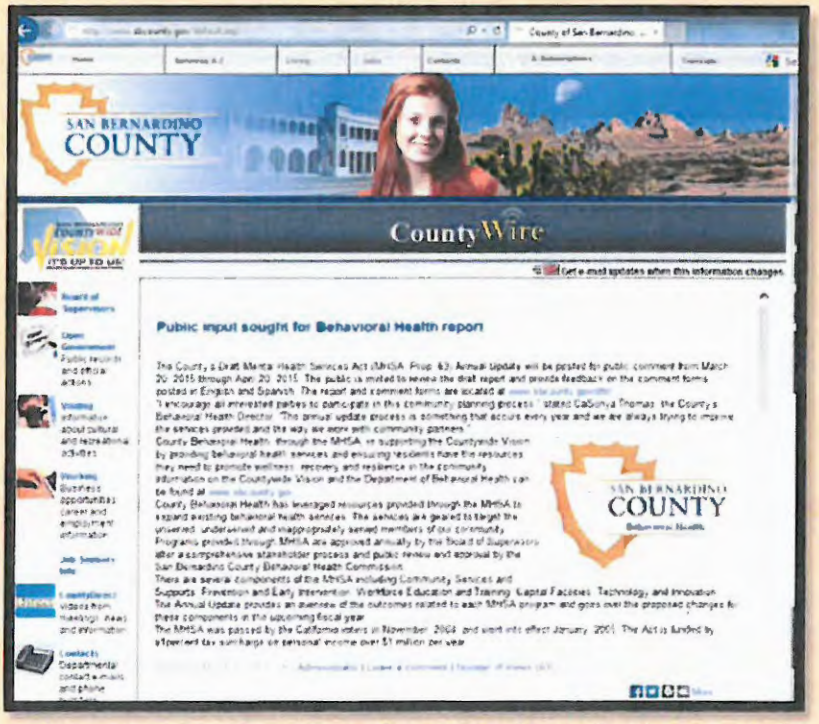
Comment: I learned that there are a huge number of programs under this act. The program I was interested in most is the Prevention and Early Intervention Programs. This is great because, as I understand it, a lot of aspects of healthcare are attempting to shift from the costly treatment illnesses after they have reached their worst to the less expensive preventative treatment. I learned that innovation component is geared towards unserved and underserved populations. I also did not know how much went in to the planning process, with community involvement especially. This was very informative and worth the time to go through it".

Response: Thank you for your comment. DBH strives to create a County where all persons have the opportunity to enjoy optimum wellness. In doing so, the DBH is supporting the com munity in achieving the Countywide Vision by ensuring all residents have the resources they need to provide the necessities of life to their families. Additional information regarding the Department of Behavioral Health can be found at www.sbcounty.gov/dbh. Comments can always be provided, not just during the Annual Update, by attending stakeholder meetings, contacting the MHSA Office of Program Planning and Development at (909) 252-4017, or by emailing MHSA@dbh.sbcounty.gov.

Comment: I learned "how important it is to gather all the data for the funding source."

Response: Thank you for recognizing the importance of and role that accurate data collection and reporting plays in the program development, analysis, and improvement process. DBH strives for data accuracy but recognizes the need for continuous improvement.

There were no substantive recommendations for revisions to the FY 2015/16 MHSA Annual Update.



Screenshot of public posting notice on San Bernardino County website

Concerns

To report any concerns related to MHSA Community Program Planning, please refer to the MHSA Issue Resolution Process located at:

http://www.sbcounty.gov/dbh/SPM/ManualDocs/COM0947.pdf

Community Policy Advisory Committee (CPAC)

Meeting Topics for 2014

MONTH	TOPIC
January	• MHSA Evaluation Updates • MHSA Planning Update • Statewide PEI Project Sustainability Plan • Innovation, Housing, IT, PEI, Cultural Competency, WET Updates
February	• MHSA Audit Response • MHSA Integrated Plan • Statewide PEI Projects Sustainability • MHSA Program Evaluation Efforts • Innovation, Housing, IT, PEI, Cultural Competency, WET, Adult System of Care Updates
March	• MHSA Three Year Integrated Plan FY 2014/15-2016/17 Stakeholder Engagement • INN, Housing, IT, PEI, Cultural Competency, WET, Adult System of Care Updates
April	• Innovation Project Final Report ODCE & CRM • MHSA Integrated Plan CPP • Draft PEI Regulations Update • INN, Housing, IT, PEI, Cultural Comp., WET Updates
May	• Innovation Projects
June	• Directing Change Contest Presentation • ACE Presentation • RBEST Update • PEI and Innovation Regulations Update • Community Forum Update • INN, Housing, IT, PEI, Cultural Comp., WET Updates
July	• State Updates • MHSA Annual Update Planning • Community Forums • INN, Housing, IT, PEI, Cultural Competency, WET Updates
August	• Innovation: IYRT
September	• Innovation: The STAY
October	• CSS Year in Review
November	• Prevention & Early Intervention
December	• Workforce Education & Training

LEGEND

ACE:	Access, Coordination, and Enhancement	**IT:**	Information Technology	**RBEST:**	Recovery Based Engagement Support Teams
CPP:	Community Program Planning	**IYRT:**	The Interagency Youth Resiliency Team	**The STAY:**	Transitional Age Youth Behavioral Health Hostel
CRM:	Community Resiliency Model	**MHSA:**	Mental Health Services Act	**WET:**	Workforce Education & Training
CSS	Community Services and Support	**ODCE:**	Online Diverse Community Experience		
INN	Innovation	**PEI:**	Prevention & Early Intervention		

For additional information please contact Michelle Dusick at (800) 722-9866, mhsa@dbh.sbcounty.gov.

Community Policy Advisory Committee (CPAC)

Meeting Topics for 2015

MONTH	TOPIC
January	• Capital Facilities and Technology
February	• Innovation Outcomes
March	• MHSA Annual Update FY 2015/16
April	• Cancelled
May	• Transformational Collaborative Outcomes Management (TCOM) Overview and Discussion • Outreach and Engagement Strategies
June	• State Updates • PEI Regulations • Statewide PEI Outcomes
July	• State Updates • Recovery Based Engagement Support Team • Media Moment
August	• Cancelled
September	• Effective Participation in Community Program Planning
October	• Innovation: What ideas are on the table for consideration?
November	• Workforce Development: Addressing workforce challenges
December	• Supportive Housing – Re-scheduled to February

LEGEND

ACE:	Access, Coordination, and Enhancement	**IT:**	Information Technology	**RBEST:**	Recovery Based Engagement Support Teams
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INN	Innovation	**PEI:**	Prevention & Early Intervention		

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Community Policy Advisory Committee (CPAC)
Meeting Topics for 2016

MONTH	TOPIC
January	• PEI Regulation Implementation: Overview of Changes
February	• Supportive Housing
March	• Special Annual Update Presentation by the Director
April	• Sustainability Planning: Maintaining Investments
May	• Fiscal Year in Review/DBH Report Card
June	• Gearing up for the Three-Year Integrated Plan Redesign
July	• MHSA Three Year Integrated Plan
August	• Innovation – The STAY Presentation
September	• Updated Cultural Competency Plan
October	• INN Follow-up
November	• WET Plan
December	• TBD

LEGEND

ACE:	Access, Coordination, and Enhancement	**IT:**	Information Technology	**RBEST:**	Recovery Based Engagement Support Teams
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