



# **DATA NOTEBOOK 2016 FOR CALIFORNIA BEHAVIORAL HEALTH BOARDS AND COMMISSIONS**

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# Data Notebook 2016

This is a CA Mental Health Planning Council (CMHPC) project as we want information from the local Behavioral Health Boards/ Commissions in order to meet our mandates to report to the state legislature.

# Data Notebook 2016

## History of the Data Notebook:

- Previous Workbook was developed in the 2000s, but only 17 counties completed it in 2010.
- Past: Focused solely on penetration rates and retention rates as measures of access to mental health services.
- Action: we undertook a major re-thinking of this project and released the first Data Notebook in 2014.
- New: Emphasized integrative approaches to “Care for the Whole Person” in reviewing MH services.
- Last year in 2015, we received 50 Data Notebooks!

# Data Notebook 2016

- Developed with the assistance of many different people and organizations, including the CA Association of Local Behavioral Health Boards and Commissions (CALMHB/C)
- Identified sources of county-level data with public availability
- Identified sources of data that are timely
- Simplified the document
- Set the stage for reporting locally on issues of importance by providing a template for a report

# WIC 5604.2

## WIC 5604.2: What are the Reporting Roles of Mental Health Boards & Commissions?

- Review and evaluate community mental health needs, services, facilities, special problems;
- Advise governing body and the local Mental Health Director on any aspect of local mental health program;
- Submit an annual report to governing body on needs and performance of the local county mental health system;
- Review and comment on local county mental health performance outcome data, AND communicate findings to the CA Mental Health Planning Council

# Data Notebook 2016

- The structured format and questions will assist local Mental Health Boards to review data and report on local county mental health programs:
  - ✓ Fulfill state requirements
  - ✓ Accountability of programs for quality improvement
  - ✓ Reduce health disparities by examining programs for equity and fairness
  - ✓ Report successes and share innovative programs
  - ✓ Explore topics of local importance including the challenges and needs of special populations
  - ✓ Discover gaps and unmet needs to assist in the community planning process

# County Behavioral Health Directors Association:

- In an August 25, 2015 letter, the CBHDA endorsed the expectation that:

“the process of gathering this data should be collaborative between the Advisory Boards and the Mental Health Plans (MHPs).”

They also stated that “then the process would be more natural to the actual dynamic that exists in the counties.”

- The CMHPC fully supports these statements and finds them consistent with the spirit and intent of the statutes

# What do we want to know?

- What programs need improvement?
- How do we improve quality & services?
- What helps people get better?
- What measures of quality should we use?
- National measures of quality in health care programs, applied to Behavioral Health
- Integrative view of MH: Treating whole person
- CMHPC Performance Indicators: which to ask, based on data available?
- What sources of data actually available?



# Development & Selection of Questions for Data Notebook

- Long process: review of existing literature and recent program evaluation reports
- Identifying sources of recent/current data
- Participation in other evaluation efforts
- Workgroup, stakeholder input (MHB/C)
- “Plan, Do, Study, Act” cycle in monthly meetings to review and revise documents
- Presentations to inform CSI group, CMHPC and others, get input on the selected questions

# Mental Health Data Resources

## Human Resources:

- Input from local advisory boards and stakeholders with “lived experience”
- Quality Improvement Coordinators
- Behavioral/ Mental Health Directors
- County Mental Health Services Act (MHSA) Coordinators and data from programs
- Directors of Alcohol & Drug Programs
- County Departments of Juvenile Probation

# Sources of Data and Reports

- **DHCS: Child/Youth Mental Health Performance Outcomes System (New):**
  - excellent graphs and tables
  - Short-Doyle specialty MH, funded by Medi-Cal
- **DHCS: Office of Applied Research and Analysis**
  - Substance Use Disorders Treatment Services and Outcomes
- **KidsData.org:** gather and analyze data from CA departments of justice, public health, education, health surveys
- **CBHDA: eBHR Reporting System for “MOQA”:**
  - MHSA-funded programs: Full Service Partnership report data

# More Sources of Data Reports

- EQRO (External Quality Review Organization):
  - most current data and public availability
  - county-level & statewide reports,
  - excellent graphs and tables
  - Short-Doyle specialty MH, funded by Medi-Cal
- MHSOAC:
  - MHSA-funded programs: fact sheets and full reports
  - Prevention and Early Intervention programs
  - CSS: County Services & Supports (FSP programs)
- County CSI & DCR data sets:
  - usable summaries now available in many counties

# Why does it take so long to get data for any fiscal year?

- Data derived from Medi-Cal claims involve many delays
- County must submit the claim to DHCS
- DHCS verifies the client is/was on Medi-Cal at the time that Specialty Mental Health Services occurred
- Information sent to payment section and to the group that collects and analyzes Mental Health data
- Data are accumulated over a year, but there is “claims lag.” Many claims are submitted months later.
- The data are checked in order to fix errors.
- The reporting group analyzes data and prepares reports.
- The reports undergo a lengthy and complex internal review process for compliance with HIPAA, etc.

# Any Questions ?



# Plan for Discussion:

- What are the different parts of the Data Notebook?
- Review Theme and Questions in the Data Notebook
- Show examples of Data we provided to local boards in the Data Notebook for their review
- Discuss: how to answer the Questions?
  - **Examples of answers received** (Statewide Overview Report)
- Sources of Data & Info available, includes:
  - Lived experience & opinions of board members (*That's you!*)
  - County MH leadership: QI Coordinator, MH Director, others

# Letter of Instructions for Board Chairpersons and BH Directors– *will be attached separately to email.*



Date: April 20, 2014

To: Chairpersons and/or Directors

Local Mental Health Boards and Commissions

From: California Mental Health Planning Council

Subject: **Instructions for Data Notebook 2014**

We ask that this report be prepared by the MH Board or Commission members. You are the most important resources for identifying program strengths and needs in your community.

On the first page, please fill in the requested information for your county websites:

- Department of Behavioral Health/ Mental Health
- Public reports about your county's MH services.

Please send a copy of the filled-in first page to the Planning Council along with your final report which contains your answers to the questions in the Data Notebook. Please submit your report within 60 days by email to: [DataNotebook@cmhpc.ca.gov](mailto:DataNotebook@cmhpc.ca.gov),





Please locate your  
county Data  
Notebook report in  
your folder.



# Please update information for your county "Information Page:"

## **MONTEREY COUNTY: DATA NOTEBOOK 2014**

### **FOR CALIFORNIA**

## **MENTAL HEALTH BOARDS AND COMMISSIONS**

County Name: **Monterey**

Population (2013): 424,713

Website for County Department of Mental Health (MH) or Behavioral Health:

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Website for Local County MH Data and Reports:

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Website for local MH Board/Commission Meeting Announcements and Reports:

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Specialty MH Data from review Year 2013-~~20~~14: <http://caegro.com/webx/ee85675>

# County “Information Page:” what else is there and why?

Numbers must have context: Population (2013): 424,713

Total number of persons receiving Medi-Cal in your county (2012): 127,254

Average number Medi-Cal eligible persons per month: 101,847

Percent of Medi-Cal eligible persons who were:

Children, ages 0-17: 50.7 %

Adults, ages 18-59: 39.8 %

Adults, Ages 60 and Over: 9.5 %

Total persons with SMI<sup>1</sup> or SED<sup>2</sup> who received Specialty MH services (2012): 4,556

Percent of Specialty MH service recipients who were:

Children 0-17: 42.8 %

Adults 18-59: 50.3 %

Adults 60 and Over: 6.9 %<sup>3b</sup>

# 2016 Topic Focus: Children & Youth

Major Data Sources to be used this year:

- Mental Health Performance Outcomes System (DHCS)
- KidsData.Org: Multiple Subject Areas
- Full Service Partnership Program: Client Outcomes Data



# Table of Contents: Overview

- We've discussed this Introductory material earlier

## Table of Contents

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# Potential Disparities in Access to Services by Race/Ethnicity

- Overview of pie chart data: local data by ages or race/ethnicity; those eligible vs. those served.
- Service penetration rates for those who received at least one mental health service during a fiscal year. Also look at trends over time.
- “Retention Rate:” a different type of penetration rate, percentages for those who received five or more services during year; measures continued engagement in mental health services.

# Access: Outreach and Engagement with Services

## QUESTION 1A:

Do you think the county is doing an effective job providing access and engagement for children and youth in all of your communities?

Yes \_\_\_ No \_\_\_\_\_. If yes, what strategies seem to work well?

## QUESTION 1B:

What strategies are directed specifically towards outreach and engagement of transition-aged youth in your county? Please list or describe briefly.

## QUESTION 1C:

Do you have any recommendations to improve outreach or services to specific ethnic or cultural groups of adolescents or transition-aged youth?

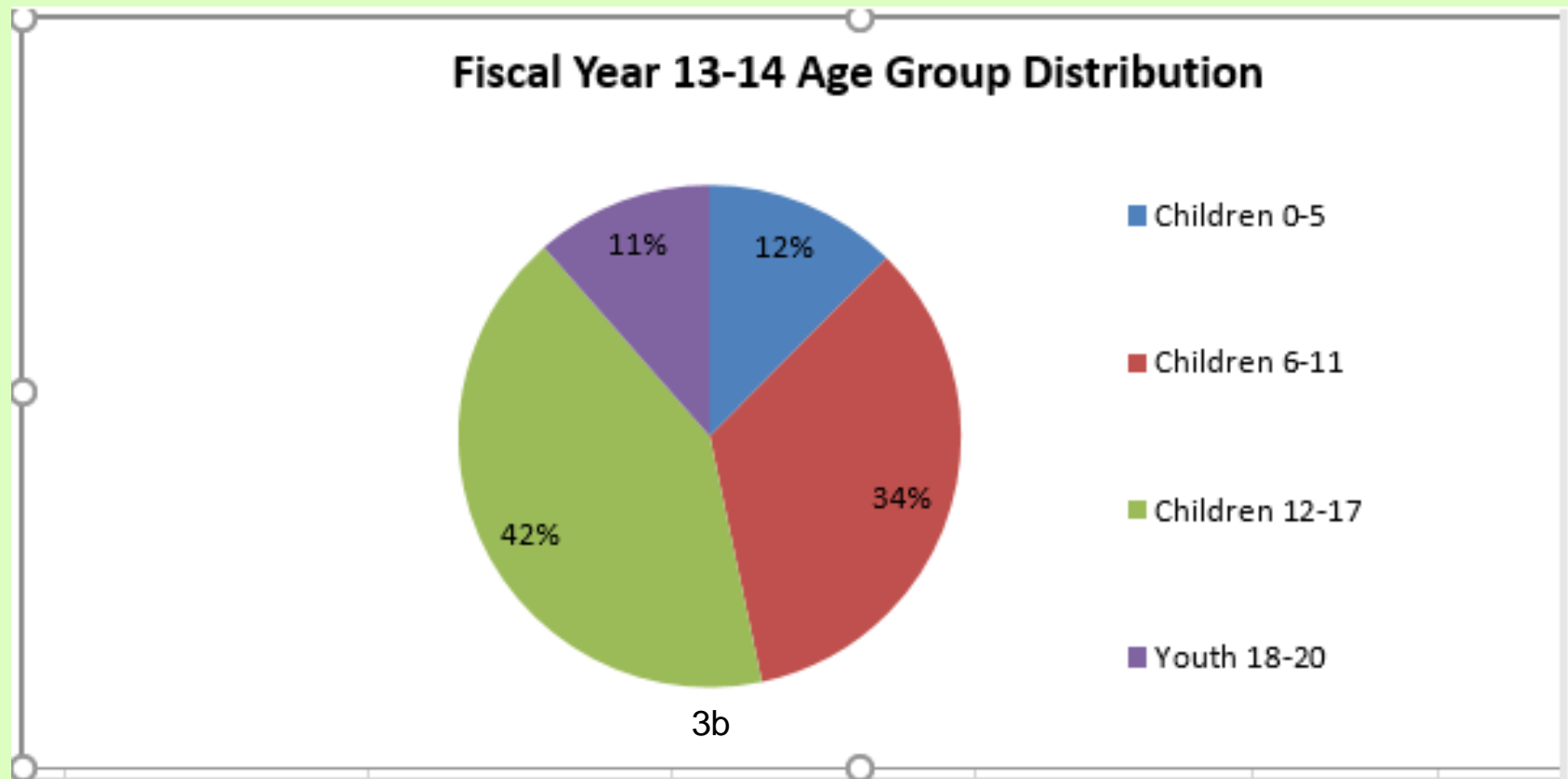
Yes \_\_\_ No \_\_\_\_\_. If yes, please list briefly.

## QUESTION 1D:

What are your main strategies for assisting parents/caregivers of children with mental health needs? Please list or describe briefly.

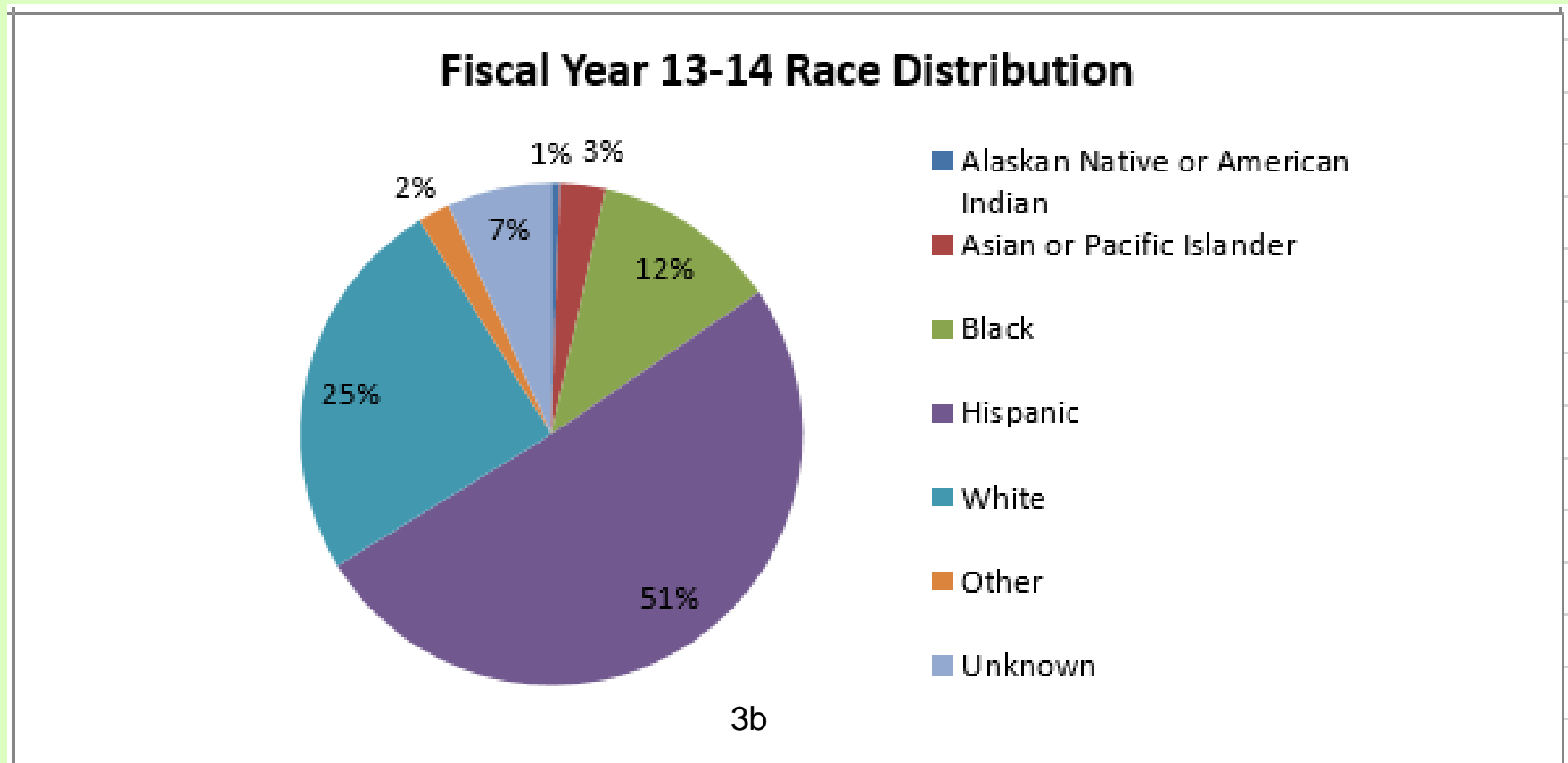
# Data: Age Distributions of Medi-Cal 'Eligible' Children/Youth receiving Specialty Mental Health Services in CA

Statewide: Count of Medi-Cal eligible Children/Youth: 6,032,290.  
Unique count of children and youth who received Specialty Mental  
Health Services: 263,567 (data for age ranges shown below)



# Data: Demographics of Medi-Cal 'Eligible' Children/Youth receiving Specialty Mental Health Services in CA

Statewide FY 2013-14: Unique count of children and youth who received Specialty Mental Health Services: 263,567



# Service Penetration Rates for Children/Youth Receiving at least one MH service/year in CA, 2013-2014

	FY 13-14		
	Children and Youth with 1 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate
All	263,567	6,032,290	4.4%
Children 0-5	32,722	1,889,338	1.7%
Children 6-11	90,290	1,758,991	5.1%
Children 12-17	110,364	1,554,966	7.1%
Youth 18-20	30,191	828,995	3.6%
Alaskan Native or American Indian	1,470	21,940	6.7%
Asian or Pacific Islander	7,676	486,270	1.6%
Black	31,577	453,195	7.0%
Hispanic	133,834	3,440,659	3.9%
White	65,829	925,679	7.1%
Other	5,437	214,444	2.5%
Unknown	17,744	490,103	3.6%
Female	3b 115,776	2,978,409	3.9%
Male	147,791	3,053,881	4.8%

# Engagement: measured by Service Penetration Rates for those Receiving at least 5 or more Services/Year in CA

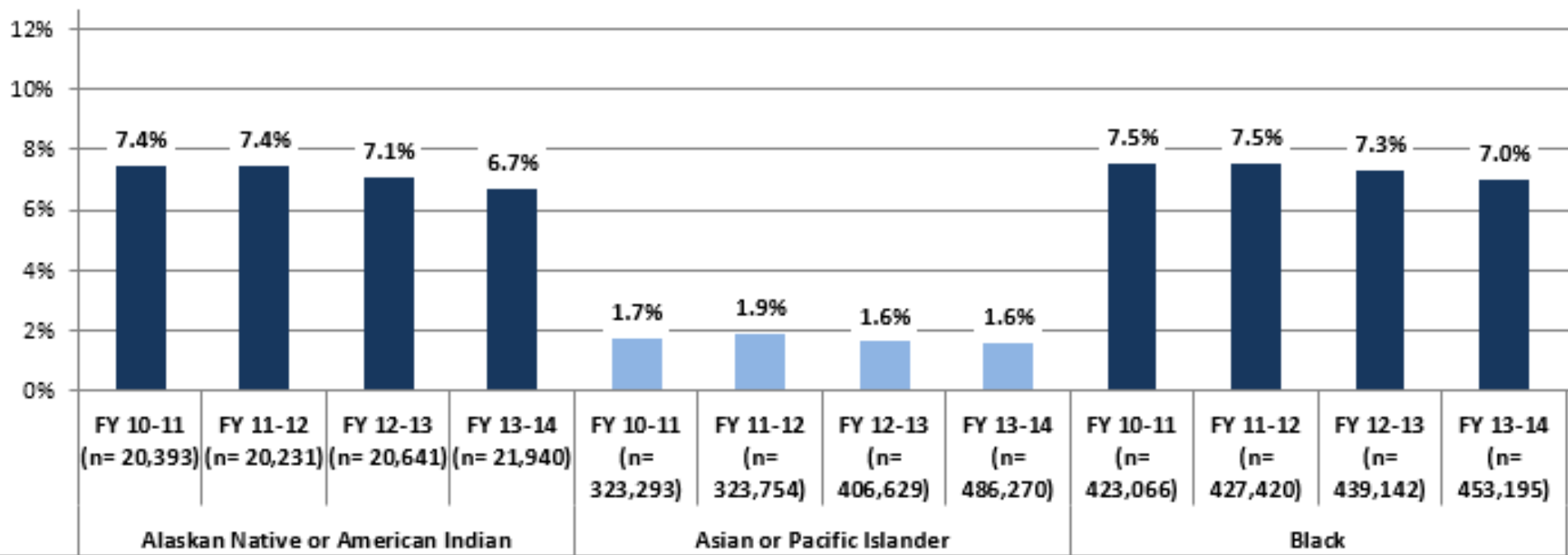
- Statewide Data for Child/Youth, FY 2013-2014: Five or More Visits/Year

	FY 13-14		
	Children and Youth with 5 or more SMHS Visits	Certified Eligible Children and Youth	Penetration Rate
<b>All</b>	<b>202,070</b>	<b>6,032,290</b>	<b>3.3%</b>
Children 0-5	21,735	1,889,338	1.2%
Children 6-11	71,912	1,758,991	4.1%
Children 12-17	87,255	1,554,966	5.6%
Youth 18-20	21,168	828,995	2.6%
Alaskan Native or American Indian	1,075	21,940	4.9%
Asian or Pacific Islander	5,845	486,270	1.2%
Black	24,264	453,195	5.4%
Hispanic	102,031	3,440,659	3.0%
White	50,714	925,679	5.5%
Other	4,195	214,444	2.0%
Unknown	13,946	490,103	2.8%
Female	87,831	2,978,409	2.9%
Male	114,239	3,053,881	3.7%

# Changes over Time of Penetration Rates by Race in CA

## Data, Part 1:

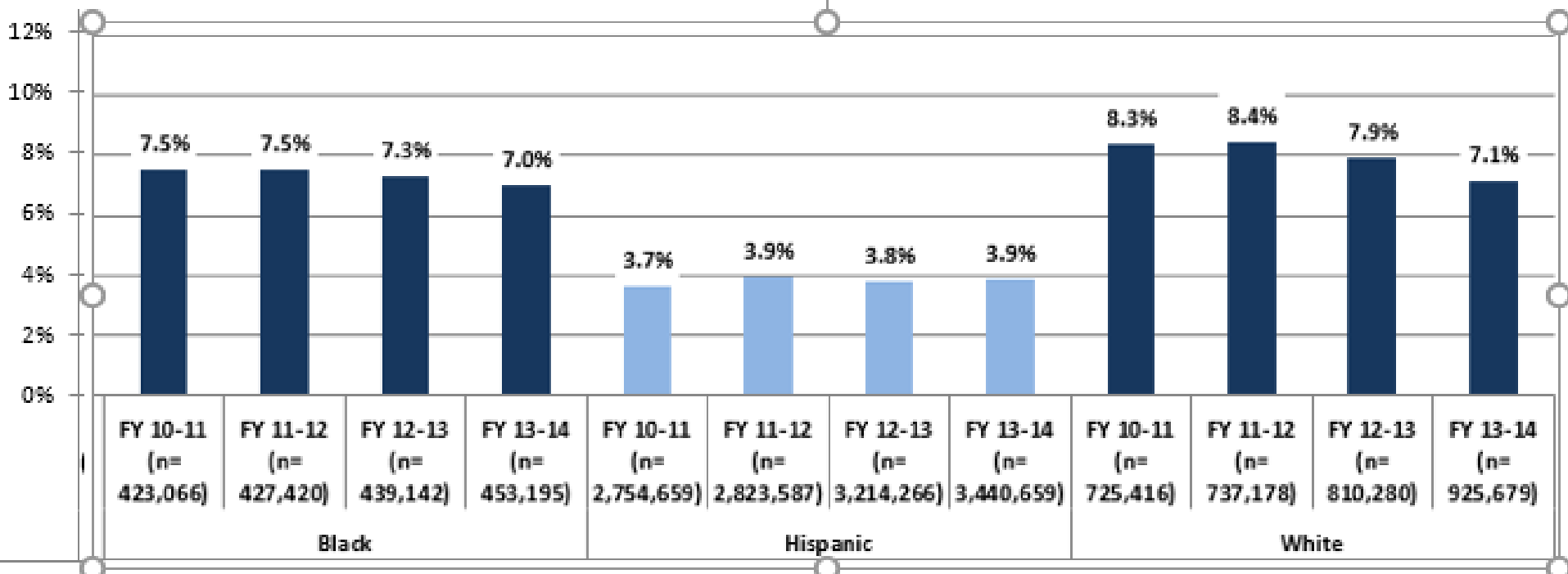
**Penetration Rates by Race**  
Children and Youth With At Least One SMHS Visit\*\*, By Fiscal Year



# Changes over Time of Penetration Rates by Race in CA

## Data, Part 2:

**Penetration Rates by Race**  
Children and Youth With At Least One SMHS Visit\*\*, By Fiscal Year





# Access: Timely Follow-up Services after Child/Youth Hospitalization

## QUESTION 2A:

Do you think your county is doing an effective job providing timely follow-up services after a child or youth is discharged from a mental health hospitalization? Yes \_\_\_ No\_\_\_.

If no, please describe your concerns or recommendations briefly.

## QUESTION 2B:

After a hospitalization or MH crisis, what are the main strategies used to engage and ensure prompt follow-up for outpatient care in transition-aged youth? Please list briefly.

## QUESTION 2C:

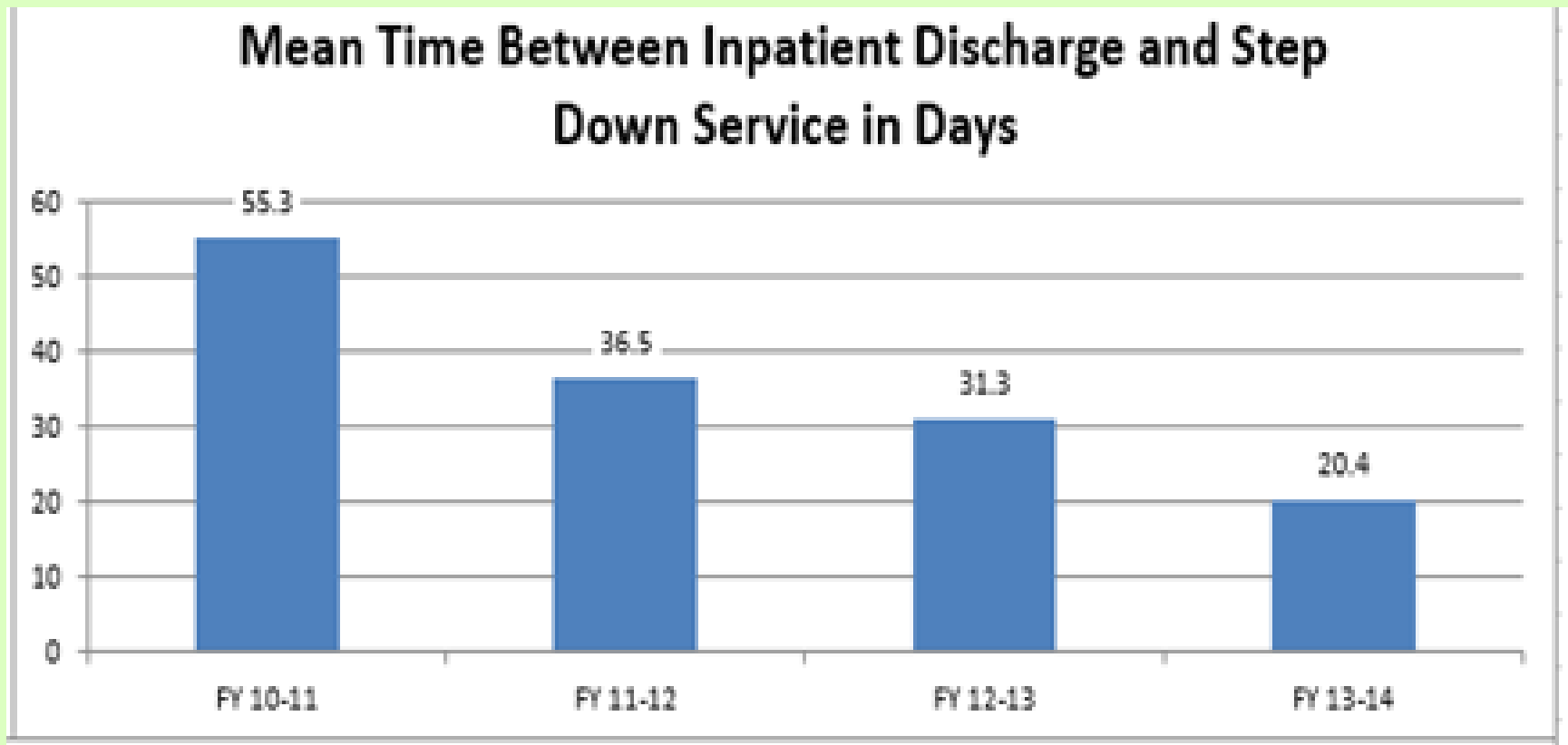
What are the main strategies used to help parents/caregivers of children access care promptly after a child's hospitalization or other mental health crisis? Please list briefly.

## QUESTION 2D:

The follow-up data shown are based on services billed to Medi-Cal. Please list some non-Medi-Cal funded strategies <sup>3b</sup> your county may use to support families/caregivers following a child's hospitalization or other MH crisis.

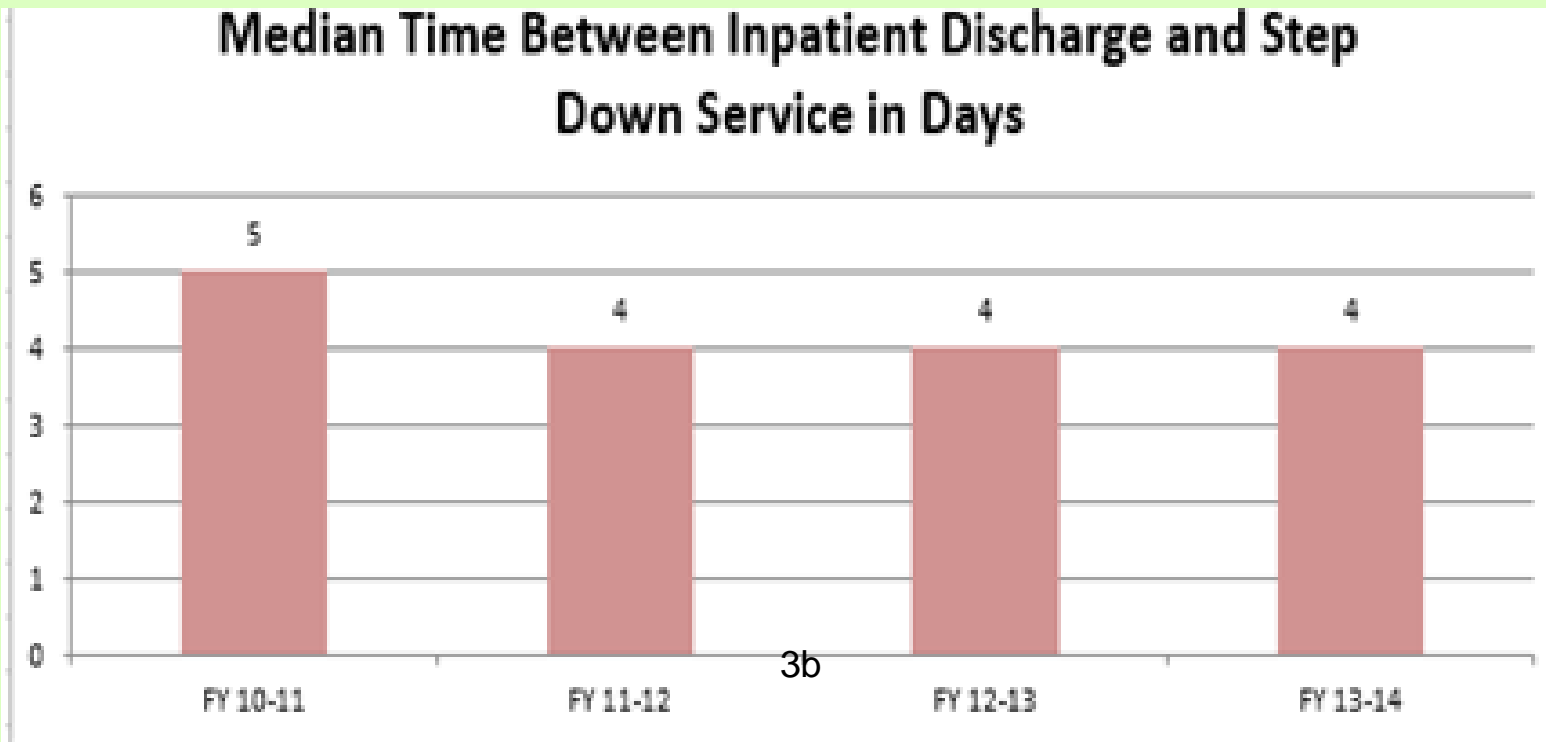
# Average Time Between Discharge and Follow-up Services

Your County: Los Angeles



# Median Time Between Discharge and Follow-up Services

- Your County: Los Angeles
- “Median” time may be a more realistic indicator for most clients of how long it takes to get follow-up services after discharge from the hospital.

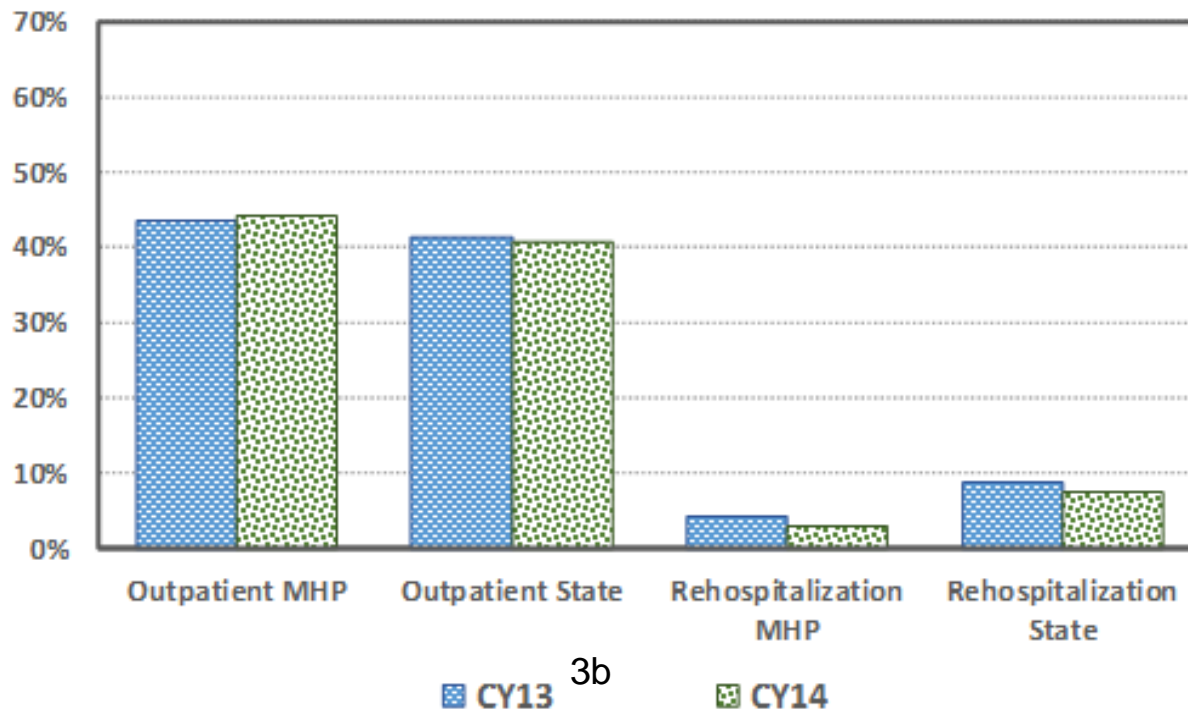


# Federal QI Measure of Follow-up Services 7 Days after Discharge

Siskiyou County, CY 2013 and CY 2014 (All age groups, CALEQRO)

## TIMELY FOLLOW-UP AFTER PSYCHIATRIC INPATIENT DISCHARGE

Figure 4A. 7-Day Outpatient Follow-up and Rehospitalization Rates, Siskiyou MHP and State

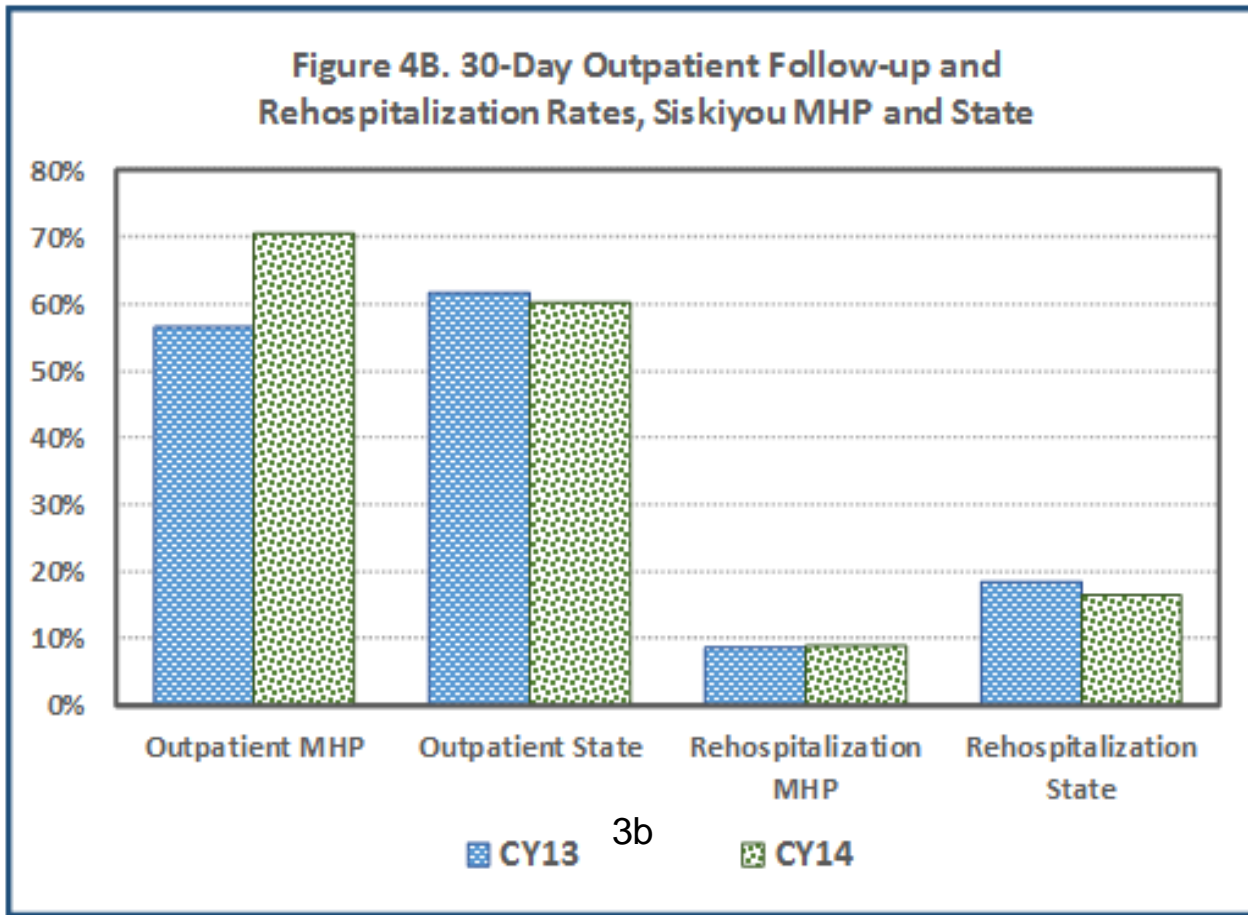


3b

# Federal QI Measure of Follow-up Services 30 days after Discharge

Siskiyou County, CY 2013 and CY 2014 (All age groups, CALEQRO)

TIMELY FOLLOW-UP AFTER PSYCHIATRIC INPATIENT DISCHARGE



# Any Questions ?



# Foster Children and Youth Mental Health Needs

- **QUESTION 3A:**

**What major strategies are used in your county to provide mental health services as a priority for foster youth?**

**Please list or describe briefly.**

**QUESTION 3B:**

**Do you think that your county does a good job of coordinating with your county department of social services or child welfare to meet the MH needs of foster care children and youth?**

**Yes\_\_\_\_\_ No\_\_\_\_\_. If no, please explain briefly.**

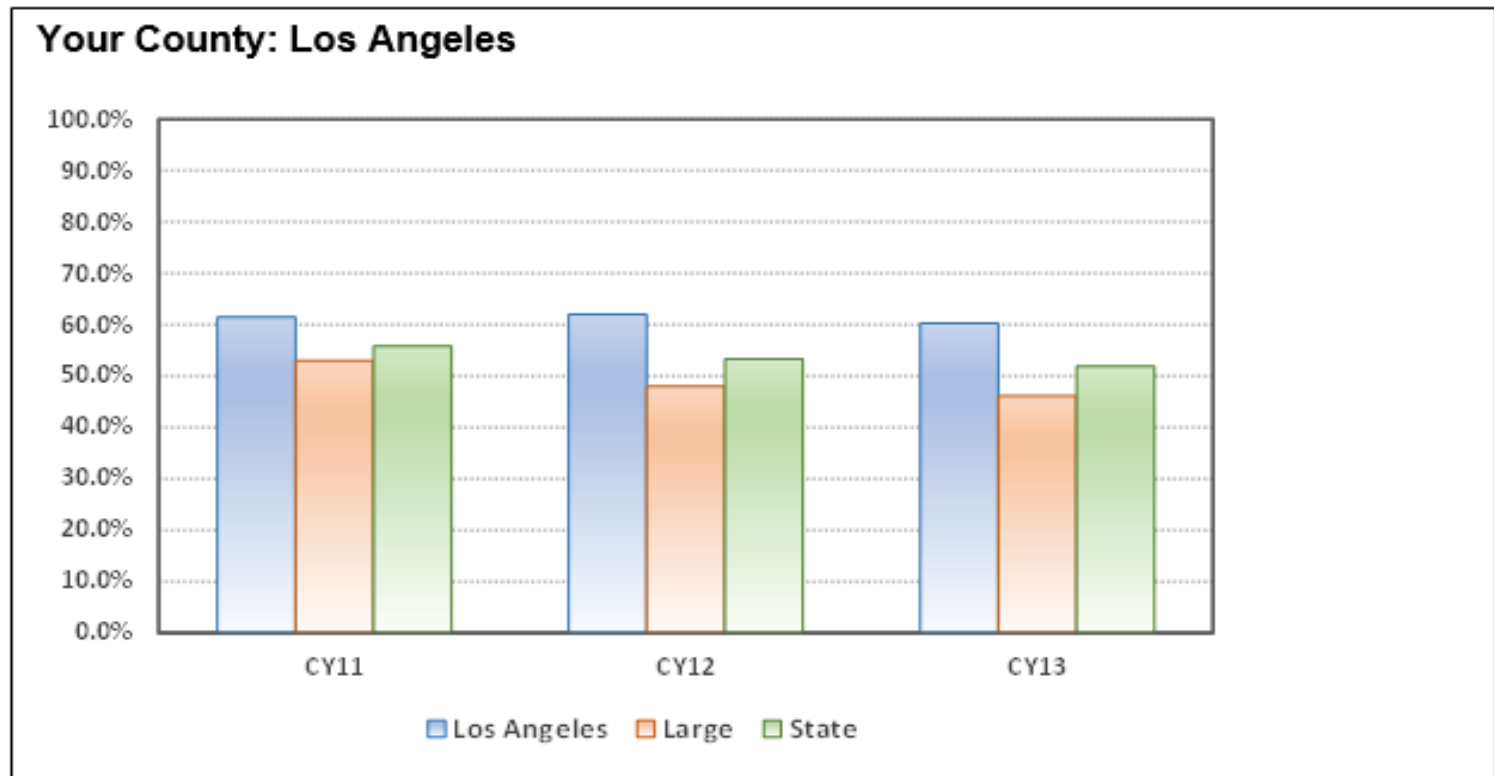
**QUESTION 3C:**

**Do you have any comments or suggestions about strategies used to engage foster youth and provide mental health services?**

**Yes\_\_\_ No\_\_\_\_\_. If yes, please list or describe briefly.**

# How Many Foster Youth Received Specialty Mental Health Services?

**Figure 5. Percentages of Foster Youth Who Received Specialty MH Services**



**Figure 5.** Shown above are data for the percentage of foster care youth who received specialty mental health services, during three calendar years (CY): 2011, 2012, and 2013. In each set of three bars, the first bar (blue) shows changes over time for your county. The second bar (orange) in each set shows the average for all counties with populations of similar size to yours. The third bar (green) shows the state average values.



# Lesbian, Gay, Bisexual, Transgender and Questioning Youth

- **QUESTION 4A:**

**Does your county have programs which are designed and directed specifically to LGBTQ youth?    \_\_\_ Yes    \_\_\_ No.**

**If yes, please list and describe briefly.**

## **QUESTION 4B**

**Does your county or community have programs or services designed to improve family acceptance of their LGBTQ youth and/or with the goal of helping to heal the relationship of the youth to his/her family?    Yes\_\_\_    No\_\_\_.**

**If yes, please list or describe briefly.**

## **QUESTION 4C:**

**Do you have any comments or suggestions about services or how to address unmet needs for LGBTQ youth in your community?**

**Yes\_\_\_    No\_\_\_.** If yes, please list or describe briefly.

# Children and Youth with Substance Use Disorders

## **QUESTION 5A:**

**Does your county provide for substance use disorder treatment services to children or youth? Y\_\_\_\_ N\_\_\_\_**

**If yes, please list or describe briefly.**

**If no, what is the alternative in your county?**

## **QUESTION 5B:**

**Do you think your county is effective in providing substance use disorder treatment to individuals under the age of 18? Yes\_\_\_\_ No\_\_\_\_.**

**Please explain briefly.**

# Youth that Began Treatment for Substance Use Disorders FY 2013-14

## **Numbers of Youth that Began Substance Use Disorder Treatment, FY 2013-2014**

### **California: Statewide**

**Age < 18: 14,957                      Age 18-25: 23,614**

### **Your County: Los Angeles**

**Age <18: 4,592                      Age 18-25: 5,089**

# Justice System-Involved Youth with Behavioral Health Needs

## **QUESTION 6A:**

**Does your county provide mental health or substance use disorder treatment services or programs to justice system-involved juveniles while they are still in custody? Yes\_\_\_ No\_\_\_.**

**If yes, please list briefly. Please indicate (if available) the main funding<sup>30</sup> sources for these programs.**

## **QUESTION 6B:**

**Are the mental health and substance use services provided to non-custodial youth involved with probation or diversion programs different from those services provided to youth in the general community? Yes\_\_\_ No\_\_\_**

**If yes, please list briefly. Please indicate (if available) the main funding source for these programs/services.**

## **QUESTION 6C:**

**Do any of these programs engage the parents/guardians of juveniles involved with the justice system?**

**Yes\_\_\_ No\_\_\_.** If yes, please list briefly.

# Numbers of Youth Involved in Justice System

**Table 3. Numbers<sup>27</sup> and Types of Juvenile Arrests, California, 2014**

Total population <sup>28</sup> age 10-17	4,060,397	100 % of age 10-17
Total juvenile arrests	86,823	2.1 % of those aged 10-17
Status offenses	10,881	12.5 % of juvenile arrests
Misdemeanor arrests	48,291	55.6 % of juvenile arrests
Misdemeanor alcohol or drug:	9,676	20.0 % of misdemeanor arrests
Felony arrests	27,651	31.8 % of juvenile arrests
Felony drug arrests	3,058	11.1 % of felony arrests
All drug or alcohol arrests (misdemeanors & felonies)	12,734	14.7 % of all juvenile arrests

**For state of California: 27,651 juvenile felony arrests, 2014.**

**For your county: Los Angeles <sup>3b</sup> 6,906 juvenile felony arrests, 2014.**

# Prevention of Suicide, Attempts at Suicide, and Thinking About It

- **QUESTION 7A:**

**Does your county have programs that are specifically targeted at preventing suicides in children and youth under 16 (ages 6-16) in your community?**

**Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list and describe very briefly.**

**QUESTION 7B:**

**Does your county have programs that are specifically targeted at preventing suicides in transition aged youth (ages 16-25) in your community?**

**Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list and describe very briefly.**

**QUESTION 7C:**

**Do you have any further comments or suggestions regarding local suicide reduction/prevention programs?**

**Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please <sup>3b</sup> list briefly.**

# Thoughts of Suicide: an Early Indicator of Youth at Risk

Survey data (below) show the percentage of public high school students who reported seriously considering attempting suicide in the prior 12 months in California.<sup>37</sup>

**Table 5. Public High School Students Reporting Thoughts of Suicide, 2011-2013**

California	Percent	
	Yes	No
Grade Level		
9th Grade	19.3%	80.7%
11th Grade	17.5%	82.5%
Non-Traditional	19.4%	80.6%
All	18.5%	81.5%

Data from your county are shown on the next page (if available).<sup>38</sup> Some counties or school districts either did not administer the surveys or else did not report their results.

# Risks for First-Break Psychosis and Its Prevention

- **QUESTION 8A:**

**Does your county have services or programs targeted for first break psychosis in children and youth, and transition aged youth (TAY)?**

**Yes \_\_\_\_\_ No \_\_\_\_\_**

**QUESTION 8B:**

**If yes, please list by age range(s) targeted and describe the program or services briefly. Also, please include the major funding source, (i.e., MHSA, SAMHSA Block Grant, Realignment I/II, Medi-Cal, etc), if the information is readily available.**

**QUESTION 8C:**

**Do you have any further comments or suggestions about local programs targeted for first break psychosis in children and youth?**

**Yes \_\_\_\_\_ No \_\_\_\_.** If yes, please describe briefly.<sup>3b</sup>



# Full Service Partnership Programs for Children and Youth

- **QUESTION 9A:**

**What are the most urgent child or youth problems in your county? (For example, homelessness, problems with school or work, arrests, incarcerations, use of emergency MH services or psychiatric hospitalizations, out-of-home placements for children, substance abuse, teen pregnancy/parenting, etc.).**

**QUESTION 9B:**

**Do the FSP data suggest how (or where) improvements to certain services or programs could affect outcomes, and thereby help address the most urgent problems for children or youth in your community?**

**Question 9C:**

**Do you have any other comments or recommendations regarding your local FSP programs or other types of “wrap-around” services?**

**Yes \_\_\_ No\_\_\_.** If yes, please describe briefly.

# FSP Outcomes Data for Children

- **Table 7. Children, ages 0-15.**

**N=5,335 completed at least 1 year of FSP services.**

Type of Events in the Preceding Year (measured as change from baseline)	Change in Client Outcomes at 1 year	Change in Client Outcomes at 2 years
Mental Health Emergencies	89% ↓	--
Psych. Hospitalizations	49% ↓	--
Out-of-Home Placements	12% ↓	--
Arrests	86% ↓	--
Incarcerations	40% ↓	--
Academic Performance	68% <sup>3b</sup> ↑	--

# FSP Outcomes Data for Transition-Age Youth

- **Table 8. Transition Age Youth (TAY) ages 16-25.**

**N= 4,779 completed at least 2 years of FSP services.**

Type of Events in the Preceding Year (measured as change from baseline)	Change in Client Outcomes at 1 Year	Change in Client Outcomes at 2 years
Mental health emergencies	84% ↓	86% ↓
Psych. hospitalizations	41% ↓	57% ↓
Emergency shelter use	20% ↓	53% ↓
Arrests	81% ↓	86% ↓
Incarcerations	45% 3b ↓	49% ↓

# Final: Questionnaire about how you completed this Data Notebook

- Please review before starting work.

**What process was used to complete this Data Notebook? Please check all that apply.**

- MH Board reviewed W.I.C. 5604.2 regarding the reporting roles of mental health boards and commissions.
- MH Board completed majority of the Data Notebook
- County staff and/or Director completed majority of the Data Notebook
- Data Notebook placed on Agenda and discussed at Board meeting
- MH Board work group or temporary ad hoc committee worked on it
- MH Board partnered with county staff or director
- MH Board submitted a copy of the Data Notebook to the County Board of Supervisors or other designated body as part of their reporting function.

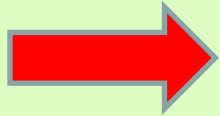
# Any Questions ?



# Thank you to contributors to our Data Notebook Project, 2013-2016

- Susan Wilson, Chair, Project Workgroup Chair (CMHPC)
- Jane Adcock, Executive Director, CMHPC
- Linda Dickerson, Ph.D. and other staff (CMHPC)
- Lorraine Flores (CMHPC)
- Karen Hart (CMHPC)
- Amy Eargle, Ph.D., CDCR (CMHPC)
- Monica Nepomuceno, CDE (CMHPC)
- Noel O'Neil (CMHPC) and other county BH directors
- MHSA Coordinators Committee (CBHDA)
- Adrienne Shilton, M.S. and Debbie Innes-Gomberg, Ph.D.
- Beryl Nielsen, CALMHB/C (Napa MHB)
- Herman Debose, Ph.D., CALMHB/C (Los Angeles MHB/C)
- Cary L. Martin, CALMHB/C (San Joaquin MHB)

# Where to send your Data Notebook?



[DataNotebook@CMHPC.ca.gov](mailto:DataNotebook@CMHPC.ca.gov)

## Contact Info:

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*Thank you for your<sup>3b</sup> participation!*

# - Break Time -

