



CIBHS: Our History and Mission, Who We Are and What We Do

Percy Howard, LCSW, Vice President, CIBHS

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What I Want to Accomplish Today

Present a clear picture of CIBHS' history, mission, business model, funding, key personnel and offerings

Set the stage for future collaborative, solution-focused work between California County Behavioral Health Plans and CIBHS based upon a clearer picture of CIBHS' capabilities and County MHP needs



One Key Assumption...

Everything we discuss today is in the context of a ***Behavioral Health*** discussion, which assumes Specialty Mental Health ***and*** SUD Focus and inclusion. To that end, all the work referred to assumes that the work is focused on the needs of systems serving people with MH and or SUD challenges, and is:

- Grounded in Recovery and Wellness
- Culturally humble and inclusive, and meant to facilitate access and equity
- Focused on the ***real-world challenges*** of BH Systems and Organizations



CIBHS History

- In 1990, the state faced an unprecedented budget shortfall, coming at the end of more than a decade of declining public mental health budgets.
- Part of the solution was State-Local Program Realignment, including designation of a specified funding source for mental health and devolution of program planning, managing and delivery responsibilities to county government. This legislation was written by eventual CiMH President Sandra Naylor Goodwin.
- The initial legislation required that DMH undertake a review of governance in the mental health system, including identification of policy and information-sharing mechanisms needed to provide input to program design.
- The report of this effort recommended the elimination of the Conference of Local MH Directors, which had been funded by DMH, leaving county program policy, training, information-sharing and legislative advocacy firmly the responsibility of counties.



CIBHS History (cont)

- As a result, the role and responsibility of CMHDA expanded significantly.
- CMHDA was structured as a 501-c-4, which depended on membership dues for core funding and was afforded non-profit status, but not able to receive tax-exempt funds because of its lobbying focus.
- CMHDA responded in part by inviting Dr. Sandra Naylor Goodwin, who had been a county mental health director and a legislative consultant to then-Assembly Health Committee Chair Bruce Bronzan, to develop a parallel organization, intended to provide training, education and research support to the public mental health system.
- The California Institute for Mental Health (CiMH) was established in 1993 as a 501-c-3 tax-exempt non-profit organization, with 1½ staff persons, including a director and support staff shared with CMHDA. Core funding was provided with a transfer of the DMH funds provided for information-sharing and a grant from the CMHDA dues.



CIBHS History (cont)

- Initially, the board of directors for both organizations were identical. Monthly board meetings were split between the CMHDA board doing its business, adjourning, then reconvening as a CiMH board of directors.
- CiMH began establishing a series of program and projects based on public and private grant funding, as well as training fees charged to public mental health departments.
- CiMH and CMHDA shared office space, while moving to separate and clarify staff roles between the two organizations.
- In 1999, CiMH established a separate board of directors, with a separate meeting schedule. This decision was intended to broaden the board representation for CiMH beyond county directors, while retaining a strong county presence on the board. It was also designed to provide CiMH the focus of a board that could spend appropriate time on the activities of the Institute.



CIBHS History (cont)

- On July 1, 2014, California Institute for Mental Health merged with the Alcohol and Other Drug Policy Institute (ADPI) to form the California Institute for Behavioral Health Solutions (CIBHS).
- This mirrored the July 1, 2014, joining of the California Mental Health Directors Association with the County Alcohol and Drug Program Administrators Association of California (CADPAAC) to become the County Behavioral Health Directors Association of California (CBHDA).



How CIBHS is Funded

- Close to 50% of CIBHS Revenue is from a contract with the California Department of Healthcare Services (DHCS), utilizing prop 63 funds.
 - Much of the funded work is intended to support large policy initiatives, or other work that is driven by uniform needs of Behavioral Health providers in California.
- Approximately 39% of CIBHS Revenue is from Fee for Service work done for county mental health plans and CBOs.
 - This tends to be work that is much more specific to the individual needs of specific entities, or directed at collaboratives of BH organizations with the same set of needs, goals, etc.
- Approximately 11% of CIBHS Revenue is from grants, foundations, and other sources.



CIBHS Vision and Mission

CIBHS has a mission to improve the ability of Behavioral Health (Specialty Mental Health and SUD) and other people-serving systems and organizations to more capably meet the needs of those they serve



Core Needs of People Served by Behavioral Health Systems

Safe and
Affordable
Housing

Economic
stability; including
employment

Opportunities for
growth, learning,
and enhancement

Social
connectedness

Social roles that
create positive
identity

Support to stay
healthy & well

Safety & Security

Access to
transportation

Needs of our Behavioral Health System

- Strategies to do “more with less.” Provide a high quality of care with reduced Medicaid dollars.
- Effective solutions to measure the impact of services and systems in helping people served attain goals and better quality of life.
- Strategies, interventions and tools that enable Behavioral Health Organizations to achieve high levels of compliance with rules, regulations and statutes (CMS, DHCS etc.), while providing efficacious, impactful service (QA and QI).
- A workforce that is fully prepared for integrated service demands now and in the future.



Distinct areas of CIBHS Expertise

- EBP and Community-Defined Practice Implementation
 - Aggression Replacement Training, Strengths Model, TF-CBT, FFT, PIER Model Motivational Interviewing, Seeking Safety, Mental Health First Aid, etc.
- Systems evaluation and re-design (QI and QA focus)
 - Learning Collaboratives utilizing BTS Methodology, Service System Gap Analysis and Evaluation
- Health-Equity Promotion and Cultural Competence
 - Cultural Competence Plan Support, Community Defined Practice support and implementation, etc.
- Evaluation and Outcomes Management,
 - EBP evaluation, e-BHS implementation and Clinical Data Management
- Work force Development and preparation
 - Regional Partnership support, workforce pipeline support, curriculum design and collaborations with universities, EBP coordination and support
- CIT (Justice and Behavioral Health System integrated CIT improvement strategies)
 - Memphis Model Training, CIT strategic planning

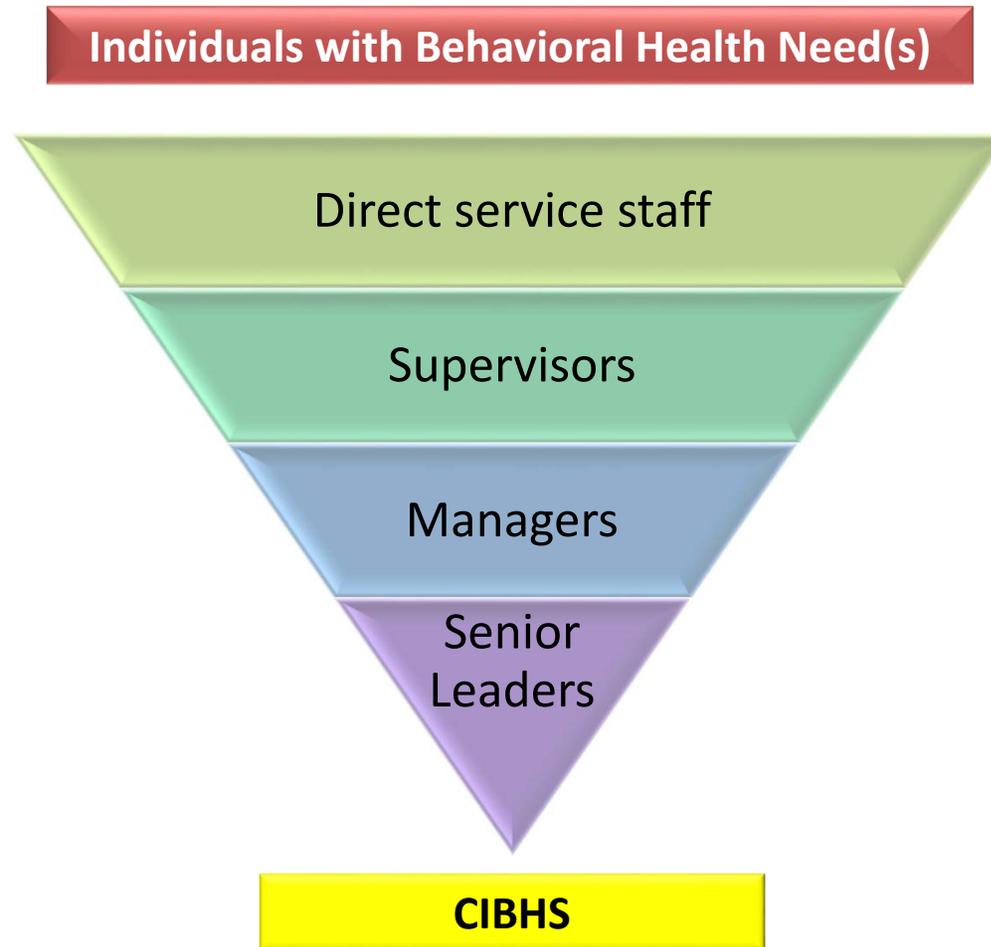


Array of Modalities to Support System Transformation and Practice Change

- Conferences
- Webinars
- Learning Collaboratives
- Community Development Teams
- Expert Panels (focus on best practices)
- Targeted Skill Development & Training
- Technology Development & Deployment



The inverted hierarchy



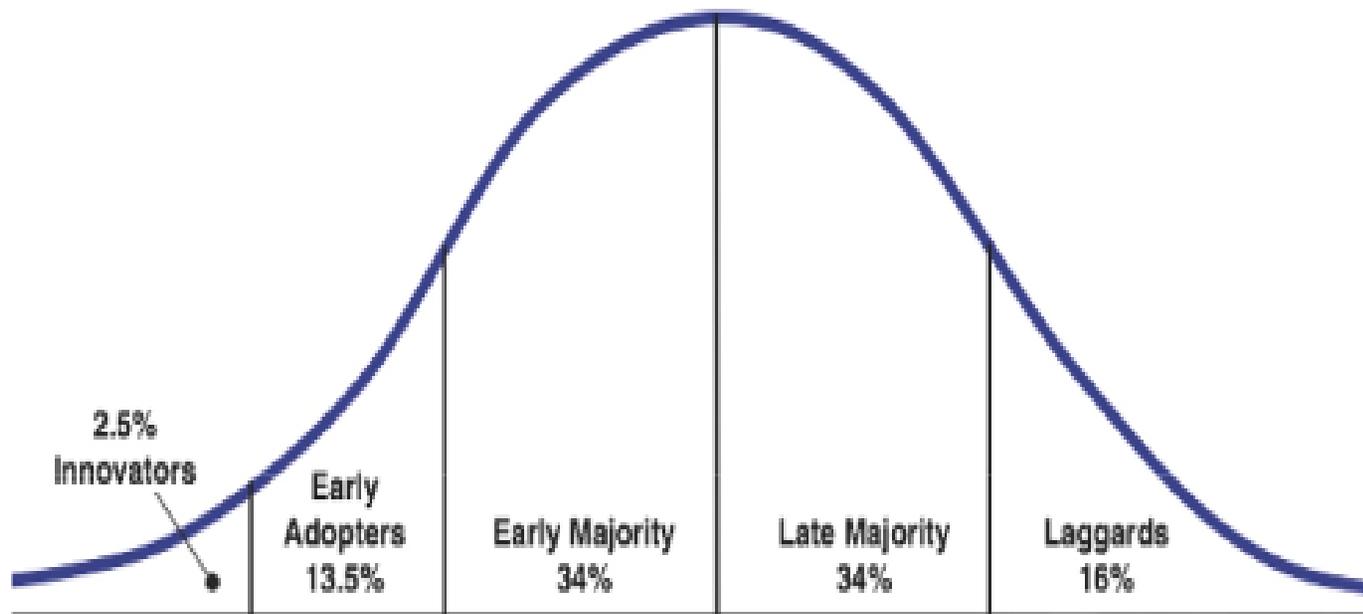
Translating Policy to Practice & Supporting Adoption

Our Modalities & Their Application:
The Adoption Curve



The Adoption Curve

A Framing for CIBHS' Work Longitudinally



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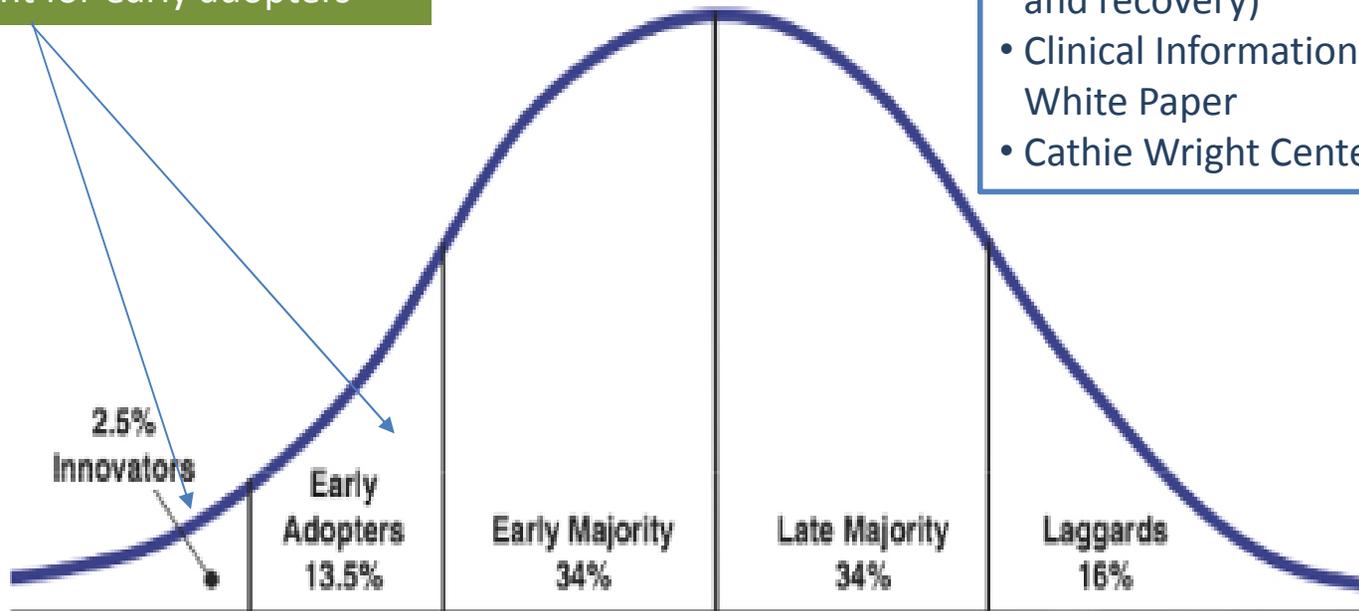
The Adoption Curve

Promoting Diffusion Statewide

Convene experts to inform translation of policy and environmental shifts in best practice and prepare core content for early adopters

CIBHS Projects that convened experts at early stages to formulate translation for use in practice:

- First phase of learning collaborates (care coordination and recovery)
- Clinical Information System White Paper
- Cathie Wright Center



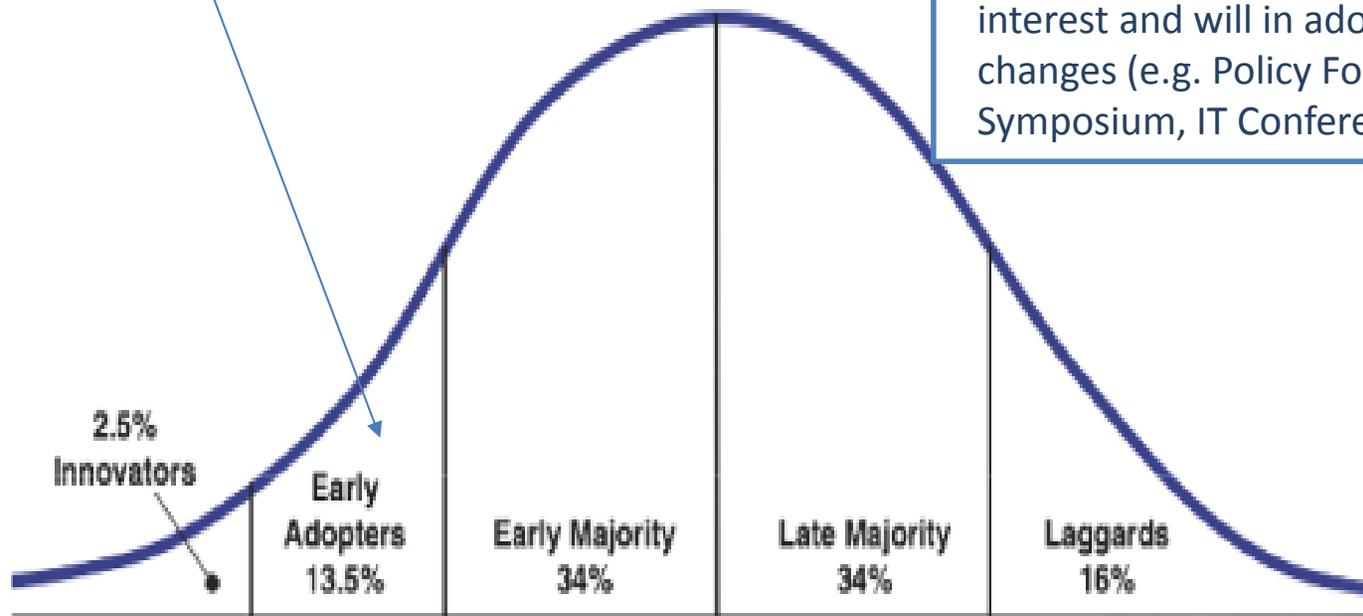
The Adoption Curve

Promoting Diffusion Statewide

Initial “pilot collaboratives” and community development teams to support early adopters and advance knowledge of practice application and system changes

CIBHS Projects that supported early adopters of innovation:

- Early phases of EBP community development teams
- Pilot learning collaborates (CPIC, ICSC, SIHPC)
- Innovator presentations in various conferences and webinars to build interest and will in adopting these changes (e.g. Policy Forum, EBP Symposium, IT Conference)



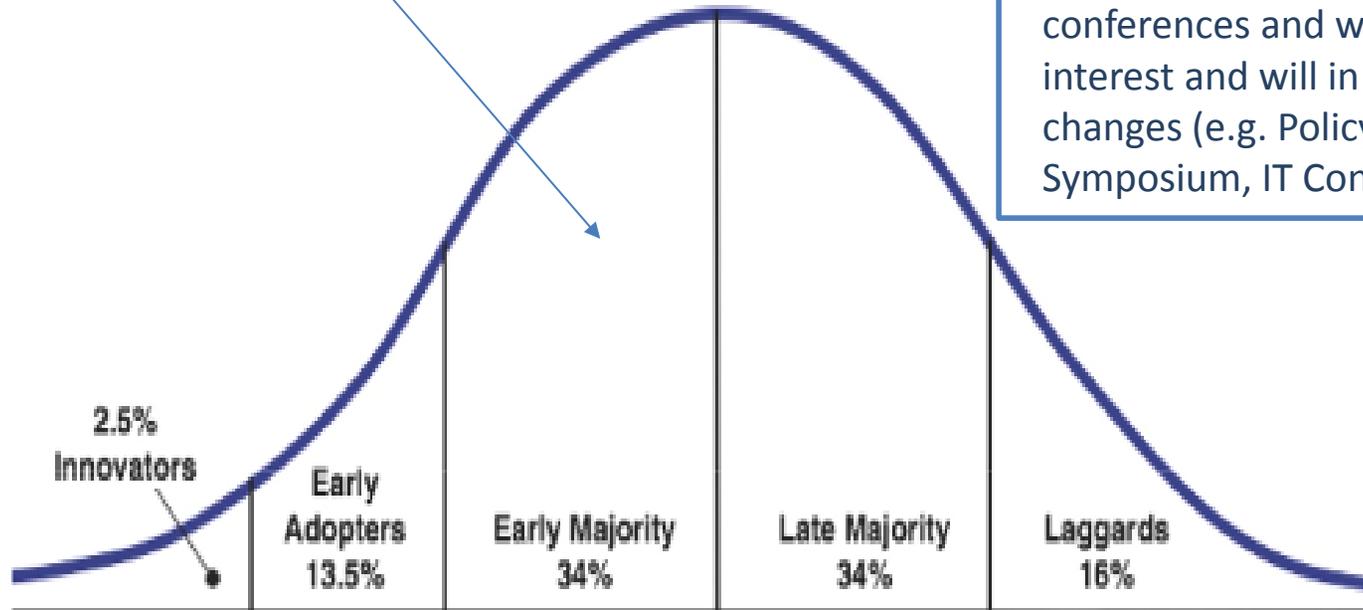
The Adoption Curve

Promoting Diffusion Statewide

Expanded learning collaboratives, community development teams and other activities to support larger scale adoption (using learning and knowledge gathered in earlier stages)

CIBHS Projects that supported early majority adopters of innovation:

- Later phases of EBP community development teams
- Learning Collaborates (CCC, ARC, SIHPC)
- Early adopter presentation of success stories in various conferences and webinars to build interest and will in adopting these changes (e.g. Policy Forum, EBP Symposium, IT Conference)



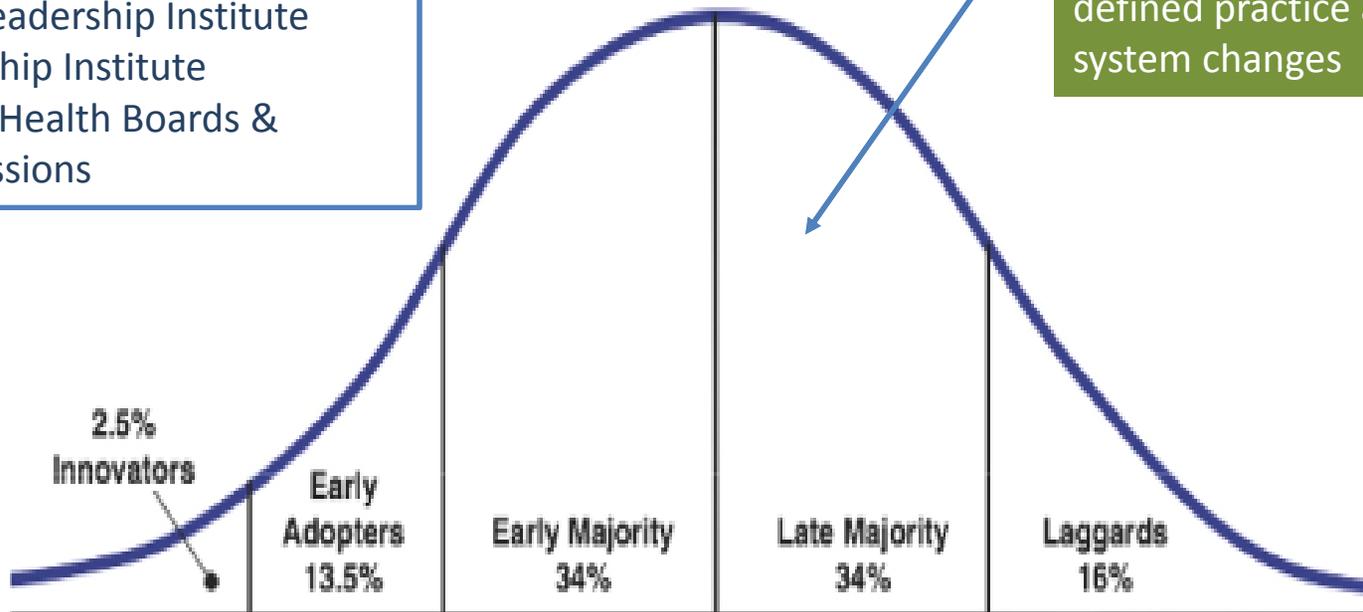
The Adoption Curve

Promoting Diffusion Statewide

CIBHS Projects that supported late majority adopters of innovation (activities are often ongoing to support new staff):

- Children's EBPs
- Fiscal Leadership Institute
- Leadership Institute
- Mental Health Boards & Commissions

Larger scale (often ongoing or regularly repeated) projects to support wider adoption of well developed and defined practice and system changes



Sustainability

- **To support sustainability, we seek to gain ever deepening knowledge about how to implement and make sustainable innovations that successfully translate policy to practice and lead to improved outcomes**
 - Common challenge is merging system/practices changes with regulatory requirements - and making good outcomes and compliance compatible (e.g. Advancing Recovery Webinars, EBPs)
 - Example: long history of Children’s SOC EBP diffusion is informing comparable efforts for the Adult SOC
- **Long-Term, Large Scale Sustainability:**
 - Throughout our work, we seek the tools and techniques that support sustainability and weave them into our diffusion activities
 - Sometimes sustainability requires its own innovation (e.g. eBHS)



Positioning CIBHS for the Future

(What we must initiate or continue to do to be a relevant partner for BH organizations)

Practice development and implementation support

- Know the practices that improve outcomes
- Develop, evaluate, and refine new innovative practices
- Refine implementation methodologies that support sustainability of effective practices

Program re-design and Evaluation Support

- Utilize Model For Improvement (MFI) methodology to create learning organization culture in BH organizations.
- Perform system evaluations and gap analyses which support BH organizations gaining knowledge to re-design systems which meet the coming business and compliance demands and the needs of the people they serve.
- Bring Innovative Evaluation strategies(eBHS) and technology to support practice improvements at the system, client, and clinical level

Positioning CIBHS for the Future

Workforce development

- Work with Universities and other educational systems to design curriculum to support changing workforce skills
- Continue to develop career pipeline strategies for HS-College Students for careers in BH
- Continue to develop Peer Professional career strategies

Intelligence of key systems developments

- Evaluate policy and its impact on client outcomes (done with partner CBHDA)
- Stay abreast of innovations driven by think-tanks, Universities and other entities

Relationships with key partners

- Identify and respond to changing needs that impact client outcomes
- Through Partnerships, able to bring to the table complete solutions not possible through CIBHS alone: CBHDA, CAL MHSA, U. of Kansas, IBHP, select EBP Developers, e-Center)

Who We Are

CIBHS Leadership

Dr. Sandra Naylor Goodwin, President and CEO

Dr. Sandra Naylor Goodwin is the founding (1993) Executive Director of the California Institute for Behavioral Health Solutions. Dr. Goodwin served as the Director of the Placer County Mental Health, Alcohol, and Drug Abuse from 1981 to 1988. During that time she was active with the California Conference of Local Mental Health Directors, serving in many capacities, including president. Dr. Goodwin also possesses a wealth of knowledge concerning the governance structure of the California Mental Health System. While serving as Principal Consultant to the Assembly Health Committee of the California State Legislature, she developed a series of fiscal and program reform legislation, including mental health realignment, Medi-Cal consolidation, California Mental Health Master Plan requirements, and California compliance to the ADA.

Who We Are (cont)

Percy Howard, LCSW, Vice President, Programs and Operations

Percy Howard, LCSW is the Vice President, Programs and Operations for the California Institute for Behavioral Health Solutions. Over the past five years Percy has been leader in California's drive to implement recovery-oriented and family-directed evidence-based practice, having overseen the continual development of CIBHS Transformational Care Planning Treatment Planning Model. Percy also has expertise in clinical service delivery system design, and EBP implementation. During the course of his 32 year work history, Percy has worked for county behavioral health and child welfare systems, private healthcare providers, non-profit CBOs, in juvenile justice settings, and in private practice as a Psychotherapist. This experience has served him well in his current role as a leader in one of California's premier training and implementation and systems improvement organizations. In his free time Percy is a competition licensed racing driver as well as a singer and composer who has recorded and performed with members of Living Color, King Crimson and Guns N Roses.

Who We Are (cont)

Victor Kogler, Vice President

Victor Kogler is Vice President of the California Institute for Behavioral Health Solutions. Mr. Kogler has worked in the substance use disorder field in California since 1971. He served as Alcohol and Drug Program Administrator of Santa Barbara County for twenty years and is a past president of the County Alcohol and Drug Programs Administrators Association of California. Mr. Kogler had been the Executive Director of the Alcohol and Other Drug Policy Institute (ADPI) for 8 years prior to the merger of that organization with the California Institute for Mental Health which created CIBHS.

ADPI was a non-profit organization dedicated to advancing the substance use disorder field in California through training, policy analysis, and development of more effective solutions to alcohol and other drug problems at the practitioner, program and systems levels.

Who We Are (cont)

Dr. Rick Goscha

Dr. Rick Goscha is an Associate Director for the California Institute for Behavioral Health Solutions. He has 30 years of experience in behavioral health including provision of clinical services, supervision and program management, agency executive leadership, research and evaluation, and policy development. Dr. Goscha previously worked as the Director for the University of Kansas Center for Mental Health Research and Innovation, recognized nationally and internationally for their work around the Strengths Model and other recovery-oriented, evidence-based practices for people with serious mental illnesses. He has done extensive work around building systemic infrastructures that support recovery-oriented practices, enhancing skill-development through field mentoring, and making use of data. Dr. Goscha is an internationally-renowned speaker and author. In addition to numerous published articles, book chapters, keynote speeches and presentations, he is the co-author, along with Charles Rapp, of *The Strengths Model: A Recovery-Oriented Approach to Mental Health Services* (published by Oxford University Press), now in its third edition.

Who We Are (cont)

Dr. Will Rhett-Mariscal

Dr. Will Rhett-Mariscal, PhD, MS, is an Associate Director at the California Institute for Behavioral Health Solutions . Dr. Rhett-Mariscal supports system-wide and direct provider efforts to improve the quality and effectiveness of public behavioral health services as well as the elimination of disparities in mental health for racial and cultural communities. He draws upon his doctoral background in Social Anthropology and clinical training and experience in Marriage and Family Therapy, integrating the strengths of both fields. Dr. Rhett-Mariscal has proven expertise implementing improvement projects utilizing The Breakthrough Series methodology. He has been the Project Director for two State-Wide Breakthrough Series Learning Collaboratives addressing care coordination. Dr. Rhett-Mariscal provides thought Leadership and daily management of CIBHS efforts to increase Health Equity and Cultural Competence in California's Behavioral Health systems and Organizations.

Who We Are (cont)

Karin Kalk

Karin Kalk is Associate Director for Health Care Reform with the California Institute for Behavioral Health Solutions. Since 2001, Karin has been providing consulting services throughout California in both private and public managed care and service delivery organizations; these services have included project management, quality/process improvement, and service system design. Prior to this work in the mental health field, Karin was Vice President and General Manager for ForHealth, Inc., a venture-capital funded company offering a specialized medical program for long term care residents through full and partial risk arrangements with senior health plans. Before joining ForHealth, she served as Vice President of Operations for AHI Healthcare Systems, a publicly traded managed care company serving over 200,000 members throughout the country. Karin received her Masters degree in Health Administration from Duke University, her Bachelor of Arts degree in Animal Physiology from University of California, San Diego and has additional formal training in project management and IHI's Breakthrough Series improvement methodology.

Who We Are (cont)

Kimberly Mayer, MSSW

Kimberly Mayer serves as Associate Director for the California Institute for Behavioral Health Solutions, having joined the agency in 2008. She currently oversees CIBHS' Behavioral Health Workforce Development projects and strategies including pipeline development, behavioral healthcare workforce research and training. She is the lead on CIBHS' projects with the Department of Health Care Services focused on Continuum of Care Reform with the State Department of Social Services. Prior to joining CIBHS she served in several management positions with Contra Costa County Health Services, including leading the initial Mental Health Services Act (MHSA) planning and implementation. Kimberly has a background in nonprofit and for-profit management, and has worked in and consulted to several human service organizations. She currently serves on the Advisory Board of the Community College Statewide Health Workforce Initiative and the OSHPD Workforce Education & Training Advisory Committee. She has served on the Board of Directors of the Berkeley-Oakland YWCA and is currently past board president of Contra Costa Civic Theatre in El Cerrito. She received her bachelor's degree from the University of California at Berkeley and master's degree in Social Work from Columbia University.

Senior Staff

- *Pam Hawkins*, EBP Implementation
 - *Khani Gustafson*, MSW-CIT, Cultural Competency, Health Equity, Medical Director Leadership Development
 - *Kristin Dempsey*, LMFT, Former San Mateo County WET coordinator, CIBHS Clinical Training Expert
 - *Yvonne Frazier*, SUD ODS Waiver Implementation, former County SUD Administrator
 - *Amy McIlvaine*, SUD ODS Waiver, NIATx Improvement Process expert
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Questions & Discussion



Thank you!



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