

	<p>The first grant project will develop a youth-driven, family engaged, and community involved, Comprehensive Reentry Plan (CRP) for JJRA youth. The CRP will effectively assist youth with the necessary tools and resources to be successful as they transition from the juvenile justice system and return back to their home communities.</p> <p>The second grant, the Bridge to Recovery (BTR) program, will provide JJRA youth effective evidenced-based treatment for co-occurring mental health and substance abuse disorders, including screening and assessment of COD, coordination of continuing care as they transition from a secure facility to completion of community parole, and transitional planning. JJRA will partner with DBHR through Tina Burrell (SAT-ED grant) to provide ACRA-ACC services for the youth to promote successful reentry into the community; ACRA-ACC services will continue until completion of parole services.</p> <p>There may be opportunities to link data between SOC, RDA and JJRA.</p> <p>FAR is being implemented in CA. Goal is to decrease hospitalizations (consistent with DBHR and TR goals).</p>	<p>Barb Lucenko will explore with Jake.</p>
<p>Reporting Measures of Statewide Performance – Barb Lucenko</p> <ul style="list-style-type: none"> Indicator 1.5 with intake services removed Indicator 4.2 with peer support code displayed for entire population of clients in RDA database 	<p>Barb distributed the latest version of the Measures of Statewide Performance. Indicator 1.5 was run with and without intake services and there was minimal and insignificant difference in results. A question was raised about whether there is a gold standard vis a vis mental health services combined with psychotropic medications.</p> <p>The peer support numbers are low and there was discussion re other sources of peer support data. Trend is up and we will continue to monitor.</p>	<p>Kathy will review literature to determine if there is an evidence-based recommendation re mental health services expected when psychotropic medications are prescribed. Since an intake can serve as a therapeutic encounter it was decided to report the measure with intake included. This decision will be noted in detailed Technical Notes to be developed.</p> <p>Kathy will look for data on peer support in the Block Grant annual report</p>

<ul style="list-style-type: none"> • Indicator 2.4 data – what does it tell us re safety? • Further discussion on whether safety and permanency measures are measures that apply across the system of care or within CA • Discussion re next measure(s) to address 	<p>Safety is currently reported as absence of death and injuries. While these are rather crude indicators it is clear that they define safety. Other indicators of safety are more nebulous and difficult to define.</p> <p>WISe implementation will begin January 2. Related data elements and processes are being defined and will be monitored by this group.</p>	<p>Options for measurement of the concept of safety will continue to be explored. Doug Allison will explore measures traditionally used in the child welfare system to determine if they might apply to kids with behavioral health issues.</p> <p>To be presented at the January meeting with conversation about next steps.</p>
<p>Next meeting – January 17, 2014</p> <ul style="list-style-type: none"> • Update on Quality Assurance Plan draft. • Report on first steps of WISe (Wraparound with Intensive Services) implementation and implications for quality monitoring 		