California Behavioral Health Planning Council

Executive Committee

Wednesday, April 18, 2018

Pullman Hotel
223 Twin Dolphin Drive
Redwood City, CA 94065
Peninsula 1
8:30a.m. to 10:15 a.m.

Time	Topic	Presenter or Facilitator	Tab
8:30	Welcome and Introductions	Raja Mitry, Chairperson	
8:35	January and February 2018 Executive Committee Minutes	Raja Mitry, Chairperson	1
8:40	FY 2017-18 Council Budget and Expenditures and Update on Contract Funding Use	Jenny Donaldson, Council Chief of Operations	2
9:00	Plan for General Session Discussion of New Council Priorities, Committees	Raja Mitry and All	3
9:15	Discuss Council Support of LTW Coalition and Evaluation Proposal from CBHDA	Jane Adcock and All	4
9:40	Discuss Use of 2003 MH Master Plan Crosswalk	Jane Adcock and All	5
10:00	Liaison Reports for CA Assoc of Local BH Boards/Commissions and CA Coalition for MH	Susan Wilson and Daphne Shaw	
10:10	Public Comment	Raja Mitry, Chairperson	
10:15	Adjourn		

The scheduled times on the agenda are estimates and subject to change.

Executive Committee Members:

Officer Team	Raja Mitry	Lorraine Flores	Susan Wilson
Advocacy Cmte	Monica Wilson	Darlene Prettyman	
EQI Cmte	Walter Shwe	Susan Wilson	
HCI Cmte	Deborah Pitts	Liz Oseguera	
Patients' Rights	Daphne Shaw	Walter Shwe	
Liaisons	Daphne Shaw, CCMH	Susan Wilson, CALBHB/C	Noel O'Neill, CBHDA
At Large	Arden Tucker, Consumer		
CMHPC Staff	Jane Adcock, EO	Jenny Donaldson, COO	Dorinda Wiseman, Deputy EO

If reasonable accommodations are needed, please contact Constance at (916) 552-9560 not less than 5 working days prior to the meeting date.

__1__ **TAB SECTION** **DATE OF MEETING** **4/18/18**

MATERIAL PREPARED BY: Adcock **DATE MATERIAL PREPARED** 3/19/18

AGENDA ITEM:	January and February 2018 Executive Committee Meeting Minutes
ENCLOSURES:	Draft Executive Committee Meeting Minutes for January and February 2018

BACKGROUND/DESCRIPTION:

Attached are the draft minutes for review and approval.

California Behavioral Health Planning Council
Executive Committee Meeting Minutes
February 16, 2018
10:00 am – 11:00 am

Members Present:
Walter Shwe, Raja Mitry, Noel O'Neill, Deborah Pitts, Daphne Shaw, Susan Wilson, Arden Tucker, Liz Oseguera, and Monica Wilson.

Members Absent:
Lorraine Flores, Esmeralda Liberato, Darlene Prettyman and Kimberly Wimberly.

Staff:
Jane Adcock and Dorinda Wiseman.

Welcome and Introductions
Raja Mitry welcomed everyone.

Review and Discuss Proposed Priority Crosswalk
Raja Mitry provided an overview of the Priority areas and the rationale for bring the materials to the Executive Committee.

Jane Adcock provided an explanation of the Crosswalk. She pointed out that the projects and activities listed were taken from the current Committees' Work Plans.

Several Executive Committee Members advised the visual presentation was **very** helpful. Daphne Shaw requested the Patients' Rights Committee (PRC) be reflected in the chart. It is the only regulated committee, yet should always be represented when discussing committees within the Council. Many other members agreed. Arden Tucker expressed a concern regarding Disparities being incorporated into each committees' work due to past experiences of "disparities" being diluted. She advised she would like to still have an ad hoc, in addition to the committees. Noel O'Neill provided feedback on a presentation he recently participated in with CBHDA and the Ethnic Managers from around the state. He advised his take-away from their presentation was the need to "integrate" into every aspect of what is done. Raja Mitry further clarified each committee and Council Member must remain diligent when advocating. He further advised he includes "racial, ethnic, age, special populations" when he speaks of disparities. Deborah Pitts expressed concern that there are many areas of interest/populations that can become the focal work of a committee, such as age-related issues.

Jane Adcock provided a potential scheduling proposal, to include ad hoc committee concerns brought up during the January 2018 Meeting.

Wednesday	Executive Committee	8:30 am – 10:15 am
	Patients' Rights Cmte.	10:30 am - 12:15 pm
	Children's Caucus	10:30 am – 12:15 pm

Data Ad Hoc	10:30 am – 12:15 pm
Reducing Disparities	10:30 am – 12:15 pm

Daphne Shaw asked if there had been a *formal* inquiry of the Council on their agreement on the presented Council Priority Areas. Several members advised there was discussion, yet not explicit questioning. Noel O'Neill suggested having visuals within the April meeting materials to help increase understanding. He also advised the staff might want to be prepared for questions regarding travel and lodging for Council Members meeting in the proposed new committee meeting times.

The Executive Committee agreed, unanimously, to put forth one vote on the **priority area changes for the Council** during the April General Session. The specific motion will be placed on the meeting material under the appropriate tab.

The members strongly encouraged each Committee Chairperson to discuss the background, purpose, and intent of the priority area changes. Jane Adcock discussed the need to explain how the public behavioral health system landscape has changed throughout the state. Counties have increased local control for their respective programs and services as a result of legislation over past several years. The Council wants to remain relevant and effective at statewide policy. The priority areas are broad categories that are evolving, yet provide enough potential and structure for the Council to make tremendous and timely strides. The Committee chairpersons will also provide space for discussion within the committee meetings on Thursday morning. This will assist in preparing the Council members in actively voting on Thursday afternoon. Staff agreed to develop Talking Points to assist the Chairpersons provide context for the proposed changes.

Review and Discuss Proposed Committee Scope

The Committee Members liked the descriptions of the priority areas. Walter Shwe suggested to write-out the acronym meanings, as they are new acronyms for many of the Council Members. Deborah Pitts suggested to illustrate the priority areas similarly as the work done in the Crosswalk. She explained having the information contained on one sheet would be optimal. Monica Wilson expressed concern over the diversity/disparity training needs of the Council, as that information should inform and direct the Council's priorities. Jane Adcock advised there will be on-going training and information sharing to the full Council. She also advised she is thinking about bringing the Office of Health Equity to do some work with the Council.

New Business

None

Public Comment

None

Meeting adjourned 11:05 a.m.

__2__ **TAB SECTION** **DATE OF MEETING** **4/18/18**

MATERIAL PREPARED BY: Adcock **DATE MATERIAL PREPARED** 3/19/18

AGENDA ITEM:	FY 2017-18 Council Budget and Expenditures and Update on Contract Fund Use
ENCLOSURES:	MHSA and SAMHSA Mental Health Block Grant fund expenditures through February 2018.

BACKGROUND/DESCRIPTION:

Attached for review are the budget and expenditure sheets for the Council's MHSA and MHBG funding.

CBHPC
SAMHSA EXPENDITURES FY 2017-18

	SAMHSA FY 2017/18 Projected Budget	Oct	Nov	Dec	Jan	Feb	March	April	May	June	Close out	Total	Balance Remaining
PERSONAL SERVICES													
Salaries	$ 280,300	20,230	21,599	21,807	20,494	20,494	20,494					125,118	155,182.00
Temporary Help												0	0
Overtime												0	0
Staff Benefits	$ 115,817	11,639	11,795	11,942	12,073	12,073	11,876					71,398	44,419.00
Total Personal Services	**$ 396,117**	31,869	33,394	33,749	32,567	32,567	32,370	0	0	0	0	196,516	**199,601.00**
OPERATING EXP &EQUIP (O&E)													
General Expense[1]	$ 15,500	40	0		10	19,394	1,615					21,059	-5,559
Printing[2]	$ 15,000											0	15,000
Communications	$ 7,000	123	127		186	428	109					973	6,027.00
Postage	$ 500											0	500
Travel In-State	$ 76,000	1,037	379					415	3,647	365	22	5,865	70,135.00
Training	$ 32,000							549				549	31,451
Facility Operations												0	0
Consultant & Prof, Externa	$ 5,000					200	1,223					1,423	3,577
Equipment												0	0
Unallotted	$ 485,774											0	485,774
Total OE & E	**$ 636,774**	1,200	506	0	196	20,022	2,947	964	3,647	365	22	29,869	**606,905.00**
Departmental Services		**90**	**150**	**209**	**221**	**231**						**901**	
TOTAL DIRECT BUDGET	**1,032,891**												

1 This line item covers supplies, equipment, meeting venue costs, etc.

2 Computer-related office supplies (i.e. toner) and copy machine maintenance agreement deliverables

** Federal Fiscal Year expednitures (Oct-Nov)

MHBG funded employees= 1 Executive Officer, 1 SMHS, 1 AGPA and 1 AGPA (RA)

CBHPC

MHSA EXPENDITURES FY 17-18

Through November 30, 2017

	MHSA FY 2017/18 Projected Budget	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	April	Total	Balance Remaining
PERSONAL SERVICES													
Salaries	$ 253,405	13,286	15,065	24,561	28,625	21,180	20,872	24,240	24,233	24,233	0	196,295	57,109.90
Temporary Help													
Overtime													
Staff Benefits	$ 137,377	6,531	9,152	14,017	16,654	11,781	11,734	13,024	13,650	13,962		110,505	26,872.00
Total Personal Services	**$ 390,782**	19,817	24,217	38,578	45,279	32,961	32,606	37,264	37,883	38,195	0	306,800	**83,981.90**
OPERATING EXP &EQUIP (O&E)													
General Expense[1]	$ 48,625		8,693	3,322	5,593	128	40		54,755	2,129	3,811	78,471	-29,846
Printing[2]	$ -							2,167		133		2,300	-2,300
Communications	$ 7,000	400	-400		16	243	101	134	247	80		821	6,179
Postage	$ 500											0	500
Travel In-State	$ 73,000	45	272	907	1,009	4,246	939	1,242	5,866	1,451		15,977	57,023
Training	$ 40,000											0	40,000
Facility Operations	$ -											0	0
Consultnt & Prof, Extrnl3	$ 158,100	194	379	503		2,622	279	253	2,916	807		7,953	150,147
Equipment	$ -											0	0
Unallotted	$ 27,468								74			74	27,394
Total OE & E	**$ 354,693**	639	8,944	4,732	6,618	7,239	1,359	3,796	63,858	4,599	3,811	105,596	**249,097**
Departmental Services		183	200	249	359	369	407	387	377			2530.9	
TOTAL DIRECT BUDGET	**745,475**												

1 This line item covers supplies, equipment, meeting venue costs, etc.

2 Computer-related office supplies (i.e. toner) and copy machine maintenance agreement deliverables

3 This line item has the following encumbrances for FY 2017-18:All American Reporting $12,150 and $125,000 for pending contracts MHSF funded employees (1 SSM I, 1 RA II, 2 AGPA, and 1 OT)

__3__ TAB SECTION **DATE OF MEETING 4/18/18**

MATERIAL PREPARED BY: Adcock **DATE MATERIAL PREPARED** 3/19/18

AGENDA ITEM:	Plan for General Session Discussion of New Council Priorities, Committees
ENCLOSURES:	Talking Points

BACKGROUND/DESCRIPTION:

On Thursday afternoon, the full Council membership will have an opportunity to discuss the proposed priorities and new committees prior to the vote on the Executive Committee's Motion:
"To approve the Planning Council's focus on 5 areas of priority and committees: 1) Patient's Rights, 2) Housing/Homelessness, 3) Systems/Medicaid, 4) Work Force, and 5) Advocacy/Legislation. The Council will continue with ongoing activity and attention on the following: SAMHSA Mental Health Block Grant, Children/Youth, Performance Outcome Review, and Reducing Disparities."

Should to vote result in approval of the motion, it is anticipated that the change will occur for the June 2018 meeting.

Per agreement at the February 2018 Executive Committee meeting, Committee Chairpersons will facilitate a discussion of the proposed change and motion during committee meetings on Thursday, April 19, 2018. The purpose of the discussion is to provide members an opportunity to present any concerns and have open dialogue with fellow members.

Talking points are attached to assist each Committee Chairperson to answer any questions regarding background, context, rationale and benefits.

This agenda item is to plan for the structure of the discussion time, any opening remarks to provide context and background, process for the vote including instructions on sequence of voting actions and the meaning of vote options, etc.

CBHPC Committee Chair Talking Points

Why is the change proposed?

The landscape of the public mental/behavioral health system has changed.

The MHSA, 2011 Realignment and other legislative changes have shifted much of the programming authority from the state to the local level. The Council serves as an advisory body to the state. Through strategic envisioning, the Executive Committee saw that it would be more effective to focus our efforts where we can have an impact.

The Council is no longer the sole voice of the people, rather many organizations now advocate on behalf of persons with lived experience, underserved cultural communities and the different age groups. Additionally, with the move to DHCS, the relationship of the Council with the state leadership has changed. In recent work with Renee Taylor, Council members identified the impact they would like to have and that included being seen as subject matter experts, elevating the voice of persons with lived experience and having data to inform recommendations.

The Executive Committee agreed it would be advantageous to leverage what sets the Council apart from others and, in light of the changed landscape, shift our expertise as an advisory body for state policy toward currently active areas. To do so, some changes are needed to prioritize our focus.

How were the priority areas selected?

There were several reasons, three of the areas are set forth in statute as responsibilities of the Council. (PRC, WET, and Advocacy) These are also areas that set us apart from other mental health organizations.

In 2017, the County Behavioral Directors Assoc identified housing and homelessness as one of its top priorities and needs. In 2016, a $2 billion bond was passed and gave Dept of Housing and Community Development (HCD) responsibility to administer the funds to increase supportive housing around the state. Additionally, in 2017, HCD began the Homeless Coordinating and Financing Council. Thus, there is room for new public policy around housing needs and services for the homeless with serious mental illness. (Housing/Homelessness)

In recent years, all levels of government have come to realize that untreated mental illness results in individuals becoming incarcerated, prevents families from succeeding and children from thriving and in physical health deteriorating. Many other systems that are also publicly funded see increased demand on their services subsequent to untreated mental illness. So now the Child Welfare system, the Criminal Justice and Law Enforcement system, schools and health care systems are interested in collaboration in a service model that the mental health system has used for years.

Lastly, both the 1115 and 1915b waivers with CMS, which drive the Specialty Mental Health Services under Medi-Cal and the Drug Medi-Cal programs, will expire. There is

an opportunity for California to address the bifurcated method in which mental health services are provided to Californians. Again, an opening for the Council to impact state policy and program design. (Systems/Medicaid)

Will these changes be permanent?

Just as the environment has changed now for the Council to re-evaluate priority areas to focus our resources and attention, so will change happen again in a few years. In order for the Council to be relevant and of value to state policymakers, shifting and reprioritization must occur from time to time. It is anticipated that the Council will revisit its priorities in 2-3 years.

What about SUD, Children/Youth, the MHBG, and underserved populations?

These areas are and continue to be important to the Council. Many of the above issues should be and will be woven throughout the five priority areas. In an effort to maintain momentum, ad hoc meetings for Performance Review, Children/Youth and Reducing Disparities will be offered and members can voluntarily participate. Presentations from/about the substance use system will continue to augment members' understanding of system needs, funding mechanisms, gaps in services, service models and shared challenges such as workforce shortage, dilution of the recovery model, implications of lack of treatment, and complex federal requirements.

Because the Council exists as a result of California's acceptance of MHBG funds, all of the Council will be involved in ongoing learning and review of MHBG programs, funding and federal requirements. A portion of each General Session will be dedicated to the MHBG as a way to prepare members for their biannual review responsibilities.

Final Note: The Council seeks to be a voice concerned with *horizon* issues and to provide essential and relevant advocacy that matters to the Governor, Legislature, the Department and persons involved with the public behavioral health system. The priority areas are areas of critical need. The Council has the potential to provide leadership in the following five areas: Patients' Rights, Medicaid and Systems, Workforce, Housing and Homelessness and Legislation.

__4__ **TAB SECTION** **DATE OF MEETING 4/18/18**

MATERIAL PREPARED BY: Adcock **DATE MATERIAL PREPARED** 4/05/18

AGENDA ITEM:	Discuss support of Leading The Way Coalition and Evaluation Proposal by CBHDA
ENCLOSURES:	Leading The Way Coalition List of Orgs and Focused Common Agenda CBHDA's MHSA Evaluation Proposal to Legislature

BACKGROUND/DESCRIPTION:

At the April 4, 2017 meeting of Leading The Way Coalition, .Carmela Coyle, CEO of CA Hospital Association and Jessica Cruz, ED of NAMI California presented plans to "launch" the Coalition and for engagement with Gubernatorial and high level elections for candidates to weigh in on their vision for meeting the needs of Californians in need of behavioral health services. Enclosed is the recent meeting packet that includes a listing of the organizations participating in the Coalition, agenda, draft Coalition Purpose/Objectives and Focused Agenda as well as with priority issues under consideration for immediate action and issues still in development and prioritization.

The EO would like to share this information with the Committee, inform them of path forward for the Coalition and obtain consensus regarding the Council's continued participation.

The CBHDA has been asked by the Legislature to submit a proposal to address the lack of outcome data to demonstrate the effectiveness of the $14B in MHSA revenues. Enclosed is their draft proposal. The CBHDA is asking the Council to support and sign-on to the proposal.

Contact CBHDA for a copy of their draft proposal.

Leading the Way

Addressing California's Behavioral Health Crisis

April 4, 2018
1:00 – 4:00 p.m.
California Dental Association
Conference Rooms A & B
1201 K St., 14th Fl., Sacramento

AGENDA

I	1:00	Opening Remarks • Carmela Coyle, President/CEO, California Hospital Association • Jessica Cruz, CEO, National Alliance on Mental Illness – California
II	1:10	Introductions (Principals) • Identify your organization, name and title; also for observer, if applicable
III	1:20	Revised Purpose Statement & Focused Agenda (Carmela Coyle/Jessica Cruz)
IV	1:45	Discussion of Possible Actions to Add to the Focused Agenda (Coyle/Cruz) • Barriers – Legal & Regulatory – Facilitator, Elena Lopez-Gusman, CalACEP • Workforce – Facilitator, Dustin Corcoran, CMA – Reporting: Samantha Pellon, CMA • Delivery System/Finance (Joint Report) – Facilitators, Allison Homewood, CAPH (Finance) and Kirsten Barlow, CBHDA (Delivery System)
V	2:30	Coalition Launch (Randle Communications)
VI	3:30	Legislative Tracking (Carmela Coyle)
VII	3:45	Other Business
VIII	3:55	Next Meeting:
IX	4:00	Adjournment

Leading the Way

Addressing California's Behavioral Health Crisis

Barriers – Legal and Regulatory

Elena Lopez-Gusman, Facilitator

April 4, 2017

The committee met as follows:

Feb. 15, 2018: Reflecting on the February 7 full Leading the Way meeting, the Legal and Regulatory Barriers Committee struggled with its role, given that the larger group is refocusing its priorities. The committee reviewed legislation introduced by various parties, and agreed to meet again in a month to continue to review legislative proposals.

Mar. 19, 2018: The committee again discussed bills introduced this legislative session that touch on mental health, including:

- AB 1971 (Sponsored by Los Angeles County; revises definition of gravely disabled) - Bill in print last Friday. Specifies that a patient may be considered gravely disabled if he or she, as a result of a mental health disorder, is unable to provide for his or her medical treatment, if the lack of, or failure to receive, that treatment may result in substantial physical harm or death.
- AB 2099 (Sponsored by Cal/ACEP) - LPS act requires a written 5150 application to accompany a patient on a hold. Sometimes, a provider or transport company requires the original form instead of a copy. This bill will clarify that a copy is as valid as the original.
- AB 2442 – still a spot bill.
- SB 1045 – creates a new type of conservatorship for mentally ill homeless individuals. Allows a court to name a director of an agency providing housing for the homeless as the conservator. Allows the conservator to require the conservatee to stay in the housing at night.
- SB 1125 (Co-sponsored by CPCA and Steinberg Institute) - Allows FQHCs and RHCs to receive reimbursement from Medi-Cal for two visits in the same day – one medical, one mental health. This will allow a warm handoff. Also helps individuals on Medi-Cal who may have transportation, child care, or other difficulties scheduling multiple appointments.
- Proposal in the Governor's budget for a $117 million increase to address the lack of beds in state hospitals for persons found incompetent to stand trial.

- SB 1187 - Beall – revises the law regarding persons incompetent to stand trial
- SB 1004 (Sponsored by Steinberg Institute) – Requires counties to spend Mental Health Services Act prevention and early intervention funds on early psychosis and mood disorder detection and intervention, college mental health outreach, engagement, and service delivery, and childhood trauma prevention and early intervention. Standardize best practices
- SB 1010 - creates the Supportive Housing Pilot Program for parolees
- AB 2161 – creates the state homeless integrated data warehouse
- AB 2162 - require that supportive housing be a use by right in zones where multiple dwelling uses are permitted, including commercial zones
- AB 2983 – (Sponsored by CalACEP) – clarifies that voluntary mental health patients may be transferred from an ED to another appropriate location without placing the patient on an involuntary hold
- Budget request (sponsored by Cal/ACEP) for a grant for a one-year pilot project to place certified drug and alcohol counselors in EDs to do brief interventions on ED patients. Pilot by UCDMC showed good results.
- AB 2022 (sponsored by California Youth Empowerment Network) – would require schools to have a mental health professional accessible to students during school hours. "Mental health professionals" would include state-licensed or state certified school psychologists, state-licensed or state certified school social workers, peer providers, and community mental health workers or cultural brokers.

Mar. 26, 2018: The committee was tasked with identifying one actionable item for each of the three Focused Common Agenda general topics:

Item Number 1: Prevention and Early Intervention of Behavioral Health Needs.
Awareness – Availability – Access

The committee's consensus was to recommend supporting SB 1125, which would allow Medi-Cal to pay for two visits in one day (one "physical" health and one "mental" health).

Item Number 2: Crisis Prevention and Response.
Educate – Engage – Evolve

The committee's consensus was to recommend calling for another round of SB 82 funding grants from CHFFA to support crisis stabilization units, crisis residential, and peer respite programs.

Item Number 3: Workforce Development and Improvement.
Determine – Develop – Distribute

The committee's consensus was to recommend supporting SB 906, which would create a peer counselor certification program.

--END--

Leading the Way

Addressing California's Behavioral Health Crisis

Leading the Way (LTW) Workforce Committee Update

Chair: Dustin Corcoran, CEO
California Medical Association
April 4, 2018

Workforce Committee Report

Pursuant to LTW Executive Committee request, the LTW Workforce Committee met via conference call on March 28 to agree upon three recommendations for actionable items to present to the full coalition for discussion. Each recommendation aligns with one of three LTW common focused agenda areas; prevention and early intervention, crisis prevention and response, and workforce development and improvement.

The LTW Workforce Committee recommends the following actionable items for consideration by the LTW Coalition as next steps in moving forward a common focused LTW agenda:

1. **Common agenda area:**

   Prevention and Early Intervention

   Recommendation:

   From Delivery System Committee Recommendations:

   STIGMA: In order to address the issues of stigma and discrimination, which continue to impact the behavioral health delivery system, the LTW Workforce Committee recommends the development of a or tool kit of resources, screening tools, messaging, education, and best practices that can serve as a comprehensive resource to combat stigma and NIMBYism. While the committee recognizes that there have been many such documents developed over the years that attempt to address these issues, the resources are scattered and fragmented and the problem persists. A centralized living document that is not just a report, but instead an effective resource for the field, would be impactful in the area of prevention and early intervention.

2. **Common agenda area:**

   Crises Prevention and Response

   Recommendation:

   From Delivery System Committee Recommendations:

   PREVENTION - Strategies to improve crisis care must be paired with efforts to prevent crisis. Two key opportunities include:

- Building Awareness & Capacity: Education to raise public awareness about early warning signs, paired with training to expand access to early intervention.

- State of the State on Physical-Behavioral Health Integration & Early Intervention: In part thanks to investments from foundations and the MHSA, integrated approaches have taken hold in many places throughout California. It seems an opportune time to assess what has been accomplished so far and what work still remains, illuminating next steps from both the clinical/operational and policy perspectives.

Actions include evaluation of current prevention, early intervention and physical/behavioral integration models. Numerous organizations, including CBHDA, CPCA, and OAC, may have information related to this.

3. **Common agenda area:**

Workforce Development and Improvement

Recommendation:

New recommendation, not included in the previously developed recommendation grid:

The committee agreed that the timeliest action that the LTW Coalition can take in the area of workforce development is to support a budget proposal for funding to support the fifth and final year of the Workforce and Education Training (WET) program strategic plan, which is administered by the Office of Statewide Health Planning and Development (OSHPD). The budget request is to appropriate $26,436,022 from the General Fund for the program for fiscal year 2018-19. The current five-year plan under the Mental Health Services Act (MHSA) has only been budgeted for four years through the end of June 2018. The 2018-19 request is equivalent to the current fiscal year funding for the program, plus administrative fees for OSHPD.

The WET funding addresses workforce issues by providing support for a variety of training initiatives including loan repayment and salary stipend programs – incentives that have shown to help alleviate financial stressors of service providers and encourage them to continue working in rural and urban locations that have traditionally had difficulty attracting service providers.

Leading the Way

Addressing California's Behavioral Health Crisis

Leading the Way
Joint Finance and Delivery System/Continuum of Care/Crisis Services
Committee Recommendations

Kirsten Barlow and Allison Homewood, Facilitators

April 4, 2018

Recommendation

Identified Action Item for each priority area:

1) **Prevention and Early Intervention (PEI) -** legislate and or fund studies to understand the current state of behavioral health prevention, early intervention and behavioral health integration models across the state. For example, identify budget bill language for state agencies to produce a report of present activities and/or legislate additional funding for the Mental Health Services Oversight and Accountability Commission (OAC) to broaden their present statewide county analysis activity. In addition, use private funding to analyze non-government funding PEI activities to capture the full spectrum.
2) **Crisis Prevention and Response** – Deploy activity to understand the current state of SB 82 funding gaps and best practices and strengthen future implementation with legislation that promotes consistency with statewide spread of successful crisis care models.
3) **Workforce Development and Improvement -** Develop legislation to establish Psychiatric Rehabilitation Practitioner certification and Peer Counselor certification, and assure education for both the provider and client are included.

Report

On March 28, 2018 the committee members met to identify one actionable item for each of the coalition prioritization areas established at the February 7 coalition meeting. The three prioritization areas are:

1) Prevention and Early Intervention
2) Crisis Prevention and Response
3) Workforce Development and Improvement

The members reviewed the Leading the Way Committee Recommendations outlined from the December 21, 2017, working document. The coalition leadership team requested that our committee determine one actionable item for each of the coalition's three prioritization areas.

The recommendations will be delivered to the April 4th coalition meeting. The members focused their discussion on the need to understand the current state of prevention and early intervention as well as the SB 82 funding for the crisis prevention and response prioritization area. Both these topics generated discussion on understanding the entirety of the statewide programs, their strengths and weaknesses, and how to spread awareness and improve capacity across the state in a consolidated effort. The discussion activity for the workforce prioritization area focused on the top two recommendations provided by the workforce sub-group that addresses legislation to formalize certification for Psychiatric Rehabilitation Practitioner Certification and Peer Counseling Certification. Emphasis needs to be placed on both client and provider education.

A written entry was submitted after the meeting that emphasized an opportunity to combine both preventive population health activity with innovative technologies to enhance preventive care and treatment.

__5__ **TAB SECTION** **DATE OF MEETING** **4/18/18**

MATERIAL PREPARED BY: Adcock **DATE MATERIAL PREPARED** 3/19/18

AGENDA ITEM:	Discuss Use of 2003 Mental Health Master Plan Crosswalk
ENCLOSURES:	2003 Mental Health Master Plan Crosswalk Parking Lot Items from 2003 MH Master Plan Review

BACKGROUND/DESCRIPTION:

In June 2017, consultants from Harbage Consulting presented their final work product, a Crosswalk, to the full Council. Harbage Consulting was hired to review the many recommendations, goals and objectives contained in the 2003 Mental Health Master Plan and worked with an ad hoc group of Council members to designate a status to each as: 1) Addressed, 2) Partially Addressed, 3) No Addressed or 4) No Longer Relevant.

Attached is the Crosswalk for Executive Committee members' consideration. It is the intention to utilize the information to make decisions regarding next steps by the Council to work on any of the "Partially Addressed" or "Unaddressed" items. Any work stemming from this should be undertaken within the context of the proposed new areas of priority. Additionally, a Parking Lot was created to list issues identified by ad hoc group that were not included in the MH Master Plan/Matrix.

Suggestion: The document is quite lengthy and detailed, one idea would be to look at the various chapters contained in the Crosswalk for possible assignment to Council committees and ad hoc groups for more in-depth review and recommendation to Executive Committee for action. For example, there is a chapter on Cultural Competence which the Reducing Disparities ad hoc could review, also a Children's System of Care which the Children/Youth ad hoc could review and a Mental Health Managed Care that the Systems/Medicaid Committee could review.

It is anticipated that review of and decisions regarding action on information contained in the Crosswalk, where appropriate, will be an ongoing agenda item for the Executive Committee over the next several years.