

# California Behavioral Health Planning Council

## Executive Committee Agenda

Wednesday, April 14, 2021

Zoom Meeting Link:

<https://us02web.zoom.us/j/88354817979?pwd=VjIHOdlvTG1uZEN5ZE0rTORZOWxYdz09>

**Meeting ID:** 883 5481 7979 **Passcode:** CBHPCEC

**Join by Phone:** 669-900-6833 **Passcode (Phone):** 5381768

8:30am to 10:00am

<b>8:30am</b>	<b>Welcome and Introductions</b> <i>Noel O'Neill, Chairperson</i>	
<b>8:35am</b>	<b>Approve January 2021 Meeting Minutes</b> <i>Noel O'Neill, Chairperson</i>	<b>Tab 1</b>
<b>8:40am</b>	<b>Review Council Membership/Recruitment Needs</b> <i>Jenny Bayardo, Chief of Operations</i>	<b>Tab 2</b>
<b>8:45am</b>	<b>Public Comment</b> <i>Noel O'Neill, Chairperson</i>	
<b>8:50am</b>	<b>Review of Virtual Meeting Procedures</b> <i>Jane Adcock, Executive Officer</i>	<b>Tab 3</b>
<b>9:00am</b>	<b>Public Comment</b> <i>Noel O'Neill, Chairperson</i>	
<b>9:05am</b>	<b>Performance Outcomes Public Forum</b> <i>Noel O'Neill and Susan Wilson, Chairperson, POC</i>	
<b>9:15am</b>	<b>Break</b>	
<b>9:20am</b>	<b>Review and Discuss Council Member Priorities</b> <i>Noel O'Neill, Chairperson</i>	<b>Tab 4</b>
<b>9:45am</b>	<b>Public Comment</b> <i>Noel O'Neill, Chairperson</i>	
<b>9:50am</b>	<b>Report from CA Coalition for Mental Health</b> <i>Daphne Shaw</i>	
<b>9:55am</b>	<b>Wrap-Up and Plan for Next Meeting</b>	
<b>10:00am</b>	<b>Adjourn</b>	

# California Behavioral Health Planning Council

Notice: All agenda items are subject to action. Scheduled times on the agenda are estimates and subject to change. **If Reasonable Accommodation is required, please contact Gabriella Sedano at 916.323.4501 by April 1, 2021** in order to meet the request.

## **Executive Committee Members**

**Officers:** Noel O'Neill, Chairperson   Deborah Starkey, Chair-Elect   Lorraine Flores, Past Chair

**Housing/Homelessness Cmte:** Vera Calloway, Chairperson   Monica Caffey, Chair-Elect

**Legislation Cmte:** Tony Vartan, Chairperson   Iris Mojica de Tatum, Chair-Elect

**Patients' Rights Cmte:** Catherine Moore, Chairperson   Daphne Shaw, Chair-Elect

**Systems and Medicaid Cmte:** Liz Oseguera, Chairperson   Karen Baylor, Chair-Elect

**Workforce and Employment Cmte:** Dale Mueller, Chairperson   John Black, Chair-Elect

**Performance Outcomes Cmte:** Susan Wilson, Chairperson

**At-Large:** Arden Tucker

**Liaisons:** **CBHDA:** Veronica Kelley   **DHCS:** Jim Kooler   **CCMH:** Daphne Shaw

**California Behavioral Health Planning Council  
Executive Committee  
Wednesday, April 14, 2021**

**Agenda Item:** Approve January 2021 Meeting Minutes

**Enclosures:** Draft Executive Committee Minutes for January 2021 meeting

**Background/Description:**

Attached are the draft meeting minutes for Executive Committee review and approval.

## **DRAFT**

# **CBHPC Executive Committee Meeting**

**January 20, 2021  
Meeting Minutes**

### **Committee Members present:**

Lorraine Flores, Noel O'Neill, Vera Calloway, Monica Caffey, Gerald White, Tony Vartan, Walter Shwe, Catherine Moore, Karen Baylor, Liz Oseguera, Dale Mueller, Arden Tucker, Daphne Shaw and Jim Kooler.

Staff Present: Jane Adcock and Jenny Bayardo

### **Welcome and Introductions**

Members were welcomed and introductions were completed.

### **Approve October 2020 Meeting Minutes**

Daphne Shaw moved and Catherine Moore seconded to approve the minutes of October 2020. Motion approved with no abstentions.

### **Review of Council Membership/Recruitment Needs**

Jenny Bayardo, Chief of Operations to the Council, stated she would give a quick update, per agreement, for quarterly updates on Council appointments and vacancies.

One new member appointed since October, Angelina Woodberry from Sacramento County in a Consumer appointment. We have two vacancies now, one for a parent of a child and a representative from Dept of Education. Jenny stated this is the fewest number of vacancies since coming to work for the Council. She thanked all the members for their assistance in the recruitment of potential candidates.

### **Public Comment**

Council member Steve Leoni questioned the dates of appointment on the membership listing in comparison to the tab included in the meeting materials and the departure of a member from a specific category. Jenny clarified that the date of

appointment can differ from the first meeting the new member attends. Also, members are moved from one appointment category to another due to their identifying with more than one category.

## **Review 2020 Year-End Report**

Noel O'Neill presented the draft report. He indicated that the report is an important output of the Council to demonstrate of the work done month in and month out. This report is shared with key individuals including legislators, DHCS leadership and members of the MHSOAC. Noel thanked the Council staff for their work to synthesize the year's work into a nicely packaged report. He acknowledged the sudden staff transition to working remotely and expressed appreciation for their continued focus on Council goals.

Noel asked each committee chairperson to present a key success or work item accomplished in 2020. He started by highlighting the Council's adoption of an Equity Statement, the publication of the 2019 Data Notebook Report focused on Trauma-Informed Care and the release of the 2020 Data Notebook to gather information from the local boards on the implementation and efficacy of telehealth care. Also, the Council participated in the first-ever virtual Mental Health Matters Day in November.

Gerald White reported the Legislation Committee strongly advocated for Senate Bill 803 for Peer Certification. It has been many years in coming and we are excited that it was signed this year. Vera Calloway reported that 2020 was an information gathering year for the Housing and Homelessness Committee and that homelessness continues to be a crisis and has been declared an emergency in some regions. She reported that Project Homekey, administered by Dept. of Housing and Community Development, is providing homes for persons experiencing homelessness and that the members will receive an update on this important program during Thursday's committee meeting and will address next steps to move the ARF issue forward.

Liz Oseguera reported that the Systems and Medicaid Committee focused on providing input to DHCS on their CalAIM proposal and ensuring the committee reviewed issues through an equity lens, creating talking points for staff to deliver at key meetings. Dale Mueller reported that the Workforce and Employment Committee worked with OSHPD on the WET 5-Year Plan implementation and a plan for evaluation. They will review and provide input on proposed policies for the new Peer Specialist Certification.

Walter Shwe, Chairperson for Patients' Rights Committee, reported on the survey of local mental health boards/commissions on their knowledge/awareness of patients' rights advocacy and the statutory duties of the advocates. Catherine Moore added that the survey included questions regarding access and ability of advocates to

ensure patients' rights in county jails. The committee still monitors the training of newly hired advocates in the counties.

The Performance Outcomes committee issued the 2020 Data Notebook to address telephonic and telehealth virtual appointments. DHCS asked the Council to utilize the 2020 Data Notebook to query counties regarding the successes and challenges of delivering services via telehealth in order to bolster their request to continue this delivery modality post public health emergency. Preliminary results show a decrease in "no-shows" and increased access despite challenges with equipment and bandwidth.

Liz addressed the Reducing Disparities Work Group's creation of an equity statement to convey the intention of the Council to ensure the work is accomplished through the lens of racial equity.

Tony Vartan made the motion to approve the 2020 Year End Report, which was seconded by Karen Baylor. Motion was approved unanimously. No abstentions.

### **Public Comment**

None.

### **Review Proposed Operations Language for Committees**

Executive Officer Jane Adcock, provided follow-up from October Executive Committee when the Operating Policies and Procedures were first reviewed for update. Jane reviewed each page's comments and proposed changes. The committee will retain the definition of quorum to mean a simple majority of current membership. Language that was in conflict with the Bagley-Keene Open Meeting Act was removed. It was accepted to change the naming of Council Chairperson from the "Chief Executive Officer" to the "President" of the Council. New language was added to clarify quarterly meetings to occur as in-person or virtual/telephonic meetings since the advent of the pandemic, the quarterly in-person meetings have been held virtually. The nomination process for the Chairperson-elect has been reworked to delineate the steps in chronological order.

### **Review of Virtual Meeting Processes**

Noel O'Neill began discussion of newly-proposed virtual meeting procedures and, due to time sensitivities, he suggested these be brought back to the Executive Committee for review as an action item in April.

### **Report from CA Coalition for Mental Health**

Daphne Shaw reported the Coalition met earlier in January via virtual meeting. The Coalition elected a new President, Adrienne Shilton. Also, discussed priority areas for the year. Focus on parity, housing and possibly criminal justice. Prior criminal justice workgroup was chaired by Stephanie Welch and then Sheron Wright who have moved onto other positions.

### **Wrap Up and Plan for Next Meeting**

Lorraine Flores asked the group to think ahead for the next Executive Committee meeting agenda in April. She acknowledged the scheduling of the virtual meeting procedures and the upcoming change in Council Chairperson with Noel O'Neill taking over.

Jane asked about planning for the review and use of Council member ideas for priorities/goals in 2021 that will be presented on Friday morning during the General Session. Noel indicated that the Officer Team will work with staff to synthesize the member priorities into overarching goals for the Executive Committee to review in April.

Meeting adjourned 10:00am.

**California Behavioral Health Planning Council  
Executive Committee  
Wednesday, April 14, 2021**

**Agenda Item:** Council Membership Update

**Enclosures:** Current Council Appointment List

**Background/Description:**

At each quarterly meeting, to ensure fulfillment of the provisions in Welfare and Institution Code Section 5771, the Executive Committee will review the membership needs and any actions to occur by the next quarterly meeting. CBHPC will provide quarterly reports on membership activity. CBHPC will provide quarterly reports on membership activity and an annual summary.

As of April 2021, there is one vacancy in the Family Member Parent of child with SED category and Two State Representative vacancies.

**2021 Summary of Council Member Activity:**

**January-February**

No Changes

**March**

Appointments: None

Separations: Kathi Mowers-Moore (State Rep Department of Rehabilitation)



**CALIFORNIA BEHAVIORAL HEALTH PLANNING COUNCIL  
BREAKDOWN OF PLANNING COUNCIL APPOINTMENTS  
2021**

	<b>First Name</b>	<b>Last Name</b>	<b>Appointment Category</b>	<b>County</b>	<b>Gender</b>	<b>Ethnicity</b>	<b>Appointment Date</b>	<b>Expiration Date</b>
1	Joanna	Rodriguez	Family Member Parent of SED Child	Los Angeles	Female	Latina	09/01/20	12/31/23
2	<b>VACANT</b>	<b>VACANT</b>	Family Member Parent of SED Child	<b>VACANT</b>	<b>VACANT</b>	<b>VACANT</b>		
3	Deborah	Starkey	Family Member Parent of SED Child	Sacramento	Female	Caucasian	01/01/17	12/31/22
4	Darlene	Prettyman	Family Member	Fresno	Female	Caucasian	01/01/14	12/31/22
5	Lorraine	Flores	Family Member	Santa Cruz	Female	Latina	01/01/13	12/31/22
6	Iris	Mojica de Tatum	Family Member	Merced	Female	Latina	08/01/19	12/31/22
7	Celeste	Hunter	Family Member	San Diego	Female	Afr. Amer.	01/01/97	12/31/22
8	Karen	Hart	Family Member	Monterey	Female	Caucasian	03/30/95	12/31/22
9	Hector	Ramirez	Direct Consumer	Los Angeles	Male	Native Amer./ Latino	09/17/19	12/31/22
10	Steve	Leoni	Direct Consumer	Contra Costa	Male	Caucasian	01/01/14	12/31/22
11	Christine	Frey	Direct Consumer	San Diego	Female	Caucasian	10/07/19	12/31/22
12	Angelina	Woodberry	Direct Consumer	Sacramento	Female	Afr. Ameri.	12/10/20	12/31/23
13	Arden	Tucker	Direct Consumer	Sacramento	Female	Afr. Amer.	05/14/14	12/31/22
14	Vera	Calloway	Direct Consumer	Los Angeles	Female	Asian/ Afr. Amer.	03/01/16	12/31/22
15	Walter	Shwe	Direct Consumer	Yolo	Male	Asian	10/23/03	12/31/21
16	John	Black	Direct Consumer	Stanislaus	Male	Caucasian	8/14/18	12/31/21
17	Susan	Wilson	Cons-Rel. Advocate	Shasta	Female	Caucasian	01/13/10	12/31/21
18	Gerald	White	Cons-Rel. Advocate	Sacramento	Male	Latino/Caucasian	01/01/18	12/31/21
19	Monica	Caffey	Cons-Rel. Advocate	San Bernadino	Female	Afr. Amer.	05/08/09	12/31/22
20	Liz	Oseguera	Cons-Rel. Advocate	Sacramento	Female	Latina	02/01/17	12/31/22

	<b>First Name</b>	<b>Last Name</b>	<b>Appointment Category</b>	<b>County</b>	<b>Gender</b>	<b>Ethnicity</b>	<b>Appointment Date</b>	<b>Expiration Date</b>
21	Noel	O'Neill	Profess/Provider	Mendocino	Male	Caucasian	07/27/14	12/31/22
22	Barbara	Mitchell	Profess/Provider	Monterey	Female	Caucasian	01/01/00	12/31/21
23	Christine	Costa	Profess/Provider	Orange	Female	Asian	8/14/18	12/31/21
24	Sokhear	Sous	Profess/Provider	Stanislaus	Female	Asian	1/01/19	12/31/21
25	Veronica	Kelley	Profess/Provider	San Bernadino	Female	Asian/ Caucasian	01/01/17	12/31/22
26	Dale	Mueller	Profess/Provider	San Bernadino	Female	Caucasian	04/06/01	12/31/22
27	Karen	Baylor	Profess/Provider	Alameda	Female	Caucasian	08/01/19	12/31/22
28	Tony	Vartan	Profess/Provider	San Joaquin	Male		03/01/19	12/31/22
29	Uma	Zykofsky	Profess/Provider	Sacramento	Female	Asian	08/01/20	12/31/23
30	Deborah	Pitts	Profess/Provider	Los Angeles	Female	Caucasian	01/01/13	12/31/20
31	Catherine	Moore	Profess/Provider	San Diego	Female	Caucasian	02/01/17	12/31/22
32	Daphne	Shaw	CA Coalition for MH	San Joaquin	Female	Caucasian	01/01/93	12/31/22
33	Cheryl	Treadwell	Dept. of Social Services	Sacramento	Female	Afr. Amer.	State Employee	N/A
34	Tim	Lawless	Dept. of Housing & Community Developm't	Sacramento	Male		State Employee	N/A
35	Marina	Rangel	Dept. of Corrections & Rehabilitation	Sacramento	Female	Latina	State Employee	N/A
36	Brendan	McCarthy	Health & Human Services Agency	Sacramento	Male		State Employee	N/A
37	<b>VACANT</b>	<b>VACANT</b>	Dept. of Rehabilitation	<b>VACANT</b>	<b>VACANT</b>	<b>VACANT</b>	State Employee	N/A
38	<b>VACANT</b>	<b>VACANT</b>	Dept. of Education	<b>VACANT</b>	<b>VACANT</b>	<b>VACANT</b>	State Employee	N/A
39	Irene	Walela	CA Commission on Aging	Sacramento	Female		State Employee	N/A
40	Jim	Kooler	Department of Health Care Services	Sacramento	Male		State Employee	N/A

**California Behavioral Health Planning Council  
Executive Committee  
Wednesday, April 14, 2021**

**Agenda Item:** Review Proposed Virtual Meeting Procedures

**Enclosures:** Draft Virtual Meeting Procedures

**Background/Description:**

For the 2020-21 fiscal year and possibly into 2021-22, the meeting format for the Council's quarterly meetings and committee meetings has changed to virtual.

These proposed virtual meeting procedures have been developed to provide Council members and Chairpersons with easy-to-follow guidelines and procedures to support the operations and mechanics of Council meetings while in virtual format.

Executive Committee members are invited to review, comment, and suggest changes or additions prior to being shared with the full membership.

# CBHPC Virtual Meeting Procedures

DRAFT

## **Before the Meeting:**

Staff will create the meeting agenda and include the virtual meeting link and call-in number on the agenda. Simply click on the link either on the agenda, or in your calendar invitation, to join the meeting. All meeting agendas, with the link, are posted on Council website. The meeting details are also posted on committee webpages.

When staff create the meeting link, certain features will be enabled including:

- Recording the meeting
- Allow participants to join anytime
- Sharing of documents/screen by host/staff permission only

Plan to join the meeting at least 10 minutes before the start time to allow sufficient time to ensure connection and for resolution of any technical difficulties. Make sure you have meeting details, a passcode is required for security reasons.

## **Starting the Meeting**

Start on time.

Chairperson starts the meeting by welcoming all. To save time and confusion, ask staff to call out names of members and they can introduce themselves to the participants.

Chairperson publicly confirms with staff that there is a quorum.

Chairperson should then briefly review the below guidelines before starting on the agenda.

## **Meeting Guidelines and Instructions:**

**Recording:** The meeting will be recorded, so please state your name before you speak, only one person speak at a time, do not use acronyms and speak clearly.

**Mute Function:** Please mute yourself when you are not speaking. This will reduce the level of background noise and interference during the meeting. You can do this by clicking on the microphone icon. The icon will appear red or have a red line slash when you are muted. Please note, if you do not mute yourself and there appears to be interference coming from your line

# CBHPC Virtual Meeting Procedures

DRAFT

you may be muted by Council staff. You may press \*6 if you are calling in to mute yourself.

**Group Discussion:** If Council members have questions during a presentation/discussion, you can click the "raise hand" function to show that you would like to make a comment. If you are using a laptop, this function should be displayed as a hand icon next to your name when you click on the "participant" icon at the bottom of the screen. If you cannot locate this function, please let us know and we will help you.

Staff can help keep track of the order of members as they raise their hand and will call on people in that order. Those who are calling in can press \*9 to raise their hand.

Please state your name before speaking. Once you have stated your question or comment, you can lower your hand by clicking on the hand icon again.

Depending on the size of the group, "raising a hand" may not be needed, the chairperson can allow open dialogue when appropriate.

**Chat Feature:** Under Bagley-Keene, transparency of discussion is paramount, thus, the use of the Chat Feature to talk among yourselves is highly discouraged. If you are having an issue and need staff assistance then the Chat Feature is a way to quietly secure needed assistance from staff. Discussion of issues or commentary in Chat is prohibited.

**Public Comment:** Members of the public will attend the virtual meetings and have the opportunity to speak during the public comment portion of the agenda. Ask them to use the "raise hand" function and staff will call out names in the order received. Ask that they state their name before speaking.

If you are a Council member participating in a Committee meeting in which you are not a member, you will have the opportunity to make comments prior to public comment. Unrestricted participation is reserved for committee members.

**Respect:** Virtual meetings are professional and deserve the same etiquette as an in-person meeting. Please mute your phone/computer notifications, minimize disruptions, give your full attention and limit multitasking.

# CBHPC Virtual Meeting Procedures

DRAFT

## **Things for Chairpersons to keep in mind:**

**Breaks & Public Comment:** Taking the scheduled break is not optional, it is mandatory and considerate for the closed captioner and fellow Council members.

Allowing time for public comment is also mandatory and time limits are used only when a large number of persons wish to make comment. Public comment is ALWAYS taken just prior to a vote (except minutes)

**Meeting Facilitation:** Virtual meetings do not have the same personal connection that in-person meetings can have. There are things you can do to promote engagement such as calling on each member for input, asking for a show of hands from the group and keeping the agenda moving.

When possible, keep the sharing of documents/screen to a minimum in order to allow for maximum face-to-face interaction of Council members.

Engage committee members first. Be aware of who is on the committee, and who is not, so that non-committee (or non-Council) members are not included in discussions inappropriately. We seek a balance between honoring the appointment of Council members and being inclusionary/welcoming of others.

As you conclude the agenda, identify any follow-up items that came up to keep everyone on the same page.

**Motions:** When a motion is made and a vote is to be taken, have staff do a roll-call vote after taking public comment, the only exception is motions made to approve meeting minutes.

**Recordings:** Meeting recordings are for staff use only to create meeting minutes. Recordings are not normally shared and requests are handled on a case by case basis by the Executive Officer.

STAFF ARE YOUR RESOURCE. If you have any questions about process or are having any difficulties, contact staff via the chat feature. There is usually more than one staff person at each committee meeting so feel free to reach out to any of them.

**California Behavioral Health Planning Council  
Executive Committee  
Wednesday, April 14, 2021**

**Agenda Item:** Review and Discuss Council Member Priorities

**Enclosures:** Grouping of Members' Stated Priorities from January 2021 General Session

**Background/Description:**

During the January 2021 Council General Session, the Chairperson asked each member to take 30 seconds to present their priorities for 2021 for the Council, for their committee and/or for themselves. Attached is the listing of the members' statements and groupings into topics, where possible.

Executive Committee members are invited to review and discuss the listing to recommend to the Chairperson any possible area(s) of focus for the Council in 2021.

# Executive Summary

## **Children/Youth**

Go upstream to ensure children, TAY, and families have access to and receive mental health services when and where they need them. Ensure mental health education is provided in schools from kindergarten up and school staff are equipped to identify and refer. That the transition of youth into the adult system is smooth and doesn't result in falling through the cracks.

## **Housing/Homelessness**

Two main priorities identified are 1) affordable housing for older adults and 2) address the loss of licensed residential facilities and the financial issues preventing more facilities from serving individuals with serious mental illness.

## **Council Work**

Strengthening the Council's collaboration and relationships with DHCS and SAMHSA ranked highest. Next was ensuring Council work in the committees integrate the Equity Statement into practice, address disparities, complete quality projects and goals that continue to raise the Council's visibility and voice.

## **Direct Service Issues**

The CalAIM implementation provides us a great opportunity to decrease documentation and paperwork requirements, improve reimbursement processes, create standardized assessment tools and quality measures and to increase access and effectiveness in services delivered. But before that happens, the system will need to transition into post-pandemic environment and support successful service delivery strategies while phasing out those that created barriers for persons needing direct services.

## **Peers**

Year 2021 will be the year of the Peer. The implementation of the Peer Support Specialist Certification Program must be done with Peers, for Peers, and by Peers. The training and validity of the process must be supported by peers as well as having peers in the workplace as managers, supervisors and including workplace preparation that promotes peer career ladders/lattices all the way up to leadership.

## **Workforce**

Need to keep the workforce engaged and growing or we cannot deliver any of the things that we would like to do. By having the CSU and UC systems add mental health to curriculum, can create potential pipeline for a diverse workforce. And also think about career ladders/lattices and attracting people that have specialties, eg, LGBTQAI, and older adults, etc.

## **Misc**

Other very important aspects of the BH system were mentioned including suicide prevention, crisis response lines, patients' rights, stigma and discrimination, formerly incarcerated individuals and structural racism leading to racial disparities.



## Council Member Priorities in Key Areas

### Children/Youth

*(3) the health and welfare of children*

*enhancing child abuse mental health services*

*making sure youth and children are getting the services they need from the state level on down.*

*have consumers support around children specifically related to transitional needs.*

*(3) focus on mental health education in schools starting in kindergarten, the majority of the students are asking for help. We need to start health education of the youngest ages all through high school*

*transfer from County children services to adult services they fall through the cracks, especially right now, I don't know how to fix it or how to face, address it the right way*

*recommending a mental health training specific component to their curriculum specifically for children so we are trying to bring the training into the schools sometimes it is optional mandatory but perhaps in a couple of years this will be more integrated as a norm of the system. If we get started quickly.*

*to enhance youth services and services for young people in schools,*

*go upstream, focus on children and tay*

*with families in the COVID situation, creating friction and a lot of stress, I have a child with depression that dropped out of university*

*Wish we could have a new appointment from the Department of Education with an emphasis on children and transitioning, particularly on health, and transitioning children into adult services.*

### Housing/Homelessness

*really be involved in a method of resolving the structural problems of adult residential care homes.*

*my goal for housing. In particular older adult housing, there is a tremendous shortage of older adult housing*

*(3) funding for ARFs*

*I am also interested in the older population across the state which is hardly mentioned in our committee meetings, and I know that locally a lot of our seniors and folks that are receiving mental health services are sometimes losing their housing due to rents being raised and things like that, they become one of the homeless at age 65 or 67 or 68. So those populations of the elders are facing these economic situations are very important,*

*two is identify the crises in the residential facilities*

*to target the most immediate concern and see if we can make some changes whether it is making contact through community members or whatever legislators, to get immediate resources to adult residential facilities*

## **Misc**

Continuum of care for ethnic communities, *Expand engagement and outreach*

*(2) Suicide prevention and 988 effort*

*Monitor Patients' Rights, don't diminish during pandemic*

*I see a lot of different endeavors happening across the state that I believe separates that community that's reentering the broader community from incarceration, there are moves we can make such as having peer support specialist role for that community, and in one particular County those community health workers have been a great asset, and I see that being a wonderful model to tap into if that was rolled out efficiently at all the other counties*

*outing structural disparity in the system*

*there is a lack of awareness of mental health in general. So we can increase that awareness and actually have mental health as a component in the rollout we will create some challenges as far as the stigma attached*

## **Council Work**

*how to get our voice out to where it needs to be heard*

*We also have integrating council equity statements. Which I hope everyone will be working on, we did mention it as a council when we began the meeting today*

*collaborating closer with SAMSHA with the federal rules when it be. See what the federal rules want to be*

*Strengthen Council and DHCS*

*the inequity dashboard that the council track progress so we can have input across the board*

*work on strengthening the connection between the Council and the DHCS*

*support committee work plan goals*

*that the committee will have a dual role to look at continuing the efforts around individuals seeking employment and making sure that individuals seeking employment have the best opportunity possible and they continue to work on the peer issues in the training issues for staff*

*I really want to work to see that the Council continues to function effectively as it has, and that our profile is increased, the people know the hard work that the committees are doing and some of the outcomes that you have arrived at*

*that our outcome committee addresses racial and other inequities."*

*I really want to get to know the councilmembers. I'm a new member I know many of the council members from earlier parts of my work, but really want to get to know the different work and the different perspectives that people have*

## **Direct Service Issues**

*how we are going to transition back in person to mental health services and have this discussion about is it going to be a hybrid, are we to offer both, is to be clinicians choice? Figure out how to best support a transition back to services,*

*the extent of consumer care throughout the community needs to be addressed meaning that initial contact really begins at the community level so that we understand this and don't limit it to the system itself but to know that in the scope of serving the communities that there is outreach and referral to the system, to look at new and innovative ways of doing that to engage the community.*

*Decrease documentation and increase services*

*assessment tools as being invaluable from a patient standpoint and expediting services to the clients*

*I am glad to see that we have standardized tools being developed and that the quality measures across the counties are being standardized.*

*big moment for CalAIM, for the first time to really reduce paperwork burdens, and also improve the quality of service to people we serve, these things go together. This is like a decade's long project, but this is a moment we can really influence and impact that.*

*(4) CalAIM implementation*

## **Peers**

*(5) pursuing the success of the peer specialist rollout, and exploring barriers*

*Peer support, I think there is a role in our clinics, in our programs that we need more of a presence, how are we to get more people on board in a short period of time*

*I also want to speak out for the peer certification and be clear that the training is relevant in that it is provided by peers to peers, and the validity of the process is supported at the peer level as well, and we talk about having peers in the workplace that we appear as managers, managers that are not related to peers, that we have a structure that increases peer management and peer leadership and also peer employees.*

*(2) Peers as supervisors and workplace preparation*

## **Workforce**

*to keep nurses engaged in the workforce in a healthy and secure, in the right way -- that is part of reaching the overall goal of the Council because without the workforce we cannot deliver any of the things that we would like to do*

*have CSU and UC add mental health to curriculum*

*we need career ladders. I am thinking right now upward career ladders but also lateral. Because the people that have specialties, eg, LGBTQAI, and not every care specialist is able to connect with all those groups.*