

California Behavioral Health Planning Council

Executive Committee Agenda

Wednesday, January 19, 2022

~~Holiday Inn San Diego Bayside~~

~~4875 N Harbor Drive San Diego, CA 92106~~

~~Point Loma Room~~

IN PERSON CANCELLED 1/5/2022

8:30am to 10:15am

Zoom Meeting Link:

<https://us02web.zoom.us/j/88598103440?pwd=VlRaVkI5c1FoanFsWkQ4ZEhnMG14QT09>

Meeting ID: 885 9810 3440

Meeting Passcode: 146027

8:30am	Welcome and Introductions <i>Noel O'Neill, Chairperson</i>	
8:35am	Approve Prior Meeting Minutes <i>Noel O'Neill, Chairperson</i>	Tab 1
8:40am	Review Council Membership/Recruitment Plan <i>Jenny Bayardo, Chief of Operations (COO)</i>	Tab 2
8:55am	Public Comment <i>Noel O'Neill, Chairperson</i>	
9:00am	Discussion of Council Appointment Categories <i>Jane Adcock, Executive Officer & Jenny Bayardo COO</i>	Tab 3
9:25am	Break	
9:35am	Public Comment <i>Noel O'Neill, Chairperson</i>	
9:40am	Review and Comment 2021 Year End Report <i>Noel O'Neill, Chairperson</i>	Tab 4
9:55am	Public Comment <i>Noel O'Neill, Chairperson</i>	
10:00am	Report from CA Coalition for Mental Health <i>Daphne Shaw</i>	
10:10am	Wrap-Up and Plan for Next Meeting	
10:15am	Adjourn	

California Behavioral Health Planning Council

Notice: All agenda items are subject to action. Scheduled times on the agenda are estimates and subject to change. **For questions or if Reasonable Accommodation is required, please contact Gabriella Sedano at 916.323.4501 by January 7, 2022** in order to meet the request.

Executive Committee Members

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

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

Legislation: Tony Vartan, Chairperson Vacant, Chair-Elect

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

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

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

Performance Outcomes: Susan Wilson, Chairperson

At-Large: Arden Tucker

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

TAB 1

**California Behavioral Health Planning Council
Executive Committee
Wednesday, January 19, 2022**

Agenda Item: Approve June 2021 and October 2021 Executive Committee Meeting Minutes

Enclosures: Draft Executive Committee Minutes for June 2021 meeting and October 2021 meeting

Background/Description:

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

DRAFT

CBHPC Executive Committee Meeting

**June 16, 2021
Meeting Minutes**

Committee Members present:

Noel O'Neill, Lorraine Flores, Deborah Starkey, Vera Calloway, Monica Caffey, Catherine Moore, Susan Wilson, Daphne Shaw, Arden Tucker, Veronica Kelley, and Jim Kooler.

Staff Present: Jane Adcock, Jenny Bayardo and Naomi Ramirez.

Welcome and Introductions

Members were welcomed and introductions were completed.

Approve April 2021 Meeting Minutes

Lorraine Flores moved to approve the April 2021 minutes and Susan Wilson seconded. Motion passed with Deborah Starkey abstaining.

Catherine Moore moved to approve the May 2021 minutes and Daphne Shaw seconded. Motion passed with Deborah Starkey, Lorraine Flores and Ronnie Kelley abstaining.

Review Council Membership/Recruitment Needs

Jenny Bayardo, Chief of Operations for the Council, gave a quick update on Council member appointments and vacancies.

Presently, Kim McCoy Wade is representing the CA Department of Aging and Elena Gomez is representing the Department of Rehabilitation. There continues to be a vacancy for a parent of a child and a representative for the Department of Education.

Public Comment

Desiree, a member of the public, made comment on the cruel and unusual treatment that is being inflicted in the county correctional facility toward inmates. She stated, "I want to file a grievance because my loved one is experiencing harm and retaliation, it's an unnecessary situation. I went to visit on Sunday and the officer at the front kept taking his mask off. I asked if I could speak with the Watch Commander, but he told me that I don't work with those guys everyday so don't know what they have to go through. Every time I make a complaint or file a grievance, they are never acknowledged. Nothing is done about it. They get beat, my loved one was moved to the twin towers

and was choked during transport. Lots of stuff happening that's not good. Even COVID compliance is not being followed. Officers are given one mask per month. The Sheriff's Department staff should also have to show verification of negative tests. Policies should be enforced on both ends not just on our end. I'm asking if someone could help me get some help on these issues." Council Member Vera Calloway connected with Desiree to provide some help outside of the meeting.

Review Virtual Meeting Procedures

Jane Adcock provided an overview of the draft proposed virtual meeting procedures under Tab 3 of the meeting materials. During the April meeting, suggestions and additions were discussed regarding use of the chat feature, establishing rules for chat, and naming committee/Council members to promote identification, etc. Jane provided highlight of changes in final document.

Arden acknowledged the return of Naomi Ramirez.

Vote to Approve Virtual Meeting Procedures

Lorraine Flores moved to accept the Virtual Meeting Protocols. Catherine Moore seconded the motion.

No public comment.

Motion passed unanimously.

Approve the 2021-22 Transparency Statement

Noel referred members to Tab 5 for the proposed Transparency Statement which presents Council members who have financial connections to the system and serves to provide additional transparency beyond the Fair Political Practices Commission's Conflict of Interest Form 700 filing. Council policy calls for any Council member, when there is a perceived conflict, to recuse themselves from a vote. Noel then opened discussion among the members. Catherine asked if this was for new members or for anyone on the Council. Noel confirmed, that any member who is paid from a source that is connected to the publicly-funded behavioral health system discloses such information on this document. Jane explained that this process was developed as a strategy to be fully transparent about any financial connections a member has.

Catherine pointed to the column titled "date reported" which are all recent but for some, the income source isn't new. After discussion, it was pointed out that if the column doesn't depict the original date of report, then may be best to remove the column since the statement is prepared and approved each year.

Review Council Procedures vs Legal Requirements

Noel advised that Council staff have prepared an overview of various legal requirements and operational protocols that the Council follow and utilize for structure for its meetings and processes.

Jane reviewed Bagley-Keene's definition of what is a meeting and explained how the definition applies to the Council to trigger when/under what circumstances the requirements of Bagley-Keene Act are activated.

Jane further discussed legal requirements versus Council procedures. Under the Council's Operating Policies and Procedures, a modified Robert's Rules of Order has been adopted to be used for motion processes. This adoption is a choice and can be changed by the Executive Committee. Alternatively, the Council is required to abide by the legal mandates of the Open Meeting Act to allow public access and participation.

Jane acknowledged the lifting of some of the Open Meeting Act requirements due to the pandemic with regards to meeting virtually. Currently, we are not required to include member addresses on the agenda for our virtual meetings, however, all other meeting notice and public access requirements remain in place.

Catherine stated that once we adopted the rules then we have to follow them and we are obligated to maintain compliance until they are changed. Jane confirmed and stated that the Council strives to maintain a balance of compliance but not to be so rigid as to not be inclusionary and welcoming. We want to invite open and honest dialogue among members and the public, so at times something may occur which may be better handled by being flexible.

Susan asked Jane to confirm the definition of a meeting under Bagley-Keene. Jane read the Act's definition, "A meeting occurs when a quorum of a body convenes, either serially or all together, in one place, to address issues under the body's jurisdiction."

Catherine asked if the Bagley-Keene was a bit antiquated about the requirement to include member addresses on the agenda and expressed concern over possible harassment as has happened to other public officials. Jane reported about recent legislative amendments to the Open Meeting Act and that the inclusion of addresses is a new rule to allow members of the public to be able to look the members of the body in the face rather than address disembodied voices over the phone. Catherine reflected that the new use of Zoom, which does allow the public to see the faces of the body, could result in a change in the law in the future.

Arden discussed accessibility and raised questions about how the Council includes the deaf and hard of hearing community. She looked up a website for information about how to do that but it means an ASL interpreter would be provided and whomever does Council arranging would need to give access to any member of public/Council member who is deaf or hard of hearing to be able to place the image anywhere on their screen.

Jane indicated that the Council uses closed captioning rather than an ASL interpreter. Arden indicated that English is not the first language for most deaf and hard of hearing individuals. Jane indicated the Council has secured ASL interpretation in the past, however, we have not received any requests recently. Arden indicated that if a person who has hearing impairment doesn't see something that indicates the meeting is

welcoming and safe, then they will assume the meeting doesn't include them/their community. Arden expressed that it is similar to the experience by members of the queer, trans, gay or lesbian community.

Jenny indicated that the state process requires a request be made by an individual. We definitely want to be welcoming and inclusive and will cover all costs for the provision of ASL interpreter should an individual make a request. Notice has to be given to secure the service in advance, we are not always able to make last minute accommodations.

Arden asked the Council to step back from business as usual, that in order to be inclusive, there needs to be change. Vera agreed with Arden and asked Arden if she sees a flyer and doesn't see any sign or mention that it is LGBTQ-friendly does she not attend the event?

Public Comment

Steve Leoni mentioned that the Bagley-Keene's requirement to put participating members' addresses on an agenda for a conference call does not make sense for us. Many members are in their personal homes when calling in to teleconference meetings. He suggested getting a waiver to this requirement.

General Session Present: Future Meeting Format

Noel reviewed the proposal to hold in-person quarterly meetings following our existing format in January, April and June 2022. The proposal includes holding most of the committee meetings, via virtual format, in the week before the traditional quarterly meeting week. Then, in the traditional meeting week, the Executive, Performance Outcomes and Patients' Rights Committees would meet in person and the General Session would be held in person 10:00am – 5:00pm on Wednesday and 9:00am – 12noon on Thursday.

Jane mentioned that Jim Kooler has asked the Council to consider "ripping the band-aid off" and adopting the new format in January 2022 rather than holding in-person meetings in first half of 2022 and then changing to the new format in October 2022.

Noel invited Executive Committee members to comment on the proposal:

Arden Tucker stated she is still contemplating the proposal.

Catherine Moore responded to the approach suggested by Jim Kooler and advises against it. One reason is that we are required to have public access (Bagley-Keene), this includes listing Council Members personal home addresses if this is where they call in from and allowing members of the public to show up there. Also, there are advantages and disadvantages for the 2 different weeks for meetings.

Deborah Starkey, no additional comments.

Vera Calloway expressed concern regarding the differing times between in-person and virtual meetings.

Ronnie Kelley stated she see benefits of the proposal and appreciates not being out of office for so many days.

Daphne Shaw stated she is wrapping her brain around not ending our meeting on Friday at noon. "I have been doing it for so long and this is a deviation after a long habit."

Lorraine Flores indicated she likes the combination of in-person and virtual. Being able to be with other members face to face to discuss issues and connect is important.

Susan Wilson stated she believes the proposal is ok. Hard to imagine that far out.

Monica Caffey echoed comments about having to adapt to so many changes, and change being difficult. She appreciates the team putting together a structure that is viable and keeps us safe. A transition period is important.

Noel asked for staff to weigh in also. Jenny Bayardo stated if this works for members, it works for staff. While we would save some money, there are additional things to take into consideration.

Naomi stated it will be good for members to have opportunity to meet in person. She acknowledged that virtual meetings do allow for increased participation while in-person might have caused someone to miss the meeting due to conflicts in schedules.

Jane acknowledged that the Council has adapted to change very well in the past. She also agreed there are additional operational aspects that must be considered.

Public Comment

Steve Leoni indicated that it is the Governor who has made the waiver of Bagley-Keene by Executive Order which may not be in place this October so that needs to be considered. He also indicated he would prefer that the committee meetings continue to be held one at a time rather than returning to holding 2 committee's meetings during the same timeframe. He also stated that it might be better to hold committee meetings in-person because they are much more interactional and the General Session be held virtually. He also requested if the committees could meet in person one time per year.

Report from CA Coalition for Mental Health

Daphne Shaw reported that the CCMH met on June 2nd at 1:00pm. She stated that at the beginning of the meeting, the Treasurer's Report showed that NAMI had ended its membership. Daphne indicated that she was disturbed because NAMI is a founding member of the Coalition and has been an important member.

Daphne reported that the main event was a presentation by Stephanie Welch, Deputy Secretary for Behavioral Health at the Health and Human Services Agency. She presented on the Children and Youth Behavioral Health Initiative. The group also reviewed several bills that the member organizations are active on, some of which the Council has not taken a position. Daphne reported on an effort to include Occupational

Therapists as designated mental health providers under Medi-Cal. It was reported at the meeting that about 3% of OTs in California already work in mental health.

Wrap Up and Plan for Next Meeting

Next meeting will be in October. Depending on result of the discussion on proposed meeting format during the General Session, there may be need for additional discussion and decision making by this committee..

Noel reported out about meeting with Toby Ewing, Executive Director of the Mental Health Services Oversight and Accountability Commission (MHSOAC) in May. The Welfare and Institutions Code states that the Commissioners are all ex officio members of the Planning Council. Toby agreed to meet with the Council members. Noel emphasized there should be robust communication between our organizations including having the Council present our Year End Report at a Commission meeting each year.

Daphne mentioned that in previous years, a commissioner did sit on the Council.

Vera advised that DHCS released a Request for Proposal in early June that was created with The Advocates for Human Potential (AHP). Being curious, she looked and found that among the 12 senior advisors at AHP, there were no persons of color. Also, among the 2nd tier of program staff of approx. 25 people, there was only one person of color. She asked how are consultants, who promote themselves as Human Potential experts, have no representation from communities of color?

Public Comment

Steve McNally gave a thumbs up on increased communication with the MHSOAC. Steve also mentioned that the local boards really need help getting solidified in their communities and with their elected officials.

Meeting adjourned 10:02am.

DRAFT

CBHPC Executive Committee Meeting

**October 20, 2021
Meeting Minutes**

Committee Members present:

Noel O'Neill, Lorraine Flores, Deborah Starkey, Vera Calloway, Monica Caffey, Catherine Moore, Susan Wilson, Daphne Shaw, Karen Baylor, Dale Mueller, Arden Tucker, Veronica Kelley, and Jim Kooler.

Staff Present: Jane Adcock, Jenny Bayardo and Naomi Ramirez.

Welcome and Introductions

Members were welcomed and introductions were completed.

Approve June 2021 Meeting Minutes

It was noticed that the draft minutes included in the meeting packet were dated April 14, 2021. Thus, no action was taken. Review and approval of June 2021 Executive Committee minutes will be done at the January 2022 meeting.

Review Council Membership/Recruitment Needs

Jenny Bayardo, Chief of Operations for the Council, gave a quick update on Council member appointments and vacancies.

Jenny reported that several members have been notified that their 3-year term is ending. Two members have decided not to seek reappointment, they are Christine Costa (Provider) and Gerald White (Consumer-Related Advocate). We have received requests for reappointment from John Black, Barbara Mitchell and Susan Wilson. A follow-up with Sokhear Sous is needed regarding her decision for reappointment.

Currently we have vacancies for a family member, Iris Mojica de Tatum's position, a parent of a child and a representative for Department of Rehabilitation.

Public Comment

None.

Motion: Approve 2021-22 Transparency Statement

Jane provided some background on the Transparency Statement process. She indicated that Form 700 Conflict of Interest process is in place for members to identify potential conflicts of interest. Years ago, the Council decided to implement the

Transparency Statement as a means to publicly acknowledge where members have a financial connection to the behavioral health system in order to achieve full disclosure. It is difficult to only appoint persons with absolutely no connection. If there is a vote on an issue that may be a conflict, that member recuses themselves from the vote.

Susan Wilson moved to approve the 2021-22 Transparency Statement and seconded by Ronnie Kelley. No public comment.

Motion passed unanimously.

Public Comment

None.

Discuss Future Meeting Format

Noel opened this item with a recap from the prior General Session when members presented their position on the proposed quarterly meeting schedule. Also, that members voted to hold in-person meetings for January, April and June 2022. Noel asked Jane to provide some background on recent legislative activity impacting the Open Meeting Act.

Jane reported that the Governor vetoed Assembly Bill 339. This bill would have provided extended timeframes for the exemptions from specific sections of the Open Meeting Act which would allow the Council to continue with virtual meetings.

Jane explained that after the exemption ends, in order to hold meetings in virtual format, the Council would be required to place the address of each member's location on the meeting agenda for public accessibility. These new developments impact the Council's exploration of holding committee meetings in virtual format in the future.

Noel continued the discussion about holding the January 2022 meeting in-person in San Diego. He indicated that some type of remote participation is being explored for those members who are not yet ready to attend in person. He acknowledged the high vaccination rate in California, he shared about his own travels over the last several months and that COVID is most likely not going away anytime soon.

Susan Wilson asked what kind of precautions would be taken and whether the future meeting venues have made their meeting technology "Zoom-friendly"?

Jane responded that the seating will be set up to allow for distancing, have hand sanitizer available and check with the hotels for their technology availability. It was confirmed that all meeting participants will be asked to wear masks.

Jenny indicated all of the hotels, where the Council is meeting, are following their local public health guidelines and adhering to sanitizing protocols.

Noel asked for update on April meeting venue. Jenny stated the venue has been selected and the contract is in the works. The Sonesta in San Jose, which is a new hotel near the San Jose airport, will be the location for April 2022.

Members asked to have masks available and encourage participants to secure a vaccination booster. Monica agreed that each county has their own safety protocols and asked whether windows can be opened for ventilation in the meeting rooms. Jenny indicated she will work with the hotels to ensure good ventilation.

Jim indicated this is an opportunity to become more “technology savvy” and embrace opening our meetings for people participating virtually. He asked the Council to remain open to expanding our reach via virtual meeting access.

Catherine asked whether people will be required to be vaccinated in order to attend in person. Since Governor would not have authority to mandate vaccination, would we ask people to provide an attestation to vaccination?

Jane responded that there is no authority to mandate proof of vaccination.

Monica stated there are many considerations that need to be well thought through in making the decision to meet in-person. Members are volunteers and consider possible recommendations from physicians that they not travel nor be in groups.

Karen thanked all for the conversation and the Council’s desire to safeguard everyone’s health. She asked what is the date for go-no go decision? Jane responded that it is unknown at this time.

Public Comment:

Steve Leoni seconded many of the concerns already mentioned and expressed his own.

Theresa Comstock stated she inserted a Bagley-Keene Open Meeting Act Memo from Attorney General’s Office in the chat. She also placed her virtual meeting tips there as well.

Steve McNally indicated he participates in a number of hybrid meetings where use a number of cameras and microphones. He stated he learns a lot at the Council meetings. He stated he is concerned about CalMHSA and the plan to hold closed meetings for development of Peer Certification. Not very technology friendly to know when meetings are scheduled. He called for openness, transparency, and honest dialogue at local and state level for organizations responsible for oversight of the system.

Report from CA Coalition for Mental Health

Daphne Shaw alerted members that Disability Rights California has filed a couple of lawsuits and won. One against San Benito County and required them restructure how they provide services for mental health. In the suit is a detailed writing of all of the services that must be provided by the county. And most recently, end of August,

another suit won against Alameda County regard overuse of inpatient beds and their county jail violating the constitutional rights of the persons incarcerated.

Additionally, Daphne reported that the Coalition approved donation of \$2,500 to the Mental Health Matters Day event. Chad Costello, who is now the Executive Director at CA Association of Social Rehabilitation Agencies, initiated a discussion regarding the model of care developed in the 1970's for the residential care facilities licensed by the Department of Social Services and perhaps it would be better for that role to be transferred to Department of Health Care Services for facilities serving persons with serious mental illness.

Senator Susan Eggman joined the Coalition meeting. Recently Senator Eggman has carried a number of bills which the Council has opposed due to their expansion of use of involuntary treatment. The Senator acknowledged that without sufficient resources for services and housing, we cannot just place every person with untreated mental illness on conservatorship. The senator is open to carrying legislation that will further they recovery model forward.

Wrap Up and Plan for Next Meeting

Catherine asked if the new virtual meeting procedures could be provided to members, or at least committee chairpersons, for reminders. Also, the motion process in our meeting procedures. It was agreed to post these on our website.

Public Comment

None.

Meeting adjourned 9:52am.

**California Behavioral Health Planning Council
Executive Committee
Wednesday, January, 2022**

Agenda Item: Council Membership Update and Discussion of Recruitment Plan

Enclosures: Current Council Appointment List
Operating Policies and Procedures-Recruitment Plan: Attachment D

Background/Description:

In May of 2019, the Executive Committee adopted the recruitment plan which became effective June 19, 2019. It was added to the Council's Operating Policies and Procedures. To ensure fulfillment of the provisions in Welfare and Institution Code Section 5771, it was agreed that the committee would be updated on Council appointments at each quarterly meeting in order to review the membership needs and identify any actions needed on a regular basis.

The Executive Officer and Chief of Operations will provide an update on the recruitment activities since the creation of the recruitment plan. The Executive Committee will review, discuss and update the plan as needed.

As of January 1, 2022, there are seven vacancies; 2 Family Member Parent of Child with SED, 1 Consumer Related Advocates, 2 Professional/Providers and 2 State Representatives.

2022 Summary of Council Member Activity:

January-February

Appointments: None

Separation: Daniel Lee (State Rep Department of Education)

**CALIFORNIA BEHAVIORAL HEALTH PLANNING COUNCIL
BREAKDOWN OF PLANNING COUNCIL APPOINTMENTS
2022**

	First Name	Last Name	Appointment Category	County	Gender	Ethnicity	Appointment Date	Expiration Date
1	Joanna	Rodriguez	Family Member Parent of SED Child	Los Angeles	Female	Latina	09/01/20	12/31/23
2	VACANT	VACANT	Family Member Parent of SED Child	VACANT	VACANT	VACANT		
3	VACANT	VACANT	Family Member Parent of SED Child	VACANT	VACANT	VACANT		
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	Deborah	Starkey	Family Member	Sacramento	Female	Caucasian	01/01/17	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	12/31/22
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	Monica	Caffey	Cons-Rel. Advocate	San Bernadino	Female	Afr. Amer.	05/08/09	12/31/22
19	VACANT	VACANT	Cons-Rel. Advocate	VACANT	VACANT	VACANT		
20	Liz	Oseguera	Cons-Rel. Advocate	Sacramento	Female	Latina	02/01/17	12/31/22
21	Noel	O'Neill	Profess/Provider	Mendocino	Male	Caucasian	07/27/14	12/31/22

	First Name	Last Name	Appointment Category	County	Gender	Ethnicity	Appointment Date	Expiration Date
22	Barbara	Mitchell	Profess/Provider	Monterey	Female	Caucasian	01/01/00	12/31/21
23	VACANT	VACANT	Profess/Provider	VACANT	VACANT	VACANT		
24	VACANT	VACANT	Profess/Provider	VACANT	VACANT	VACANT		
25	Veronica	Kelley	Profess/Provider	Orange	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	VACANT	VACANT	Dept. of Rehabilitation	VACANT	VACANT	VACANT	State Employee	N/A
38	VACANT	VACANT	Dept. of Education	VACANT	VACANT	VACANT	State Employee	N/A
39	Sutep	Laohavanich	CA Commission on Aging	Sacramento	Male		State Employee	N/A
40	Jim	Kooler	Department of Health Care Services	Sacramento	Male		State Employee	N/A

Council Member Recruitment Plan

Attachment D

Council Member Recruitment Plan

The recruitment plan will be complete and in effect by June 19, 2019. All Council Members and staff will be familiar with the recruitment plan and current appointment needs. The primary goal is to fill current vacancies timely with qualified candidates whose strengths align with the Mission and Vision of the Council. This recruitment plan will also aid the Council in filling future vacancies as they become available. The Executive Committee will monitor the effectiveness of the plan quarterly and revise as needed.

Current Vacancies: As of January 1 2022, we have the following vacancies; 2 Family Member Parent of SED child, 1 Family Member, 1 Consumer Related Advocates, 2 Professional Providers and 2 State Representatives.

Mission and Vision of the California Behavioral Health Planning Council (CBHPC)

Vision: The CBHPC envisions a behavioral health system that makes it possible for individuals to lead full and productive lives. The system incorporates public and private resources to offer community-based services that embrace recovery and wellness. The services are client and family-driven, responsive, timely, culturally competent, and accessible to ALL of California's populations.

Mission: The CBHPC evaluates the behavioral health system for accessible and effective care. It advocates for an accountable system of responsive services that are strength-based, recovery-oriented, culturally and linguistically responsive, and cost-effective. To achieve these ends, the Council educates the general public, the behavioral health constituency, and legislators.

Recruitment Process

The Executive Officer along with the Officer Team (Chairperson, Past-Chair and Chair-Elect) will regularly assess membership to identify membership composition needs in order to ensure compliance with WIC Sec 5771 and discuss this with the Executive Committee. The Executive Committee will ensure the Council's composition is demographically, geographically and culturally and linguistically balanced and reflects Council priorities and areas of interest. Our recruitment efforts will include:

1. Targeted recruitment efforts for regions under-represented on the Council
 - a. Identify members on the Council in these areas to solicit lists of organizations for potential recruitment
2. Targeted recruitment of members representative of California's diverse population
3. Targeted recruitment of individuals with SMI/SUD and family members of persons with SMI/SUD.
4. Targeted recruitment around areas of membership composition needs identified by the Executive Committee
 - a. Identify, prioritize and come to consensus on current areas of interest to focus on when recruiting new members for current vacancies

Council Member Recruitment Plan

Attachment D

Recruitment Strategies

Immediate:

1. Engage all current Council Members in the recruitment process as appropriate and when needed. Council Members are encouraged to:
 - a. Identify opportunities for partnership
 - b. Participate in relationship building
 - c. Make direct referrals
 - d. Post event photos, event announcements or articles of interest to the Council's Facebook Page or submit these items to CBHPC staff for posting
 - e. Assist with staffing CBHPC recruitment tables at conferences and other mental/behavioral health events
2. Identify and develop Council members who will establish new relationships and expand existing partnership within the identified targeted areas in order to assemble a pool of potential applicants for current and future vacancies.
 - a. CBHPC staff will collect information about Council Member's current partnerships
 - b. CBHPC staff will develop a "crosswalk" of Council Member partnerships including organization descriptions and identification of the organizations area of expertise
 - c. Executive Committee can/will utilize "crosswalk" to identify and recruit Council Members to assist with recruitment of new members to be considered for appointment by the Department of Health Care Services (DHCS)
3. Engage existing partners in the recruitment process as appropriate and when needed.

Ongoing:

4. As an ambassador of the California Behavioral Health Planning Council, the Executive Officer **must** have the ability to represent the Council state-wide in order to advance the Mission and Vision of the Council as well as fulfill our federal requirements and state mandates. It is essential that the Council partner with local behavioral health organizations. The Executive Officer will re-establish and strengthen existing partnerships as follows:
 - a. Attend local behavioral health meetings in target areas as appropriate
 - b. Identify and attend mental/behavioral health advocacy meetings across the state
 - c. Develop new relationships with various mental/behavioral health organizations (Consumer run, Tribal, Parent/Family)

Council Member Recruitment Plan

Attachment D

5. The CBHPC staff shall engage in recruitment activities by actively participating in meetings, events and conferences identified by the Executive Committee. The Council should have tables at conferences that attract persons with lived experience, SMI/SUD advocates and family members.

Recruitment tools and other deliverables:

- Brochure and other materials to distribute to prospective Council Members
- Facebook Content: CBHPC staff, under the direction of the Chief of Operations, will create pre-approved recruitment post to share when vacancies occur in each appointment category
- CBHPC staff will work with Executive Committee to create standardized messaging about the Council's responsibilities, membership composition and needs
- Photo Library of Council Member activities to use in marketing efforts (social media posts, brochures, website)
- Council Member videos that tell our story and inspire others to get involved that can be posted online or shared via social media
- Letter to DHCS regarding the need for Council staff to engage in state-wide activities directly related to the mission, vision and mandates of the Council.
- Social Media Disclosure Statements and photo consent forms for members

**California Behavioral Health Planning Council
Executive Committee
Wednesday, January, 2022**

Agenda Item: Discussion of Council Appointment Categories

Enclosures: Operating Policies and Procedures-Appointment Categories:
Attachment B

Background/Description:

Currently the appointment categories the Council uses are as follows;

- Family Member Parent of a Child with SED
- Family Member
- Direct Consumer
- Consumer Related Advocate
- Professional/Provider
- State Representative

These categories are listed on the application for appointment to the Council but do not match those used to report to SAMHSA. In addition, not all Council Members have an application on file or may have changed categories since being appointed. CBHPC staff recommend creating and sending a survey to all Council Members to confirm and record appointment categories above and to update areas of expertise that align with the SAMHSA grant application to use when reporting annually.

In addition, the committee will review and discuss appointment categories in the attached Operating Policies and Procedures.

CBHPC OPERATING POLICIES AND PROCEDURES

Attachment B

DEFINITIONS OF APPOINTMENT CATEGORIES

WIC Section 5571 (b)(2) -- State Department Representatives

PL 102-321 defines these state departments as

follows: the principal State agencies with respect

to --

- (i) mental health, education, vocational rehabilitation, criminal justice, housing, and social services; and
- (ii) the development of the plan submitted pursuant to title XIX of the Social Security Act; (State Medi-Cal Plan)

WIC Section 5771 (b)(3) -- Direct Consumer, Family Members, and Advocates

1. Persons with mental disabilities

PL 102-321 defines this group as "adults with serious mental illnesses who are receiving (or have received) mental health services."

2. Family members of persons with mental disabilities

PL 102-321 defines this group as "families of such adults or families of children with serious emotional disturbance."

3. Representatives of organizations advocating on behalf of persons with mental dis- abilities

Organizations whose purpose is to advocate for the rights of persons with mental disabilities or for their access to high quality mental health services. To comply with the requirement of PL 102-321 that "not less than 50 percent of the members of the Council are individuals who are not State employees or providers of mental health services," this category must exclude organizations composed of providers of mental health services.

WIC Section 5771 (b)(4) -- Representatives of Mental Health Constituency Organizations

PL 102-321 generally describes this category as "public and private entities concerned with the need, planning, operation, funding, and use of mental health services and related support services."

1. Mental health professional organizations

Organizations composed of members possessing graduate degrees and licenses qualifying them to provide mental health services.

2. Mental health providers' organizations

Organizations composed of public or private entities providing mental health services.

3. California Coalition for Mental Health

**California Behavioral Health Planning Council
Executive Committee
Wednesday, January 19, 2022**

Agenda Item: Review 2021 Year End Report

Enclosures: Draft 2021 Year End Report

Background/Description:

This is the Council's second annual Year End Report to chronicle its activities and accomplishments of the year. This report will be presented to the DHCS, the Legislature and the MHSOAC as well as other organizations to highlight and promote the work of the Council.

This report is shared with the Executive Committee review and comment.



California Behavioral Health Planning Council

Advocacy • Evaluation • Inclusion



2021 Year-End Report

MS 2706 / P.O. Box 997413
Sacramento, CA 95899-7413
(916) 701-8211

Council website: <https://www.dhcs.ca.gov/services/MH/Pages/CBHPC-PlanningCouncilWelcome.aspx>

OVERVIEW

The California Behavioral Health Planning Council (Council) advocates for an accountable system of seamless, responsive services that are strength-based, consumer and family member driven, recovery oriented, culturally and linguistically responsive and cost effective. Council recommendations promote cross-system collaboration to address the issues of access and effective treatment for the recovery, resiliency and wellness of Californians living with severe mental illness and/or substance use disorders.

If we thought the year 2020 was unusual, well 2021 surpassed unusual and went into outright unpredictable. The ups and downs of our nation's public health emergency saw us anticipating a return to normalcy by summer and then disappointed with the development of new, more communicable variants. To ensure the health and safety of all, the Council continued to hold its quarterly meetings in a virtual format in 2021. And Council staff continued working remotely and working in the office in a staggered schedule.

The Council maintained its mission-driven efforts and sustained our focus in a number of key areas both emergent and enduring. The continuation of the public health emergency demonstrated that the COVID-19 virus is not only affecting the behavioral health community but increasing the need for services, especially by younger folks and children. Advocacy for access that is responsive is essential and a significant piece of the Council's work.

Before we begin, a tremendous amount of gratitude is extended to the Council Officers, Committee leaders and to the staff for their ongoing dedication to ensure the Council's successful operations and continued voice of advocacy for Californians served by the public behavioral health system. Their unflagging diligence is recognized and valued.

2021 ACCOMPLISHMENTS IN REVIEW

The influx of federal funding as well as increased state revenues resulted in a number of new health initiatives that cross systems and public/private sectors to address several of California's challenges including housing, access/barriers to care, workforce shortage, behavioral health needs of children/youth and disparities in health outcomes. Below are highlights of the Council's work in these areas during 2021.

HOUSING AND HOMELESSNESS COMMITTEE

The Housing and Homelessness Committee continues its focus on the ongoing loss of Adult Residential Facilities (ARFs) serving persons with serious mental illness. These licensed ARFs are an important segment on the continuum of housing and they are closing at an alarming rate which results in more persons with serious mental illness (SMI) living on the streets or not having the appropriate level of care. In July 2021, the committee held a virtual public forum to hear from ARF owners and operators about the financial challenges they experience serving persons with SMI and their suggestions for solution. Over 100 persons attended the event and we heard from ARF operators from around the state. They all expressed the same issues of facilities in disrepair due to lack of funds for regular maintenance, low staff wages including no income for owner/operators and large debt incurred to keep the facilities operational. This forum provided the Committee with clear information that facilities need to receive a minimum of \$125 per day for each person (\$3750 p/month) in order to have sufficient revenues to operate effectively. The current rate of \$37 per day has resulted in subpar care and quality.

Committee leadership met with the Governor's Office regarding the dire fiscal challenge and apprise them that even with the \$1000 per month subsidy contained in the budget, such additional funding will fall short of what is needed and the number of subsidies provided will be insufficient to reach all the individuals in need. Last fall, the Committee officers joined with other providers to meet with Community Care Licensing leadership at the California Department of Social Services to discuss the

potential to revisit the community-based care + housing model that was created over 50 years ago. This work will continue into 2022.

PERFORMANCE OUTCOMES COMMITTEE

In April 2021, the Performance Outcomes Committee released its report for the 2020 Data Notebook [\(insert link or footnote with link to report on webpage\)](#) which focused on the implementation of telehealth as a result of stay-at-home orders to mitigate the spread of the COVID-19 virus. Important findings in that report show that counties and community providers made significant investments of resources, time and effort in order to keep behavioral health services accessible in their communities. While telehealth already was used to some degree, a swift and extensive expansion occurred including the types of services offered via telehealth. Many benefits were reported including decreased appointment no shows/cancelations, increased flexibility for both consumers and providers, and increased access to services for many individuals.

The report also found some distinct challenges such as difficulties with technology and software needed for telehealth services; need to train staff, providers, and users; navigation of telehealth regulations, billing and reimbursement; as well as lack of infrastructure including computers, mobile devices, high-speed internet and even privacy for clients in their homes. Many of these challenges are addressed in the Committee's recommendations. The Council believes the benefits of telehealth will remain relevant even after the public health emergency ends. And while telehealth does not replace face-to-face services, it is a valuable and vital tool in the toolbox for behavioral health care in California.

The 2021 Data Notebook was released to county boards in August 2021 and focuses on access and retention in services by California's diverse racial and ethnic communities. The 2014 Data Notebook also addressed these issues and so a comparison may prove informative about progress in serving California's diverse

communities. As of the writing of this report, responses have come in from a majority of counties. The analysis and report will be completed in early 2022.

WORKFORCE AND EMPLOYMENT COMMITTEE

The Council's Workforce and Employment Committee has been active in both advocacy for and input on the development and implementation of Peer Support Specialist Certification, Community Health Workers and reform of administrative functions to reduce the burden on providers. All of these efforts are important keys to attract and retain a comprehensive and diverse workforce. Additionally, the Council remains in partnership with our colleagues at the Department of Health Care Access and Information, formerly Office of Statewide Health Planning and Development, in the oversight of the Five-Year Plan to address the mental health workforce shortage.

The Committee is participating in new endeavors to address the workforce shortage including the Governor's Child and Youth Behavioral Health Initiative as well as the development of a 10-Year Strategic Plan to strengthen the public behavioral health workforce. This Plan is supported by Kaiser Permanente Southern California and the County Behavioral Health Directors Association of California.

LEGISLATION COMMITTEE

The Legislation Committee's primary focus is to advocate on policies impacting the publicly-funded behavioral health system contained in proposed legislation, regulations and budget proposals. In 2021, despite the continued public health emergency, the committee members addressed over 30 bills during this legislative session. The committee focused much of its resources to advocate to maintain voluntary decision making for persons who are in need of treatment but who are not receiving services. The Council advocates for the availability of sufficient resources to engage individuals in services rather than removing an individual's right to self-determination. The Council celebrates the passage of legislation that extends the meaning of a pupil's excused absence to include an absence for the benefit of the pupil's mental or behavioral health. Additionally, the Governor signed legislation that

requires that appointments with non-physician mental health and substance use disorder providers are subject to the timely access requirements.

SYSTEMS AND MEDICAID COMMITTEE

The Systems and Medicaid Committee spent a very busy year reviewing, assessing and advising DHCS on its many proposed policies to implement the behavioral health sections of CalAIM. In early 2021, committee members submitted policy recommendations on the final proposals for the CalAIM Initiative and tracked guidance issued regarding Medicaid operations enacted during the public health emergency. Committee members also commented on several proposed Information Notices on topics including medical necessity, telehealth, and criteria to access Specialty Mental Health Services. They are in the process of reviewing an Information Notice on the CalAIM No Wrong Door policy due in January 2022. Throughout 2021, members and staff monitored the meetings of the CalAIM Behavioral Health Workgroup, the Behavioral Health Stakeholder Advisory Committee and the Behavioral Health Task Force in order to stay engaged in the latest developments and direction from the Administration. Additionally, the members submitted comment during the CMS federal comment period for California's 1115 waiver. The Systems and Medicaid Committee is preparing a series of presentations throughout 2022 to inform Council members and the public on the myriad of changes brought about with the advent of CalAIM.

PATIENTS' RIGHTS COMMITTEE

The Patients' Rights Committee's continued its strategic focus to promote accessible and effective mental health Patients' Rights Advocacy (PRA) services in California county jails. The committee released a survey to county patients' rights advocates to gather information regarding the advocates' work in county jails. The policies that affect the rights of inmates with mental illness are complex and the committee seeks to ensure adequate and appropriate services are accessible to persons with serious mental illness who are incarcerated in local institutions.

Additionally, in accordance with the requirements set forth in state law, the Patients' Rights Committee continued the monitoring and tracking of county compliance to provide timely and appropriate training to newly hired patients' rights advocates. The tracking indicates that numbers of new hires receiving the training has declined from 2019 to 2020 and into 2021 which saw just 10 new advocates were trained.

Conclusion

For the Council, and many of our colleagues in behavioral health, we have known and advocated that there is no health without behavioral health and that mental illness and substance use disorders know no boundaries of race, economic level, gender, nor life circumstances. The public health emergency has underscored these facts, motivating state leaders to take necessary action to plan augmented ongoing, one-time and cross-system resources for Californians in need of care and treatment. The recognition of the need has resulted in many new initiatives, additional funding and the expansion of existing programs. The Council remains steadfast in fulfilling its duties to advise on the policies and priorities for California's publicly-funded behavioral health system. If the past two years are any indication, 2022 will be another dynamic year for behavioral health in California. The Council looks forward to sharing its work with you and invites you to join our efforts to achieve our vision of a behavioral health system that makes it possible for individuals to lead full and purposeful lives.

Contact Us

For questions or more detailed information about any of the actions, projects or committees mentioned in this report, please contact us at 916-701-8211. You may also visit our website at:

<https://www.dhcs.ca.gov/services/MH/Pages/CBHPC-PlanningCouncilWelcome.aspx>

2022 Council Meeting Schedule
January 18-21, 2022

April 19-22, 2022

June 14-17, 2022

October 18-21, 2022