

California Behavioral Health Planning Council

Executive Committee Agenda

Wednesday, January 20, 2021

Zoom Meeting Link:

<https://zoom.us/j/91646724728?pwd=eXFoRU9SOXZBVmdDQ3RpaDlFcFRkZz09>

Meeting ID: 916 4672 4728 Passcode: 297390

8:30am to 10:00am

8:30am	Welcome and Introductions <i>Lorraine Flores, Chairperson</i>	
8:35am	Approve October 2020 Meeting Minutes <i>Lorraine Flores, Chairperson</i>	Tab 1
8:40am	Review Council Membership/Recruitment Needs <i>Jenny Bayardo, Chief of Operations</i>	Tab 2
8:50am	Public Comment <i>Lorraine Flores, Chairperson</i>	
8:55am	Review 2020 Year End Report <i>Noel O'Neill and All</i>	Tab 3
9:10am	Public Comment <i>Lorraine Flores, Chairperson</i>	
9:15am	Review Proposed Amendments to Operating Policies <i>Jane Adcock and Jenny Bayardo</i>	Tab 4
9:40am	Public Comment <i>Lorraine Flores, Chairperson</i>	
9:45am	Review of Virtual Meeting Processes <i>Noel O'Neill, Chair-Elect</i>	
9:50am	Report from CA Coalition for Mental Health <i>Daphne Shaw</i>	
9:55am	Wrap-Up and Plan for Next Meeting	
10:00am	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. **If Reasonable Accommodation is required, please contact Gabriella Sedano at 916.323.4501 by January 8, 2021** in order to meet the request.

Executive Committee Members

Officers: Lorraine Flores, Chairperson Noel O'Neil, Chair-Elect Susan Wilson, Past Chair

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

Legislation Cmte: Gerald White, Chairperson Tony Vartan, Chair-Elect

Patients' Rights Cmte: Walter Shwe, Chairperson Catherine Moore, 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, January 20, 2021**

Agenda Item: Approve October 2020 Meeting Minutes

Enclosures: Draft Executive Committee Minutes for October 2020 meeting

Background/Description:

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

DRAFT

CBHPC Executive Committee Meeting

**October 21, 2020
Meeting Minutes**

Committee Members present:

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

Staff Present: Jane Adcock and Jenny Bayardo

Welcome and Introductions

Members were welcomed and introductions were completed.

Approve June and August 2020 Meeting Minutes

Vera Calloway moved and Catherine Moore seconded to approve the minutes of June 2020. Motion approved with no abstentions.

Tony Vartan moved and Noel O'Neill seconded to approve the minutes of August 2020. Motion approved with no abstentions.

Overview of Council Operations under State of Emergency

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. Jenny indicated two new appointments occurred since we last met. In August, Uma Zykofsky joined the Council in a Professional/Provider position and in September Joanna Rodriguez joined in a Parent of Child position. She also indicated that Jim Kooler has now officially joined as the DHCS representative. He sat in on meetings starting in January but was not officially a Council Member until October of 2020. Please disregard the error in meeting packet materials.

In terms of recruitment, Jenny referred to the current membership roster included in the packet which shows current vacancies. She indicated she is continuing her request for CA Dept of Education to designate a replacement representative for Monica Nepomuceno. She has followed-up multiple times but still no word. Also,

because of pandemic and all events going virtual, it is a bit more difficult to meet people to promote the Council, especially parents of children with mental health needs. The Council will have a booth at the upcoming Mental Health Matter Day event.

Public Comment

Mandy Taylor offered to connect Jenny with a group called Parents & Caregivers for Wellness.

Discussion of Proposed Council Equity Statement

Council members deferred the overview of the proposed equity statement to Jane Adcock, Executive Officer. Jane informed the members of the work done by the Reducing Disparities Workgroup to develop the proposed statement and the planned process to receive Council member input via two committee meetings on Thursday.

Committee member indicated the redundancy of the word "longstanding" in first paragraph since the next word is "systemic". Another asked that "structural" be added prior to the word "systemic" in the same line. A typo was identified in last line of first paragraph.

It also was suggested that a sentence be added acknowledging the criminalization of mental illness and substance use disorders which leads to inequities in how persons with either or both illnesses are viewed and treated.

Jane informed the group that the next step in finalizing the Equity Statement is to receive member input during the two committee meetings and bring any suggestions and/or concerns back to the Reducing Disparities Workgroup for final decision making.

Noel O'Neill made the motion that the Planning Council have an Equity Statement which was seconded by Tony Vartan. Motion was approved unanimously.

Public Comment

Mandy Taylor requested the Council consider having each committee identify one action to take to further progress to address inequities. She stated that having an ideal is great, but it is action that creates change.

Steve Leoni stated that he agreed with the Council taking action. He stated he felt that the Council had become an idea club where there is talk, talk, talk but no action to change or address the issues.

Review Proposed Operations Language for Committees

Noel O'Neill oriented the members to the use of underline for proposed new language, cross out to indicate proposed deletions and the shading identifies areas that need to be addressed in the future or during this meeting, if time permits. He

then talked through the proposed changes in Section 2 under heading, "Officers" and Section 5 under "Committee Policies and Procedures". He then opened it up for discussion.

One member pointed out that in Section 1a under "Officers", it states that the Chairperson is the Chief Executive Officer (CEO) of the Council. This is confusing when the Council has an Executive Officer. It was agreed that this will be looked into and staff will come back in the future with proposed language.

The question of why Section 6 under "Committee Policies and Procedures" is proposed for deletion? Jane Adcock pointed out that Section 3 states almost the same thing and is why Section 7 is shaded for discussion.

The committee discussion focused on invitation and use of subject matter experts (SME) and consultants as well as their voting rights in committee business. Noel O'Neill then called on each committee member to state their preferences about the proposed changes and whether voting rights should be reserved for Council members only. One committee member queried whether structural separation would be perpetuated if a SME has been invited to a committee and then not shown the respect of participating in committee voting.

Lorraine Flores motioned, that in addition to the proposed changes, Sections 6 and 7 be deleted and Section 3 be reworked to address the Patients' Rights ad hoc members and their voting rights and to clarify the non-voting rights of invited subject matter experts. Arden Tucker seconded. Motion passed with no abstentions.

Public Comment

Mandy Taylor stated that "They, Them and Theirs" is a gender inclusive way to refer to positions or people. Also, that "Mx" is the most inclusive and accepted salutation in lieu of Mr., Mrs., or Ms. Also, referred to unequal power dynamics within boards and commissions. Additionally, she put forth a recommendation that the Council get younger people and people who are less conservative and who are shaking things up in its membership. That so much progress has been made in gender equality but the younger generation feels there is so much more to do.

Report from CA Coalition for Mental Health

Daphne Shaw reported the Coalition met on September 16 in virtual meeting. The meeting had two presentations that focused on criminal justice involvement for persons with serious mental illness.

First presenter was Esteban Nunez, Coalition Director, End Predatory and Unfair Money Bail, and Anti-Recidivism Coalition. Prop 25 is proposed on November ballot to undermine SB 10 which was passed by both houses of Legislature in 2018 and ended money bail. SB 10 replaced bail schedules with a system that is individualized and based on community/public safety not money. When an individual is in jail, it is very isolating and can lead to increases in depression and

anxiety symptoms. Thus, it is important to not keep people in jail while awaiting trial when there is no risk to public safety.

Second presenter was Sarah Kahn, Transforming Justice Orange County. The Orange County Board of Supervisors voted to buy a building and turn it into a mental health jail. Those funds could have been used to support 900 beds in the community. The proposal for the facility does not include staffing for psychiatrists nor psychologists.

Los Angeles County proposed similar activity. Although recently, Los Angeles cancelled the contract for the mental health jail and has put the funds into community supports. There seems to be a movement to expand the incarcerated system under the guise of psychiatric treatment. Their organization is advocating for housing and care first model within community rather than incarceration with treatment.

Lastly, MHAC sponsors the Mental Health Matters Day and has had to cancel the usual May event at the Capitol and has put together a virtual event on November 10th. Jane Adcock added that the keynote speaker for MHMD in November will be the winner of this year's America's Got Talent, a young man from Stockton who performs spoken word.

Wrap Up and Plan for Next Meeting

Lorraine Flores indicated that January is when we will discuss the change of Chairperson. Noel is current Chair-elect now and he will take over in January after the election of the new Chair-Elect.

Steve Leoni expressed his concern over lack of General Session and asked what is the plan for the future. He felt that we have not had any report-outs from CalBHBC nor CBHDA and so it seems we are saying they aren't important enough for us to have a General Session.

Meeting adjourned 10:00am.

**California Behavioral Health Planning Council
Executive Committee
Wednesday, January 20, 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 December 2020, there is one vacancy in the Family Member Parent of child with SED category and one State Representative vacancy from Department of Education.

2020 Annual Summary of Council Member Activity:

January

Appointments: Christine Frey (Direct Consumer)

Separations: Raja Mitry (Consumer-Related Advocate)

February

Appointments: Irene Walela (Dept of Aging representative)

April

Separations: Monica Nepomuceno (Dept of Education representative)

May

Appointments: Tim Lawless (Housing and Community Development Council representative)

Separations: Ricki Hammett (Housing and Community Development Council representative)

August

Appointments: Uma Zykofsky (Professional/Provider)

September

Appointments: Joanna Rodriguez (Parent)

October

Appointments: Jim Kooler (DHCS Rep)

November

Appointments: Brendan McCarthy (Health and Human Services representative)

Separations: Julie Souliere (Health and Human Services)

December

Appointments: Angelina Woodberry (Direct Consumer)

**CALIFORNIA BEHAVIORAL HEALTH PLANNING COUNCIL
BREAKDOWN OF PLANNING COUNCIL APPOINTMENTS
2020**

	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	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. Amer.	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

	First Name	Last Name	Appointment Category	County	Gender	Ethnicity	Appointment Date	Expiration Date
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	Los Angeles	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	Kathi	Mowers-Moore	Dept. of Rehabilitation	Sacramento	Female	Caucasian	State Employee	N/A
38	VACANT	VACANT	Dept. of Education	VACANT	VACANT	VACANT	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, January 20, 2021**

Agenda Item: Review 2020 Year End Report

Enclosures: Draft 2020 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



2020 Year-End Report

MS 2706 / P.O. Box 997413
Sacramento, CA 95899-7413
(916) 323-4501

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.



2020 ACCOMPLISHMENTS IN REVIEW

The year 2020 has been quite unusual. The onset and continuation of our nation's public health emergency has impacted the Council in a number of ways. The Council's normal quarterly face-to-face meetings in different locations around the state have given way to a virtual format. In 2020, the Council met in person only in January and the April meeting was canceled as it was set to occur just a few weeks after the stay-at-home order was issued. Council committees were able to schedule conference calls and virtual meetings to continue their work. Additionally, Council staff have been working remotely since late March and did not return to the office in the remainder of the year.

The lack of face-to-face contact did not slow the Council's efforts however. Both the fact that the COVID-19 virus is affecting communities of color in much higher numbers and the national outcry over racial injustice also had an impact on the Council. These issues of disparity and inequity affect the behavioral health community especially with significant existing disparities already occurring. Advocacy for barrier-free access and cultural responsiveness is essential and a significant piece of the Council's work.

Over the year, the Council had a number of accomplishments including:

- Adoption of the Council's Equity Statement,
- Release of the 2019 Data Notebook Report on Trauma-Informed Care,
- Participation in the first-ever virtual Mental Health Matters Day event.

A huge Thank You goes to the Council Officers, Committee leaders and to the staff for their tireless dedication to navigate this year's unprecedented challenges and ensuring the Council's ongoing successful operations. Their above-and-beyond efforts are acknowledged and appreciated.

AREAS OF FOCUS

The Council's mission-driven efforts have been focused in key areas including: Legislation, Housing/Homelessness, Systems and Medicaid, Workforce and Employment, Patients' Rights and Performance Outcomes.

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 2020, despite a number of recesses by the Legislature due to the public health emergency, the committee members addressed 15 bills during this legislative session. The committee focused much of its resources in specific areas including SB 803 to establish a Peer Certification program, AB 1766 to secure timely and accurate data on licensed residential care facility closures, and AB 2112 to establish an Office of Suicide Prevention within the CA Department of Public Health in order to have a statewide coordinated effort to stop the rising number of deaths by suicide. The Council joined a number of its fellow advocacy organizations to address the negative fiscal impact of the COVID-19 outbreak on key funding sources for the county behavioral health system. This effort included urging the Governor to address the gap in resources needed to meet the growing need for services and the vigorous opposition to a bill that would allow the use of MHSA funds to be used for services in county correctional facilities.

Housing and Homelessness Committee

The Housing and Homelessness Committee continues its focus on the rapid 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 living on the streets. The Council united with the County Behavioral Health Directors Association in a budget proposal to the Governor to provide necessary support as part of the state's plan to address homelessness.

Unfortunately, initial funding proposed in the 2020-21 state budget to mitigate the financial discrepancy for facilities serving this population was cut in anticipation of a budget shortfall. The committee monitored the receipt and utilization of federal funding provided to states to address the need to house individuals living on the street as part of a coordinated effort to stop the spread of COVID-19. Some of that funding, such as Project Homekey, has been used to acquire properties that can be used beyond the pandemic as temporary and permanent housing for persons who are homeless. Advocacy to address the needs of persons with behavioral health needs who are homeless will continue into 2021.

Systems and Medicaid Committee

The Systems and Medicaid Committee has several goals centered around system reform as well as policy changes proposed to improve the state's publicly-funded behavioral health system. Early in 2020, committee members submitted policy recommendations on various proposals contained in the CalAIM Initiative including medical necessity, the administrative integration of behavioral health and substance use services, expansion of behavioral health providers, and the ongoing use of telehealth and telephonic services. Subsequently, further development of CalAIM was forced to be set aside due to immediate and evolving priorities for Medi-Cal beneficiaries and providers stemming from the public health emergency. A request to extend California's 1115 and 1915(b) Medicaid waivers through 2021 was approved by the Centers for Medicare and Medicaid Services. Throughout the remainder of 2020, the members continued to receive updates on the impact of the pandemic from various segments of the system in order to assess the impact of COVID-19 on behavioral health at the state, county and individual levels as well as to identify issues, successes and best practices for future recommendations. The committee continues to consider the impact of the pandemic to potentially make policy recommendations in 2021 for telehealth, best practices during a public health emergency, racial equity, and other emerging issues.

Workforce and Employment Committee

The Workforce and Employment Committee has two distinct goals. First, to provide leadership and collaborate with other stakeholders to support the growth and quality of California's behavioral health workforce, reduce the workforce shortage and build sustained mechanisms for ongoing workforce education and training to ensure a recovery-oriented workforce. Secondly, to ensure that any California mental health consumer who wants to work or be self-employed has minimal barriers and timely access to employment support services and pre-employment services across the lifespan to secure and retain a job or career of choice.

In fulfillment of statutory duties to advise the Office of Statewide Health Planning and Development, the committee members engaged in dialogue and provided recommendations regarding the implementation of the Workforce Education and Training (WET) Five-Year Plan and the design of the Plan Evaluation. Additionally, committee members engaged with other organizations to provide feedback and guidance on varying issues such as ensuring core MHPA values are taught and represented in Psychiatric Education Capacity Expansion grant awardee programs and exploring potential Substance Use Disorder (SUD) workforce funding by inviting CEO of the California Council of Community Behavioral Health Agencies (CBHA), Le Ondra Clark Harvey, to discuss current efforts to secure additional funding. Committee members presented their input on this topic and initiated a discussion on opportunities to increase SUD funding in the behavioral health system.

With the peer specialist certification signed into law during the last quarter of the year, committee members expressed interest in addressing peer specialist certification efforts in 2021. Activities will include inviting peer specialists to share their perspectives and hopes for the new program, committee participation in DHCS' workgroups pertaining to development of the policies and regulations for peer specialist certification, and providing DHCS with recommendations for implementation.

Patients' Rights Committee

The policies that affect the rights of inmates with mental illness are complex and in 2020 the Council's Patients' Rights Committee sought to identify avenues to address systemic issues in this area. The committee's strategic focus in 2020 was to promote accessible and effective mental health Patients' Rights Advocacy (PRA) services in California county jails.

To begin identifying best practices, the committee scheduled a presentation from the San Diego Public Defender's Office to hear about their Defense Transition Unit. The Unit was formed to connect clients to professionals that can evaluate their mental health needs soon after being charged with a crime, with the goal of getting clients into treatment and divert them from unnecessary incarceration. Additionally, due to the proliferation of the COVID virus through institutions, the committee sought updates from the California Office of Patient's Rights and Disability Rights California on the impact of the public health emergency on patients' rights advocacy work, with a focus on work in county jails. They found that the access and activity of patients' rights advocates has dropped considerably and the members will continue to monitor this into 2021.

A second objective was to survey local behavioral health boards and commissions on patients' rights advocacy in county jails and encourage discussion of PRA duties in county jails. The survey was distributed and focuses on identifying the level of familiarity that the boards/commissions have with patients' rights advocacy work in county jails. By the writing of this report, a total of 41 surveys had been received from a good mix of counties across the state. Analysis of the survey will be shared in an upcoming report, along with information and resources regarding the roles and duties of patients' rights advocates.

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.

Performance Outcomes Committee

The Performance Outcomes Committee seeks to assess and report on the publicly-funded behavioral health system for accessible and effective care by reviewing relevant and reliable data to inform Council recommendations.

The Data Notebook is an annual project that seeks information and reports on behavioral health services and needs in each county through a survey of the local behavioral health boards and commissions. Each year, the Data Notebook is directed at specific segments of the system. During the first half of 2020, committee members reviewed the staff analysis of the 2019 Data Notebook which focused on Trauma-Informed Care. The members generated recommendations to endorse the training of first responders in Adverse Childhood Experiences (ACEs) and trauma-informed care to improve officer and consumer safety and to provide for the direction of individuals experiencing a mental health crisis away from the judicial system and into the health care system. A second recommendation promotes the practice, and requests necessary ongoing resources, for the screening of all children and adults for the possibility of trauma-induced serious health conditions. The data collected will provide vital information to inform public health policy and programming.

In the second half of the year, the committee created the 2020 Data Notebook in response to DHCS' request to focus on the topic of Telehealth due to increased prevalence and importance during the COVID-19 public health emergency. The format was changed to use Survey Monkey and responses began arriving in late fall and through the end of the year. The subsequent report and recommendations will be available in early 2021.

Conclusion

In conclusion, while 2020 brought many unexpected twists and turns, it remained a busy and fruitful year for the Council. It must be acknowledged that two of the Council's staff team were re-directed to assist in the State's contact tracing

efforts. These two staff are providing an essential service to combat the virus and save numerous lives and the remaining staff stepped up to cover the workload for the second half of the year. It has been an extraordinary year. We have seen both unusual challenges as well as astonishing achievements. We are excited to see what 2021 has in store. The Council looks forward to sharing its accomplishments 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 916-323-4501. You may also visit our website at:

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

2021 Council Meeting Schedule

January 19-22, 2021

April 13-16, 2021

June 15-18, 2021

October 19-22, 2021

**California Behavioral Health Planning Council
Executive Committee
Wednesday, January 20, 2021**

Agenda Item: Review Proposed Changes to Operations Policies and Procedures

Enclosures: Draft Operations Policies and Procedures in Track Changes

Background/Description:

The Council's Operations Policies and Procedures need updating.

Proposed new language is designated by underline and proposed deletion is designated with ~~cross-out~~. It is these changes that are agendaized for Executive Committee approval.

There are some **shaded areas** that will need to be addressed in the future because they are inaccurate, not current, etc. If time permits, the Executive Committee may make decisions on the shaded areas during this meeting.

This document was provided to Council Members in track changes.

For a copy of the Policy and Procedures document contact Jane Adcock at Jane.Adcock@cbhpc.dhcs.ca.gov

**California Behavioral Health Planning Council
Executive Committee
Wednesday, January 20, 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

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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.

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.

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 and there may be closed captioning occurring so a couple of considerations, please say 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.

Group Discussion: If Council members have questions during a presentation/discussion, you can click the "raise hand" function to show that

CBHPC Virtual Meeting Procedures

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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 not able to use "raise hand" because they are calling in can verbally acknowledge their desire to speak and staff will put them in queue.

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.

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 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.

Things for Chairpersons to keep in mind:

Taking the scheduled break is not optional, it is mandatory and considerate for the closed captioner and fellow Council members.

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

CBHPC Virtual Meeting Procedures

DRAFT

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.

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

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

Virtual meetings do not have the personal connection that in-person meetings can have and 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 things moving.

Allowing time for public comment is 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).

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

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.