

California Behavioral Health Planning Council

Executive Committee

Wednesday, June 20, 2018

Sheraton Gateway Hotel
6101 West Century Boulevard
Los Angeles, CA 90045
San Clemente Room
8:30a.m. to 10:15 a.m.

Time	Topic	Presenter or Facilitator	Tab
8:30	Welcome and Introductions	Raja Mitry, Chairperson	
8:35	April and May 2018 Executive Committee Minutes	Raja Mitry, Chairperson	1
8:45	FY 2017-18 Council Budget and Expenditures and Update on Contract Funding Use	Jenny Donaldson, Council Chief of Operations	2
9:00	Discussion of Proposed Policy and Possible New Member from Office of Health Equity	Raja Mitry and Jane Adcock	3
9:10	Discussion of New Council Committees/Ad hoc/Caucuses	Raja Mitry and All	4
9:25	Review Council Vision Statement and Guiding Principles	Raja Mitry and All	5
9:45	Discuss Use of 2003 MH Master Plan Crosswalk	Jane Adcock and All	6
10:00	Liaison Reports for CA Assoc of Local BH Boards/Commissions and CA Coalition for MH	Susan Wilson and Daphne Shaw	
10:10	Public Comment	Raja Mitry, Chairperson	
10:15	Adjourn		

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

Executive Committee Members:

Officer Team	Raja Mitry	Lorraine Flores	Susan Wilson
Advocacy Cmte	Monica Wilson	Darlene Prettyman	
EQI Cmte	Walter Shwe	Susan Wilson	
HCI Cmte	Deborah Pitts	Liz Oseguera	
Patients' Rights	Daphne Shaw	Walter Shwe	
Liaisons	Daphne Shaw, CCMH	Susan Wilson, CALBHB/C	Noel O'Neill, CBHDA

California Behavioral Health Planning Council

	Kimberly Wimberly, DHCS		
At Large	Arden Tucker, Consumer		
CMHPC Staff	Jane Adcock, EO	Jenny Donaldson, COO	Dorinda Wiseman, Deputy EO

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

1 TAB SECTION

DATE OF MEETING 6/20/18

MATERIAL
PREPARED BY: Adcock

DATE MATERIAL
PREPARED 5/15/18

AGENDA ITEM:	April and May 2018 Executive Committee Meeting Minutes
ENCLOSURES:	Draft Executive Committee Meeting Minutes for April and May 2018

BACKGROUND/DESCRIPTION:

Attached are the draft minutes for review and approval.

California Mental Health Planning Council
Executive Committee Meeting Minutes
April 18, 2018

Pullman Hotel
223 Twin Dolphins Drive
Redwood City, CA 94065

Peninsula 1
8:30a.m. to 10:15 a.m.

Welcome and Introductions

Members Present:

Susan Wilson, Raja Mitry, Noel O'Neill, Walter Shwe, Arden Tucker, Darlene Prettyman, Lorraine Flores, Daphne Shaw, Deborah Pitts, and Kimberly Wimberly.

Members Absent:

Monica Wilson, Liz Oseguera

Staff:

Jane Adcock, Jenny Donaldson and Dorinda Wiseman.

Welcome and Introductions

Raja Mitry welcomed everyone.

January and February Executive Committee Minutes

The January 2018 Executive Committee meeting minutes were not in the packet by error. Raja Mitry opened the floor for a motion to accept the minutes for February 2018. Noel O'Neill made the motion and Walter Shwe 2nd the motion. **Motion:** To accept the February 2018 Executive Committee minutes. **Vote:** Unanimously approved.

CMHPC FY 2017-18 Budget and Contract Solicitations

Jenny Donaldson provided a report-out on the Council Budget update and Contract funding use.

Jenny discussed the Unallotted category and why so much money is in it. Jenny explained that the Unallotted funds are funds that don't yet fall within the established budget line items so funds are 'parked' in the Unallotted line item until needed. Budget projection amounts are based on prior spending and funds are moved between line items under Operating Expense/Equipment when needed. Jenny is actively working with DHCS to ensure full utilization of Council funding in an effort to reduce the amount of 'unspent' funds at the end of the respective fiscal years.

Jane Adcock revisited prior request to utilize consultant funding to assist in the development of processes to access, analyze and report on data and outcomes for the

public behavioral health system. UC Irvine worked with Brenda Grealish in her prior position at CDCR to identify the outcomes questions that should be asked and what data and analysis should be employed to answer them. The Council could use similar assistance in an effort to fulfill its statutory responsibilities to review and report on performance outcomes each year. Additionally, the Data Notebook project has become very labor intensive and a streamlined process is needed. Additionally, the DN should produce relevant recommendations to improve the system so UC Irvine will be asked to do this as well in their scope of work. Jane is still looking into obtaining subject matter expertise in Medicaid should the Council vote affirmatively to adopt the new areas of priority and committee restructure.

Plan for General Session Discussion of New Council Priorities, Committees

The Thursday afternoon General Session agenda included a scheduled vote of the motion to adopt the new areas of priorities and to restructure the committees and meeting format. Each committee is to spend time during their meetings on Thursday morning discussing the proposed motion and committee chairpersons are expected to answer questions and address concerns. To assist that effort, talking points were created and shared with the Exec Committee members.

There was agreement that, under the new meeting format, the three 'ad hoc groups' would meet on Wednesday morning after Executive Committee meeting. Council member, Steve Leoni, asked to address the Executive Committee during this discussion. He stated that the Recovery Vision under the MHSA is being watered down at best and completely lost in some cases. He queried the committee whether a 4th ad hoc group for Recovery Values could be created to address this dire situation. Exec Committee members felt that Recovery is a value and guiding principle for all services and programs in the behavioral health system. The committee members discussed finding 3-4 big overarching principles that could be used to inform the work of the Council, provide focus to projects and guide action taken by the Council.

- Wellness and Recovery
- Advocacy
- Resiliency
- Consumer Voice

It was decided that the committee chairpersons would discuss this concept and suggested principles the next morning at their committee meetings and that the Exec Committee would have a call in May to review any input from the committees.

Discuss Support of Leading the Way Coalition and Evaluation Proposal by CBHDA

Jane Adcock reviewed the meeting materials which included a recent agenda of a meeting of the Leading the Way Coalition (LTWC), list of organizations participating, draft of the Purpose and Objectives and series of subcommittee documents of issues identified for possible action by LTWC. Jane advised that the name is already copywrited so a new name will need to be identified and approved by the group. She also advised that a consultant company had been hired to assist LTWC in firming up its objectives in an effort to brand itself and to develop a formal launch event of LTWC as

well as ideas in the works to host Gubernatorial and other (high level election) candidate debates to discuss their position/vision for mental health in California. The California Hospital Association (CHA) and NAMI California are the co-leaders for LTWC and CHA CEO, Carmela Coyle, addressed the group about the need for dues or contributions to fund the meetings and events. This signaled the intention of the group to become a powerful political force. It also signaled the possibility of the Council ceasing to participate. In the meantime, Exec Committee members support continued participation and ongoing contribution to issue dialogues occurring in committees and at full sessions.

The Executive Committee agreed to support the evaluation proposal from CBHDA with questions such as how long would the MHSA Admin funds would be frozen, how would the evaluation be funded and within what timeframe and would the evaluation be limited to just MHSA-funded programs or the outcomes for the system as a whole?

Discuss Use of 2003 Mental Health Master Plan Crosswalk

Jane Adcock brought the MH Master Plan Crosswalk, developed by Harbage Consulting, to the Exec Committee to discuss whether to make decisions regarding next steps on the issues contained therein and how it can be utilized to possibly guide the Council's next projects. Agreed that the document is extensive and comprehensive. As a first step, members asked staff to map the Chapters presented in the Crosswalk to the Council committees and ad hoc groups. The committees could then review and extract items to work on. Executive Committee will revisit in June.

Liaison Reports for California Association of Local Mental Health Boards/Commissions and California Coalition for Mental Health

Susan Wilson advised the "Association" continues to seek an Executive Director, a second hire has left the position. Meanwhile, Theresa Comstock, President, is zigzagging across the state to attend local board meetings to provide support and information about the Association. The contract between DHCS and CIBHS now includes ongoing training and support for 4 regional meetings and 1 statewide meeting each year. The 1 year of contract funding from the MHSOAC is quickly coming to an end and remains a question whether they will continue to be funded in the new fiscal year.

Daphne Shaw provided a report for the California Coalition for Mental Health. Their most recent meeting occurred on March 13th in Sacramento. The agenda included a comprehensive overview of the statewide Workforce Education and Training programs by John Madriz from the Office of Statewide Health Planning and Development. Also, CBHDA Executive Director, Kirsten Barlow, reviewed the 1915b Waiver under Medicaid and the 1115 Waiver was presented by Sarah Hesketh from CA Assoc of Public Hospitals. Randall Hagar reported that the Dept of Managed Health Care had surveyed approx. 26 health plans regarding their compliance with parity and the reports are about to be released. He also reported that multiple class actions brought by individuals are being brought together in one against Anthem Blue Cross and that access/network adequacy continue to be issues for the commercial health plans. Daphne also reported

that the Coalition members discussed various bills they were either supporting or opposing and that over 25 bills were presented, without duplication, which shows how many bills there are that impact mental health this year.

Public Comment

None.

Meeting adjourned 10:20 a.m.

California Mental Health Planning Council
Executive Committee Meeting Minutes
May 9, 2018

10:30a.m. - 11:30 a.m.

Welcome and Introductions

Members Present:

Susan Wilson, Raja Mitry, Noel O'Neill, Walter Shwe, Arden Tucker, Darlene Prettyman, Lorraine Flores, Daphne Shaw, Deborah Pitts, Kimberly Wimberly, Monica Wilson, and Liz Oseguera.

Staff:

Jane Adcock, Jenny Donaldson and Dorinda Wiseman.

Welcome and Introductions

Raja Mitry welcomed everyone.

Discussion of Council Values

Darlene Prettyman started with praise for the extensive documents staff prepared and that the SAMHSA definition of Recovery was especially great that she shared it with her group back home. Jane Adcock indicated that Dorinda Wiseman put together the meeting agenda and packet and that she researched the meanings of the various words being put forth for acceptance as Guiding Principles for the members to consider. Jane then directed the members to the 7th page of that section of meeting materials where the Mission and Vision Statements, new priority areas and the proposed Guiding Principles were presented. Members then discussed and added to the wording

- Wellness and Recovery
- Resiliency Across the Lifespan
- Advocacy
- Consumer and Family Member Voice

These Principles were agreed to quickly and staff were directed to prepare talking points for the members to utilize at the June committee meetings for discussion and development of committee charters.

A discussion of the current Vision Statement occurred where members indicated a desire for various additions and reasons to either add to or clarify existing words in the statement. There was not consensus on all of the suggestions so it was agreed to continue the discussion at the June Executive Committee meeting.

Discussion of Council Committee Structure and Meeting Times

Jane Adcock reviewed the color-coded committee roster and schedule for committee and ad hoc group meetings. She indicated that the pairings of the committees on Weds afternoon and Thurs morning were done to minimize the number of members who did

not get their 1st and 2nd choices. Under the schedule presented, only 10 members received their 1st and 3rd choices and 21 members received their 1st and 2nd choices.

The Officer Team sought the Exec Committee members' input regarding the imbalance of members on the Legislation Committee (19) to the Workforce and Employment Committee (12) and whether any future requests to be on the Legislation Committee should be deferred until more balanced rosters are achieved. There was not consensus in the discussion with some members feeling the committees should be more balanced while other members were comfortable with an imbalance between the committees, feeling members' choice being of more import than balance.

Public Comment

None.

Meeting adjourned 11:32 a.m.

2 TAB SECTION

DATE OF MEETING 6/20/18

MATERIAL
PREPARED BY: Adcock

DATE MATERIAL
PREPARED 5/15/18

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

BACKGROUND/DESCRIPTION:

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

CBHPC
MHSA EXPENDITURES FY 17-18
Through June 2018

	MHSA FY 2017/18 Projected Budget	MHSF												Total	Balance Remaining	
		July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June			Close out
PERSONAL SERVICES																
Salaries	\$ 253,405	13,286	15,065	24,561	28,625	21,180	20,872	24,240	24,233	24,233	24,233	24,233			244,761	8,643.90
Temporary Help																
Overtime																
Staff Benefits	\$ 137,377	6,531	9,152	14,017	16,654	11,781	11,734	13,024	13,650	14,161	13,051	13,920			137,675	-297.51
Total Personal Services	\$ 390,782	19,817	24,217	38,578	45,279	32,961	32,606	37,264	37,883	38,394	37,284	38,153			382,436	8,346.39
OPERATING EXP & EQUIP (O&E)																
General Expense ¹	\$ 48,625	0	8,693	3,322	5,593	128	40	0	54,755	2,129	9,697	40			84,397	-35,772
Printing ²	\$ -							2,167		133	0	1,403			3,703	-3,703
Communications	\$ 7,000	400	-400	0	16	243	101	134	247	80	53	430			1,305	5,695
Postage	\$ 500														0	500
Travel In-State	\$ 73,000	45	272	907	1,009	4,246	939	1,242	5,866	1,451	29	4,093			20,099	52,901
Training	\$ 40,000															40,000
Facility Operations	\$ -															
Consultnt & Prof, Extrnl ³	\$ 158,100	194	379	503	0	2,622	279	253	2,916	807	0	1,458			9,411	148,689
Equipment	\$ -															
Unallotted	\$ 27,468								74		345				419	27,049
Total OE & E	\$ 354,693	639	8,944	4,732	6,618	7,239	1,359	3,796	63,858	4,599	10,124	7,425			119,334	235,359

Departmental Services		183	200	249	359	369	407	387	377	392.55	307.03				3,230	
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TOTAL DIRECT BUDGET 745,475

- 1 This line item covers supplies, equipment, meeting venue costs, etc.
- 2 Computer-related office supplies (i.e. toner) and copy machine maintenance agreement deliverables
- 3 This line item has the following encumbrances for FY 2017-18: All American Reporting \$12,150 and \$125,000 for pending contracts MHSF funded employees (1 SSM I, 1 RA II, 2 AGPA, and 1 OT)

CBHPC
SAMHSA EXPENDITURES FY 2017-18

	SAMHSA FY 2017/18 Projected Budget											Balance		
		Oct	Nov	Dec	Jan	Feb	March	April	May	June	Close out	Total	Remaining	
PERSONAL SERVICES														
Salaries	\$ 280,300	20,230	21,599	21,807	20,494	20,494	20,494	20,494	20,494			166,106	114,194.00	
Temporary Help														
Overtime														
Staff Benefits	\$ 115,817	11,639	11,795	11,942	12,073	12,073	12,003	10,076	8,326			89,927	25,889.96	
Total Personal Services	\$ 396,117	31,869	33,394	33,749	32,567	32,567	32,497	30,570	28,820	0	0	256,033	140,083.96	
OPERATING EXP & EQUIP (O&E)														
General Expense ¹	\$ 15,500	40	0	0	10	19,394	1,615	4,346	0	0		25,405	-9,905	
Printing ²	\$ 15,000											0	15,000	
Communications	\$ 7,000	123	127	0	186	428	109	140	135			1,248	5,752.31	
Postage	\$ 500											0	500	
Travel In-State	\$ 76,000	1,037	379	0	0	0	365	333	1,578	365	22	4,079	71,920.99	
Training	\$ 32,000							549				549	31,451	
Facility Operations									310			310	-310	
Consultant & Prof, External	\$ 5,000	0	0	0	0	200	1,223	0	688			2,111	2,889	
Equipment														
Unallotted	\$ 485,774							345				345	485,429	
Total OE & E	\$ 636,774	1,200	506	0	196	20,022	3,312	5,714	60,349	365	22	34,047	602,727.35	
Departmental Services		90	150	209	221	231	251.7	290.98	0			1443.7		
TOTAL DIRECT BUDGET	1,032,891													

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

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

** Federal Fiscal Year expenditures (Oct-Nov)

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

MATERIAL
PREPARED BY: Adcock

DATE MATERIAL
PREPARED 5/17/18

AGENDA ITEM:	Discussion of Proposed Policy and New Member Application
ENCLOSURES:	

BACKGROUND/DESCRIPTION:

#1 Proposed Policy

The Officer Team proposes a new policy that the Chairperson of the Council serve on the Legislation Committee (LC) during their year as Chairperson. This new policy is brought forward due to the number of positions the LC takes on bills which result in letters being sent under his/her signature. Rationale being that if the Chairperson’s signature is used to transmit an official Council position, then the voice of the Chairperson should (and needs to) be included in the committee discussion to determine the position.

Motion: To have the Chairperson serve on the Legislation Committee during their 1-year term as Chairperson.

#2 Application for a New State Representative

We have received an application for appointment to the Council from William Porter, MS (Clinical Psychology). William has been in private practice and currently works at the Office of Health Equity (OHE) in the California Department of Public Health (CDPH) and is seeking an appointment to the Council as a representative from OHE. To my knowledge, the Council has not had a representative from CDPH/OHE previously although representation from the former Office of Multicultural Services at DMH may have occurred.

William is also a family member and provider (private and community setting). He brings experience with older adults and veterans along with his current knowledge of California’s activities to reduce disparities in health and behavioral health. He is currently a member of the Dept of Education’s Student Mental Health Policy Workgroup as a representative for OHE.

Federal law requires the membership of the Council include representatives from principal State agencies with respect to:

- Mental health
- Education
- Vocational rehabilitation
- Criminal justice
- Housing
- Social services

In addition to the above, we have representation from Health & Human Services Agency and CA Commission on Aging (in lieu of Dept of Aging). This makes a total of 8 State representatives.

Current Council membership has 8 Consumers, 8 Family Members, 4 Consumer Related Advocates, 11 Professionals/Providers and 1 rep from the CA Coalition on Mental Health (per state law) in addition to the state representatives.

Federal law also requires that not less than 50 percent of the members are individuals who are not State employees or providers. Adding CDPH would put us out of compliance with this requirement. $8+8+4=20$ $11+1+8(+1)=21$

Options:

- 1) Kindly remove the Health and Human Services slot and insert OHE in its place.
- 2) Appoint in a category other than State Representative.
- 3) Include OHE as a SME for the Reducing Disparities Caucus only.

MATERIAL
PREPARED BY: Adcock

DATE MATERIAL
PREPARED 5/19/18

AGENDA ITEM:	Discussion of New Council Committees, Ad hocs and Caucuses
ENCLOSURES:	

BACKGROUND/DESCRIPTION:

New Committees:

The agendas for each of the new committees include time for the discussion and nomination of a committee chairperson and chair-elect and also for the development of a committee charter to define the purpose/parameters for the committee, outlining of processes/procedures and guiding principles, as well as identifying any specific collateral partners. Additionally, each of the committees will begin to establish a foundation of shared knowledge of the subject area, as needed, and begin drafting a work plan.

Name: Ad Hoc or Caucus:

During the Council’s discussion of adopting new priorities at the January meeting, several members brought up a number of key needs affecting the Public Behavioral Health System including: children and youth, reducing disparities, and review of outcomes. The motion in April included the creation of 3 ad hoc groups for the above. Because ad hoc committees are, by definition, time limited to complete a specific task, the ‘ad hoc’ groups have been changed to be Caucuses.

Business Dictionary

What is the definition of an *ad hoc committee*?

Ad Hoc Committee formed for a specific task or objective, and dissolved after the completion of the task or achievement of the objective.

Brown Act

Ad Hoc Committees.

Ad hoc or "temporary" committees are treated differently under the Act. Ad hoc

committees are not subject to the notice and posting requirements of the Act so long as the committee is comprised solely of members of the governing body, i.e., the committee may not contain individuals other than the members of the governing body;

consists of less than the number of board members who, if present at a meeting, would be able to make a decision, (e.g., if a Neighborhood Council has 21 board members, a quorum of 11 and makes decisions by a majority of those board members present at a meeting, then as few as 6 board members would have the ability to make a decision; therefore, the ad hoc committee should be comprised of less than the majority or, as stated in this example, less than 6 board members);

has a defined purpose and a time frame to accomplish that purpose; and is advisory, i.e., the committee has not been delegated any decisionmaking power and will be returning to the full board on its recommendation. See, *Joiner v. City of Sepastopol* (1981) 125 Cal App. 3d 799.

Caucus (kô'kæs) Merriam-Webster's Word History:

'Caucus': a Curious American Word

The origins of the word caucus are mysterious—but it's definitely American.

The caucus is an important part of every U.S. presidential campaign, but **the word can also refer to any group of people . . . who gather together to work towards some shared goal.**

Although Caucus may **usually** refer to a political reference, **it's not limited to that.**

(American Heritage Dictionary)

n. pl. **cau-cus-es** or **cau-cus-ses**

1.

a. A meeting of the local members of a political party especially to select delegates to a convention or register preferences for candidates running for office.

b. A closed meeting of party members within a legislative body to decide on questions of policy or leadership.

c. A group within a legislative or decision-making body seeking to represent a specific interest or influence a particular area of policy

Parameters/Purpose/Role

The approval of the 3 ad hoc groups by the Council, was not intentioned for them to be full-blown committees with full staff support to generate agendas, materials, analyses and written products. So how will they operate? What is their purpose? What are their

parameters? What role do they play in relation to Council committees? What is the role of staff?

A discussion by the Executive Committee is needed to:

- Clearly define the parameters/purpose/role of the Caucuses,
- Define staff role,
- With the above decisions, establish and manage expectations of the members.

It is proposed that the Caucuses serve as agents of change to examine and bring forth important issues (in these areas), with distinct recommendations, for adoption/action by the Council. It is proposed that they will be completely member-driven and staff provide only basic support for information gathering and reproduction of materials derived directly from the Caucus members and their work.

MATERIAL
PREPARED BY: Adcock

DATE MATERIAL
PREPARED 5/16/18

AGENDA ITEM:	Review Council Vision Statement and Guiding Principles
ENCLOSURES:	

BACKGROUND/DESCRIPTION:

Continuing from the April and May Executive Committee meeting discussions on Guiding Principles and the Council Vision Statement, below is an edited Vision Statement based on input from committee members.

“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 quality services that embrace recovery and wellness. The services are client and family-driven, responsive to meet an individual’s need, timely, in the least restrictive environment, ~~culturally competent~~ and linguistically appropriate, and accessible to all of California's populations.”

Guiding Principles

- Wellness and Recovery
- Resiliency Across the Lifespan
- Advocacy
- Consumer and Family Voice
- Cultural Responsiveness

Executive Committee members will discuss and finalize the Council Vision Statement for presentation to the full-Council for approval at the October 2018 meeting. Additionally, Executive Committee members will discuss providing background, context and expectations for the Guiding Principles during “Committee Charter” agenda item at the subsequent committee meetings.