## **California Behavioral Health Planning Council**

### **Executive Committee Agenda**

Wednesday, October 17, 2018
Lake Natoma Inn
702 Gold Lake Drive, Folsom, CA 95630
Folsom Room
8:30am to 10:15am

8:30am	Welcome and Introductions Raja Mitry, Chairperson	
8:40am	Approve June Meeting Minutes Raja Mitry, Chairperson	Tab 1
8:45am	Review End of FY 2016-17 Expenditures and Discuss FY 2018-19 Budget Jenny Bayardo, Chief of Operations	Tab 2
9:00am	Discuss Council Committee Policy and Practice Liz Oseguera, Chair-Elect, Systems and Medicaid	Tab 3
9:20am	Review and Discuss Leadership Development Activities And Plan for Future Raja Mitry, Lorraine Flores, Susan Wilson, Jane Adcock	Tab 4
9:40am	Plan Council General Session Focus for 2019  Jane Adcock, Executive Officer	Tab 5
9:55am	Public Comment	
10:00am	Liaison Reports for CA Assoc of Local Boards/Commissions and CA Coalition for Mental Health  Susan Wilson and Daphne Shaw	
10:10am	New Business	
10:15am	Adjourn	

Notice: All agenda items are subject to action by the Council. Scheduled times on the agenda are estimates and subject to change. If Reasonable Accommodation is required, please contact Jenny Bayardo at 916.322.0962 by October 8, 2018 in order to work with the venue to meet the request.

# **California Behavioral Health Planning Council**

### **Executive Committee Members**

**Officers:** Raja Mitry, Chairperson Lorraine Flores, Chair-Elect Susan Wilson, Past Chair **Housing/Homelessness Cmte**: Barbara Mitchell, Chairperson Deborah Starkey, Chair-Elect

**Legislation Cmte**: Monica Wilson, Chairperson Darlene Prettyman, Chair-Elect **Patients' Rights Cmte**: Daphne Shaw, Chairperson Walter Shwe, Chair-Elect

Systems and Medicaid Cmte: Veronica Kelley, Chairperson Liz Oseguera, Chair-Elect Workforce and Employment Cmte: Deborah Pitts, Chairperson Dale Mueller, Chair-Elect Liaisons: CALBHB: Susan Wilson CBHDA: Noel O'Neill DHCS: Kim Wimberly CCMH: Daphne Shaw

**Agenda Item:** June 2018 Executive Committee Minutes

**Enclosures:** Draft June 2018 Executive Committee Minutes

### **Background/Description:**

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

### **Executive Meeting**

June 20, 2018 Meeting Minutes

### **Committee Members Present:**

Raja Mitry
Lorraine Flores
Daphne Shaw
Darlene Prettyman
Liz Oseguera
Arden Tucker
Susan Wilson
Noel O'Neill

Monica Wilson Deborah Pitts

#### **Staff Present:**

Jane Adcock, Jenny Bayardo

### **Welcome and Introductions:**

Members were welcomed and introductions were completed.

### **April and May Meeting Minutes**

Daphne Shaw motioned to approve minutes from the April meeting, Lorraine Flores second. April minutes were approved unanimously.

Darlene Prettyman motioned to approve minutes from the May meeting, Lorraine Flores second. May minutes were approved unanimously.

### FY 2017-18 Budget and Expenditures and Contract Funding Update

Jenny Bayardo provided members update on contracts: University of California, Irvine contract intends to assist the Council in developing the Data Notebook (will be signed by the end of June). Jenny reported that a "scope of work" has been drafted for this project. Jenny explained to committee members the amount of funds being used and that it is well within available budget amounts.

Jenny Bayardo also shared that Tamu Nolfo will provide Council members a two-part training on Cultural Competency/Implicit Bias for the June and October meeting.

Susan Wilson will be available for questions at the Performance Outcomes caucus. Susan explained that part of improving the Data Notebook will involve reconstructing the questions sent to counties so that the data can be more easily and readily evaluated.

Jane Adcock added that the construct of the questions also involve keeping in mind the audience in order to provide questions that can be interpreted by a wide range of persons. Jane also added that although the 2017 DN is over a year late, its contents have been shared at

conferences for the National Alliance for Mental Illness (NAMI) and California Mental Health Advocates for Children and Youth (CMHACY) through workshop presentations.

<u>Proposed Policy for Chairperson and Possible New Member from Office of Health Equity</u>

Susan Wilson motioned, Lorraine Flores second, that the Chairperson for the Council serve on Legislation Committee during their one year term due to the Chairperson's signature appearing on letters (to senators, assembly members, governor) and since legislation is a key aspect of advocacy on the Council. Motion was approved with Raja Mitry abstaining.

Jane Adcock shared that vacancies on the Council can be left vacant in an effort to recruit a more diverse Council membership. Members suggested doing more outreach to consumer organizations. Members indicated they would like to discuss the various appointment categories, especially Consumer Related Advocate, at a future meeting. Arden Tucker volunteered to assist in recruitment.

Additionally, Jane shared that a staff member from the Office of Health Equity would like to join the Council. The number of state department representatives was discussed along with overall membership representation. All agreed such an addition to the Council would be very beneficial.

### **New Committees and Ad Hoc Discussion**

Jane Adcock led discussion in deciphering between Ad-hoc/sub-committee/caucus to help members understand different possibilities for the current Ad Hoc and also differentiating the levels of resources and attention allotted for each. It was decided to call them Work Groups. The groups will serve as a forum for issues to be addressed for possible action by the Council.

Liz Oseguera added that work group members should decide specific guidelines and limitations for ad-hoc/caucus and persons who choose to join these groups can report to their committees when relevant/appropriate.

#### **Council Vision Statement and Guiding Principles**

Raja Mitry read the proposed revised vision statement and guiding principles aloud to committee members for review – committee members unanimously approved.

### Discuss Use of 2003 Mental Health Master Plan Crosswalk

Due to insufficient time, members decided to reschedule this agenda item for a future meeting.

### **Liaison Reports for CALBHB/C and CCMH**

Susan Wilson reported that the Association recently elected new officers through electronic voting. The Association requested a report from CBHPC on the Adult Residential Facility project and the 2016 Children's Report. There is no FY 2018-19 contract with MHSOAC to fund the Association activities in next fiscal year yet. CIBHS continues to facilitate trainings during the Association meetings in each of the regions. Susan also reported that representatives from

small counties will be working with the trainers to develop Action Plans for their local boards. To date, no new Executive Director has been hired.

Daphne Shaw reported that the Coalition met in May 2018 and will meet again in September 2018. There were two presentations on the effects of immigration policies on mental health, especially for children. Daphne suggests bringing this subject to the full Council at a future meeting.

### **Public Comment:**

None.

Meeting Adjourned at 10:15am

**Agenda Item:** Review FY 2017-18 Expenditures and Discuss FY 2018-19 Budget

Enclosures: FY 2017-18 Expenditures for SAMHSA MHBG and MHSA funding

### **Background/Description:**

Attached for review are the Council expenditures for the FY 2017-18 for both the Substance Abuse and Mental Health Services Administration Mental Health Block Grant funds and the Mental Health Services Act funds.

Due to the implementation of a new financial management system for the State of California, at time of printing of these meeting materials, the Council's FY 2018-19 budget (with year to date expenditures) was not yet available. However, staff will discuss expected budget allotments for FY 2018-19 for both fund sources.

# CBHPC MHSA EXPENDITURES FY 17-18

Through June 2018

	MHSA FY 2017/18															
	Projected Budget	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June	Close out	Total	Balance Remaining
PERSONAL SERVICES																
Salaries Temporary Help	\$ 253,405	13,286	15,065	24,561	28,625	21,180	20,872	24,240	24,233	24,233	24,233	24,233	24,233	0	268,994	-15,589.10
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	13,691	121	151,486	-14,109.27
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	37,924		420,480	
OPERATING EXP &EQUIP (O&E)																
General Expense <sup>1</sup>	\$ 48,625	0	8,693	3,322	5,593	128	40	0	54,755	2,129	9,697	40	11,521	0	95,918	-47,293
Printing <sup>2</sup>	\$ -							2,167		133	0	1,403	266	1,100	5,069	· ·
Communications Postage	\$ 7,000 \$ 500	400	-400	0	16	243	101	134	247	80	53	430	23	82	1,410 0	
Travel In-State Training	\$ 73,000 \$ 40,000	45	272	907	1,009	4,246	939	1,242	5,866	1,451	29	4,093	6,059 340	4,062 0	30,220 340	
Facility Operations	\$ -														0	
Consultnt & Prof, Extrnl3	\$ 158,100	194	379	503	0	2,622	279	253	2,916	807	0	1,458	1,627	7,906	18,943	139,157
Equipment	\$ -															
Unallotted	\$ 27,468								74		345			0	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	19,836	13,150	152,320	202,373
Departmental Services		183	200	249	359	369	407	387	377	392.55	307.03	410.66	282.5	44.96	3,969	

### TOTAL DIRECT BUDGET 745,475

<sup>1</sup> This line item covers supplies, equipment, meeting venue costs, etc.

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

<sup>3</sup> This line item has the following encumbrances for FY 2017-18:All American Reporting \$12,150 and \$125,000 for pending contracts NOTE: \$100,000 encumbrance UCI Contract not shown MHSF funded employees (1 SSM I, 1 RA II, 2 AGPA, and 1 OT)

# CBHPC SAMHSA EXPENDITURES FY 2017-18

SAMHSA Through June 30, 2018 FY 2017/18 **Proiected** Balance **Budget** Oct Nov Dec Jan Feb March April May June Close out Total Remaining **PERSONAL SERVICES** \$ 280,300 20,230 21,599 21,807 20,494 20,494 20,494 20,494 20.494 24,360 0 190,466 **Salaries** 89,833.60 Temporary Help Overtime \$ 115,817 11,942 12,073 12,073 12,003 10,076 8,326 10,253 39 100,219 15,598.35 Staff Benefits 11,639 11,795 \$ 396.117 31.869 33,394 33,749 32,567 32,567 32.497 30.570 28.820 34.613 39 290.685 105,431.95 Total Personal Services **OPERATING EXP &EQUIP (O&E)** General Expense<sup>1</sup> 40 0 0 15,500 10 19,394 1,615 4,346 29,966 55,372 -39,872 Printing<sup>2</sup> 15,000 15,000 7,000 127 428 135 1,428 5,571.89 Communications 123 0 186 109 140 180 Postage 500 0 500 76,000 365 1,615 Travel In-State 1,037 379 0 0 0 333 1,578 1,168 6,475 69,524.63 **Training** 32,000 549 390 0 939 31,061 0 310 -310 **Facility Operations** 310 5,000 0 0 688 0 Consultant & Prof, Externa 0 0 0 200 1,223 478 2,588 2,412 Equipment \$ 485,774 485,429 Unallotted 345 345 20,022 32,002 67,457 **569,316.60** Total OE & E \$ 636,774 1,200 506 0 196 3,312 5,714 2,710 1,796 290.98 275.15 195.46 90 150 209 221 251.7 Departmental Services 231 31.11 1945.4

TOTAL DIRECT BUDGET	1,032,891

<sup>1</sup> This line item covers supplies, equipment, meeting venue costs, etc.

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

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

<sup>\*\*</sup> Federal Fiscal Year expednitures (Oct-Nov)

**Agenda Item:** Discuss Council Committee Policy and Practice

**Enclosures:** Legislative flowchart (Legis Committee June 2018)

### **Background/Description:**

At the April Council meeting, and again at the June meeting, the Advocacy Committee took an Oppose position on SB 1004 which directs the Mental Health Services Oversight and Accountability Commission (MHSOAC) to establish priorities for the use of MHSA Prevention and Early Intervention funds and to establish metrics/strategies to measure outcomes.

In July, the Executive Officer received an email from California Health+ Advocates, via Council member Liz Oseguera, that was sent to many stakeholder organizations transmitting a letter to MHSOAC to support SB 1004. The EO sent a reply to provide the information that the Council has taken an oppose position on the bill. No further discussion occurred.

On August 14, Council staff met with Donna Campbell, of Governor Brown's staff, to discuss the reasons behind the Council's position on SB 1004. For that meeting, a document was prepared which outlined the Council's reasoning. This document was also shared with staff at the Steinberg Institute as a good faith gesture. They were aware of the Council's continued opposition which was voiced during a conference call with the author's staff the week prior.

On August 15<sup>th</sup>, Liz Oseguera contacted us with concern regarding the Council's position and the document. Liz queried about the Council's process to take positions on legislation without the full Council's input. The Exec Officer explained current processes and procedures and recommended this matter be brought to the Executive Committee for discussion and possible change in process/procedure.

Below is the excerpt from the current Council Operating Policies and Procedures that addresses positons taken on legislation.

### **Positions on Legislation**

A flowchart on the Planning Council's process for analyzing and supporting bills is at Attachment C.

- 1. At the beginning of each calendar year, the Advocacy Committee will recommend a legislative platform to be adopted by the Planning Council. This platform is based on mental health policy and program issues on which the Planning Council has consensus.
  - a. When staff identify newly introduced bills that fall within the Planning Council's legislative platform, these bills are assigned approved positions immediately and a position letter is sent to the author and appropriate committee chairs.
  - b. These approved positions are noted on the cover sheet of the legislative bill file that is distributed to Planning Council members at the April and June quarterly meetings.
  - c. Any Planning Council member who is concerned about a position taken on a bill that falls within the purview of the legislative platform may request that it be reevaluated by the Advocacy Committee
  - d. If a bill is substantially amended, staff reviews the bill to determine if it is still within the purview of the legislative platform. If not, the bill will go back to the Advocacy Committee for deliberation.
- 2. Staff will analyze other legislation that does not fall within the purview of the legislative platform and make recommendations on positions to the Advocacy Committee. When analyzing legislation, staff will consult with Council members concerning bills in their areas of expertise. Staff will also refer to the positions of California Association of Social Rehabilitative Agencies (CASRA), Los Angeles County, California Behavioral Health Directors Association (CBHDA), and other relevant mental health sources for Advocacy Committee member consideration. Staff will recommend positions that are consistent with what they perceive to be the Planning Council's consensus on the issue. These positions will be forwarded to the Advocacy Committee for deliberation.
- 3. The Advocacy Committee adopts positions on all other bills by consensus. Those positions are:

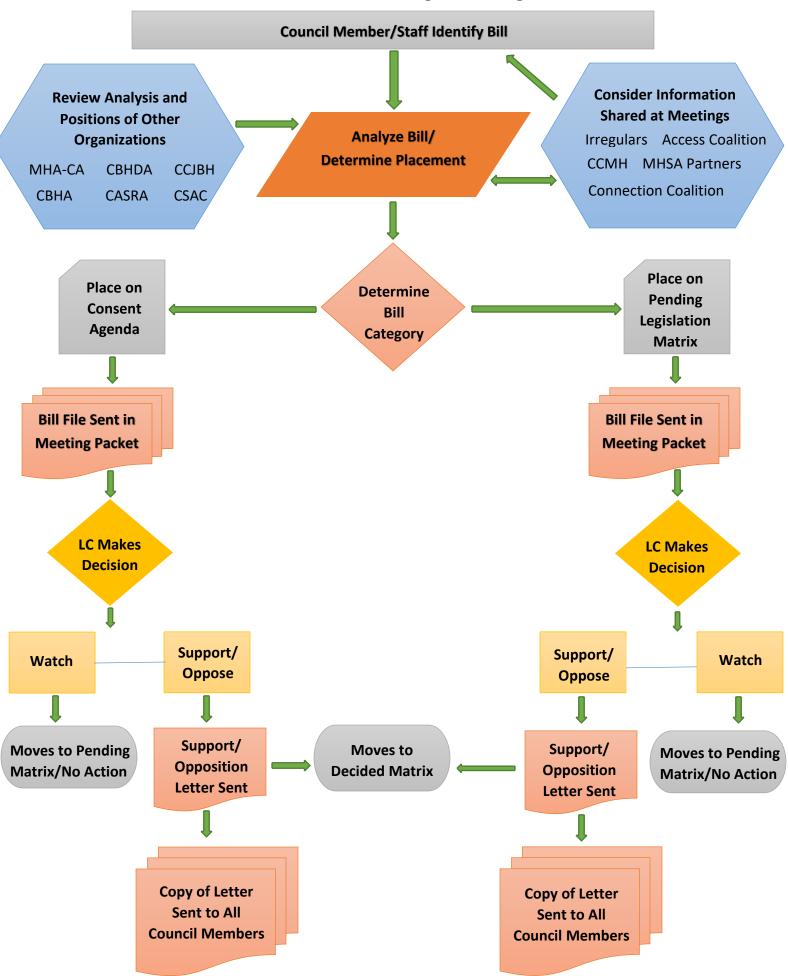
Support
Support if Amended Oppose
Oppose unless Amended Watch
(neutral)

- 4. Staff will draft and send a position letter to the author(s) of the bill and the appropriate legislative committee chair. An electronic copy is also sent to all council members and posted to the CBHPC website. The letter is signed by the Chair of the Advocacy Committee.
- 5. Planning Council members are responsible for reviewing those positions and notifying the Planning Council office of any concerns about the positions.
- 6. Planning Council members who are concerned about a position taken on a bill should contact the Advocacy Committee Chair. If, after evaluating the bill, a Planning Council member is still opposed to the position adopted by the Advocacy Committee, the Advocacy Committee will communicate those concerns about the bill to the Executive Committee for action.
- 7. The Executive Committee will reevaluate the position on the bill and discuss the issue with

the Planning Council member who has the objection. If the Executive Committee upholds the original position, that position will stand. The member may then opt to draft and send a letter of minority dissention which clearly outlines points of departure from the Council's majority position. In the interim, the decision of the Executive Committee will stand so that the Planning Council may be active in advocating for the bill.

8. When a bill's subject matter is controversial, after following steps from section 2 above, the Advocacy Committee may bring the bill to the full Planning Council to decide a position by majority vote.

### **California Behavioral Health Planning Council Legislation Process**



**Agenda Item:** Review and Discuss Leadership Development Activities and Plan for Future

**Enclosures:** None

### **Background/Description:**

From October 2016 through January 2017, the Executive Committee worked with consultant, Renee Taylor, to do the following:

- Explore possibilities to expand the Council's visibility, relevancy and easy recognition.
- Discuss and organize priorities of the Council around vision for its future including fulfillment of state and federal mandates within current environment.
- Investigate activities to enhance member understanding of Council work, statutory mandates, function and role as well as internal processes

In this work, committee members identified critical success factors to reach our vision:

- 1) Subject Matter Expert Recognition
- 2) Demonstrated Value of Consumer Voice
- 3) Council Autonomy and Impact
- 4) Access to Accurate Data

Building on these areas, two separate, but coordinated, projects stemming from the SAMHSA Leadership and Advocacy Technical Assistance groups were started in 2017. The following information frames the two projects.

### **2017 Leadership Project Description:**

The SAMHSA Leadership project will address the membership representation of the Council to facilitate the inclusion of co-occurring Substance Use Disorders. Additionally, the Leadership project will guide the members through the complex landscape of the

Behavioral Health System in California to augment member involvement in Council work and at the local level.

### **Objectives**

- Connect the work of the Council with the Council's Mission Steps:
  - Mission translation: to be further developed
  - Place the Council's mission and vision on the rear of the name tents at meetings
  - Develop member understanding of federal intent for role of Planning Councils
- 2) Guide through complex landscape of the Behavioral Health System Steps:
  - Interactive training for members re: Public Behavioral Health System
  - Interactive training for members and staff re: role, functions, duties as staff
  - Training for members on soft skills, roles and functions
  - Training for members on collateral partners
- Development of 40 Leaders within the Council and at the Local Level (Succession Planning)

Steps:

• Leadership development: This is the 'What would Advocacy look like at the Council and in the Community'

### **2017 Advocacy Project Description:**

To increase/strengthen the connection and visibility of the Council with the Department of Health Care Services. To provide relevant advice/recommendations as provided in state law.

This project has identified a **SMART** goal.

**S**pecific – By December 31, 2017, the CMHPC will provide at least two recommendations and two policy briefs to DHCS regarding the public behavioral health system.

Measureable – Have we met with DHCS re: upcoming policy issues?

Have we identified specific topics for policy briefs?

Have we identified data available for policy briefs?

Attainable – Engagement of CMHPC in the work of DHCS as characterized by regular meetings/website reviews/stakeholder meetings, etc.

Submit written material/documents to DHCS re: MHBG and other subjects

Increase communication/understanding of MHBG and services/programs Kimberly become a member of Council

Realistic - Kimberly (DHCS staff); Susan, Daphne, Karen, Darlene, and Raja (Council members); Dorinda and Jane (Council staff) are all ready, willing and able. The goal is a stretch; it is doable and will result in increased advisory value to DHCS.

Timely – By August 2017, input to MHBG Application

By December 2017, two policy briefs and two recommendations

### **2018 Technical Assistance**

As you can see from the above, we started a number of the initiatives and made headway in some more than others. In 2018, SAMHSA invited California to "follow along" with the new Leadership TA cohort and the Officers accepted as a means to continue the momentum.

Throughout 2018, most of our attention and resources have been dedicated to the identification of areas for Council impact, establishment of guiding principles, restructuring the committees and development of training materials. Many of these activities further our goal of developing 40 leaders.

This agenda item provides the Executive Committee members time to reflect on what has been done and to discuss possible goals for 2019 which may include expanding or finishing any/all 2017-18 goals.

### 2019 Questions to consider include:

What impact does the Council want to have <u>within</u> the membership? Have we achieved or demonstrated subject matter expertise and/or the value of the consumer voice?

What impact does the Council want to have <u>outside</u> of the Council? Is the Council autonomous and does it have an impact? If so, where specifically is the impact and do we want to change or expand our sphere of impact? Does the Council have the data and other resources needed to fulfill its duties?

Does the Council want to prepare a Transition Plan for the new Governor to lay out priorities the Council feels require his attention and which we would like accomplished during his administration?

**Agenda Item:** Plan Council General Session Focus for 2019

**Enclosures:** None

### **Background/Description:**

The Council has restructured its meeting format which now includes additional time spent in committee meetings. The General Session time, when the full membership meets, occurs on Thursday afternoon for 3.5 hours and on Friday morning for 3.5 hours.

The Council has a number of standing agenda items for the General Session including:

- 1. Welcome from host county director 30 minutes
- 2. Approval of prior meeting minutes 5 minutes
- 3. Public Comment (multiple times on both days) approx. 40 minutes total
- 4. Committee Reports 30-45 minutes total
- 5. Updates from: (20-30 minutes each)

County Behavioral Health Directors Association

CA Department of Health Care Services

CA Association of Local Behavioral Health Boards/Commissions

SAMHSA Region IX, Capt. Jon Perez, PhD. (when available)

6. SAMHSA Mental Health Block Grant education – 45 minutes

The time for these total approx. 4 hours.

This allows approximately 3 hours of available time in General Session. How would the Executive Committee like to utilize that time in 2019?

For October and again in January, we know that some of that time will need to be dedicated to the Council's input and approval of the next 5-Year Workforce Education and Training Development Plan.

Recommendation for Consideration: To support the new structure and engage members in the new committees, each committee take a meeting to present to the full Council regarding their subject/focus, current issues and/or activity, horizon issues/activity, etc. Experts in the field can be invited to present on an aspect of the subject as well as inform all of the members a bit more in depth on what impact the Council is working towards in that area.