

Executive Committee Meeting

January 16, 2013

Courtyard San Diego Mission Valley/Hotel Circle

595 Hotel Circle South

San Diego, CA 92108

9:30 a.m. to 10:50 a.m.

Members Present

John Ryan, Chair

Gail Nickerson, Past Chair

Pat Bennett, PhD

Beverly Abbott

Walter Shwe

Barbara Mitchell

Staff

Jane Adcock

Linda Dickerson

Andi Murphy

Narkesia Swanigan

Michael Gardner

Others Present

Steve Leoni

Karen Hart

John Ryan advised that he has asked Gail Nickerson to act as Past Chair

Review and Approve Minutes from the October 2012 Executive Meeting

A motion made by Patricia Bennett and seconded by Gail Nickerson: *The October 2012 minutes were approved as written.*

Abstentions: Barbara Mitchell

No Oppositions

Executive Officer Report on Vacancies and Transition to DHCS

Jane Adcock advised that the Planning Council was able to fill ten of the eleven vacancies- since that time one new appointee had to step down, so now there are two vacancies: One in the Professional Provider slot and one in the Direct Consumer slot. We are hoping to receive more applications from Transition Age Youth. Adcock asked the committee chairs to pair the new appointees with a mentor from their committee.

- Barbara Mitchell suggested that the Operations Committee look into the application and interview process. Adcock will place this on a future Executive Committee agenda for further discussion.
- John Ryan asked that members appointed with Pat Bennett be interviewed regarding the process they encountered and a draft worked up to discuss screening of potential members.

Adcock would like to set up a monthly phone call for the Executive Committee. The call will be scheduled on the third Friday at 9 a.m. Adcock will send out an appointment reminder.

Report on Governor's Proposed Budget

Andi Murphy provided an update on the Governor's Proposed Budget.

- Cuts to the Behavioral Health subaccount for women and children residential treatment.

- The Governor is proposing two options for Medi-Cal Expansion:
 - a county-based approach under which counties would assume fiscal and programmatic responsibility for the provision of health services to the expansion population or
 - a state-based approach under which the state would expand its existing state-administered Medi-Cal Program to cover the expansion population.
- John Ryan: This is a good example of how the Council can get involved in terms of advocacy. We need to advocate for a statewide system.
- Bev: We will need more information before taking a stance. We can express our concern that people don't receive a different level of care.
- Bennett: In realignment the impetus is to bring it back down to the local level to give it local control. But there may be some risk to California if do not meet a certain standard. This is why the 1115 waiver was negotiated.
- Murphy: The Legislative Analyst's Office feels there are many unanswered questions around this subject. A copy of the report will be provided to staff for the Health Care Reform Committee.

Murphy provided an overview of The Irregulars meeting.

- Orange County will adopt a recommendation from the UK to screen all kids at age 11 for mental health issues. They are applying for a grant for just one school. There are some stigma concerns around this.
- Dickinson is proposing legislation to tax ammunition to fund the Early Mental Health Initiative.
- Lara is introducing a bill for children of mentally ill parents who may need counseling and their parents are unable to advocate for them.
- Steinberg is going to Washington D.C. for the inauguration and he wants to meet with federal officials regarding the cost for crisis residential programs.
- Barbara Mitchell: Crisis residential is reimbursable but the problem is that many people who need care are not Medi-Cal eligible or may be undocumented.
- Murphy discussed SB 22 authored by Jim Beall: The Knox-Keene Health Care Service Plan Act of 1975 provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. This bill would, on or after July 1, 2014, require every health care service plan, contractor of a health service plan, and health insurer to submit an annual report to the Department of Managed Health Care or the Department of Insurance, as appropriate, certifying compliance with specified state laws and the MHPAEA, except as provided. The bill would require the reports to be a public record made available upon request and to be published on the respective department's Internet Web site. The bill would require a plan, contractor, and health insurer to provide an analysis of the entity's compliance with the law using certain mental health parity standards and to conduct surveys of enrollees, insured's, and providers as part of the report, as specified.

- Bell is now chairing a new senate Mental Health caucus.
- Mitchell: The Advocacy Committee is looking at what entities can be utilized to partner with on important issues.
- Ryan: What does California need in terms of consumer input? Whatever all these funding mechanisms are, the council needs to say something very clearly about the consumer voice. This should be referred to the Advocacy Committee.

Committee Discussion and Policy Recommendations

Executive Committee Role and Functions and Executive Committee Composition

Current policies regarding composition and functions of the Executive Committee need to be clarified and expanded. The Executive Officer requests that the Executive Committee review existing policy and discuss/draft new language to provide clarification and direction.

- Adcock advised that the Operating Policies and Procedures states there be a slot for a California Mental Health Directors Association (CMHDA) liaison on the Executive Committee. No one has been officially appointed. There is also a slot for a Department liaison
- Bennett: It would be interesting to see what the job descriptions are of other Executive Committees as there is an important function there. This should be referred to the Operations Workgroup to discuss and research.
- Mitchell: In the past the Executive committee assigned things to committees based on public comment, trends, or issues. Also things such as budget oversight and what the appointments were. Involvement in evaluation of the Executive Officer. Shaping the agenda. Leadership used to have a monthly call or meeting with the Department Director.
- Members advised that having an Executive Committee Meeting is very important. It is not in the best interest of the Planning Council to discontinue meeting face to face.
- Karen Hart: The Executive Committee is charged with making decisions between quarterly meetings.
- Mitchell: The Executive Committee also makes sure that the Planning Council is meeting our mandated obligations.
- Members agreed on the Executive Committee composition: Chair, Chair-Elect, Past Chair, Executive Officer, Chairs of each of the four committees (Advocacy, Health Care Reform, Continuous System Improvement, and Patients' Rights) a liaison to CMHDA, a liaison to the Administration, and an at-large member. The Executive Committee is referring function design to the Operations Workgroup. The Operations Workgroup will also discuss including a member of the MHSOAC on the Executive Committee as a non-voting member and whether a chair-elect of the Planning Council should step down as a Chair of a committee.
- Ryan: The Health Care Reform Committee will conduct a forum at the full Planning Council Meeting in April 2013.

- Mitchell: A representative from Department of Housing and Urban Development (HUD) will present on changes in funding for housing and the homeless. It's a very different perspective on affordable housing now.
- Abbott suggested that each committee be featured at the full council meeting and be given an extended amount of time to present its work in depth. Each committee will decide independently what they would like to talk about or present. So each committee will be given one meeting a year.
- Ryan: It is important that something concrete comes from each presentation. What does the Council need to know in order to stay up to speed and what actions need to be taken?
- Bennett: The way we get to the action is to permit a facilitated discussion so the members can direct what the action should be.

Public Comment

Steve Leoni: One third of the MHSOAC Evaluation Committee meetings conflict with the Planning Council meetings. I have recommended to the MHSOAC that they change their schedule so people can participate in both meetings.

Ryan advised that he has a call scheduled with the chair of the MHSOAC and bring up this important issue.

New Business

- Abbott: An evolving and emerging issue is who holds the leadership role at the state level regarding mental health. With the realignment there seems to be a void. We can address this issue at the general session.
- The Executive Committee will continue looking into this by having conversations with the Department of Health Care Services (DHCS) and CMHDA.
- Ryan: A time slot for new business has been added to the full planning council agenda for Thursday as well as Friday. This will give people time to discuss the item further on Friday morning if needed.
- Ryan: When the Planning Council sends out correspondence, the names of the committee and the Committee Chair who have done the work should appear at the bottom of the letter, along with the name of the current Planning Council Chair, to indicate that the whole council has approved it. Mr. Ryan has directed staff to act accordingly.
- Leadership will have a call with the Substance Abuse and Mental Health Administration (SAMHSA) representative regarding the new national trend of Planning Councils becoming a behavioral health planning council. A letter was sent asking which states were interested in technical assistance to plan to go that route. The only way that the planning council can take advantage of this is for the DHCS to approve it. The SAMHSA will also hold a call with DHCS to discuss the process.

Meeting Adjourned