

**California Mental Health Planning Council
Executive Committee Meeting**

Friday, February 20, 2015

9:00 to 10:30 a.m.

1501 Capitol Avenue
Suite 3001
Sacramento, CA 95814
1-866-742-8921 code 5900167

| Item # | Time | Topic | Presenter or Facilitator | Tab |
|---------------|-------------|---|-----------------------------------|------------|
| 1. | 9:00 am | Review highlights from the January 2015 Executive Committee Meeting | Cindy Claflin, Chairperson | 1 |
| 2. | 9:10 am | Update on SAMHSA TA | Jane Adcock, Executive Officer | 2 |
| 3. | 9:15 am | Review of Council Budget and Expenditures for FY 2015-16 budget | Tamara Jones, Chief of Operations | 3 |
| 4. | 9:25 am | Review/Approve Intro pages to CMHPC Application | Jane Adcock | 4 |
| 5. | 9:35 am | Little Hoover Commission Report | All | 5 |
| 6. | 9:50 am | Select Focus for 2015 meetings | Cindy Claflin | 6 |
| 7. | 10:15 am | Public Comment | Cindy Claflin | |
| 8. | 10:20 am | New Business | Cindy Claflin | |
| 9. | 10:30 am | Adjourn | | |

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

Members:

| | |
|------------------------|-------------------------|
| Cindy Claflin | Chairperson |
| Monica Wilson | Past Chair |
| Jo Black | Chair Elect |
| Susan Wilson | Cont Sys Improvemnt |
| Noel O'Neill | CBHDA Liaison |
| Susan Wilson | CALMHB/C Liaison |
| Steven Grolnic-McClurg | Health Care Integration |
| Adam Nelson | Advocacy |
| Daphne Shaw | Patients' Rights |
| Walter Shwe | At-Large Consumer |
| Jane Adcock | Executive Officer |

X INFORMATION

TAB SECTION 1

 ACTION REQUIRED

DATE OF MEETING 2/20/15

MATERIAL
PREPARED BY: Adcock

DATE MATERIAL
PREPARED 2/05/15

| | |
|--|---|
| AGENDA ITEM: | Review January Exec Committee meeting highlights |
| ENCLOSURES: | Highlights from January 2015 meeting |
| OTHER MATERIAL RELATED TO ITEM: | |

ISSUE:

California Mental Health Planning Council

Executive Committee Meeting Highlights

January 14, 2015

1. Review/Approve Minutes

Minutes were approved without change.

2. Review Budget/Expenditures

No outstanding concerns.

3. Council Process Structure, Communication and Focus

It was agreed that the Executive Officer will submit a report to Exec Committee each month regarding meetings attended, emergent issues, staff work, etc. This report will serve as a communication tool regarding ongoing and emergent issues being discussed by constituent/partner organizations.

It was agreed that the Executive Committee would bring the question of whether to have a focus for the year to the full Council membership to weigh in. If the Council decided yes, then the membership would be asked for ideas for the focus.

Then in February, the Exec Cmte would use the list generated at January General Session to select the focus for the year.

4. New Business

SAMHSA is offering Technical Assistance to states. Three types are currently available: Targeted Individual State TA; State Planning Council Leadership Academy and State Council Strategic Planning Community. Both the Leadership Academy and the Strategic Planning are limited to five states each year.

It was decided that we would apply for Targeted State TA and the Council Leadership Academy. The Individual TA would be to assist us with decision-making whether to integrate SUD into the Council. And if so, to help us operationalize the integration.

X INFORMATION

TAB SECTION 2

_____ ACTION REQUIRED

DATE OF MEETING 2/20/15

MATERIAL
PREPARED BY: Adcock

DATE MATERIAL
PREPARED 2/06/15

| | |
|--|---------------------------------------|
| AGENDA ITEM: | Update on SAMHSA Technical Assistance |
| ENCLOSURES: | SAMHSA TA description |
| OTHER MATERIAL RELATED TO ITEM: | |

ISSUE:

At the January Executive Committee Meeting, it was decided that we would apply for Individual State TA and the Council Leadership Academy.

SAMHSA STATE TECHNICAL ASSISTANCE (TA) PROJECT

TA FOR STATE PLANNING COUNCILS 2015

Who can submit a request for TA?

Requests for TA can be submitted by a State Planning Council in collaboration with the State Mental Health or Behavioral Health Authority.

When can a state submit a TA request?

A request for TA may be made anytime between January 12, 2014 and July 22, 2015. All TA must be completed by August 21, 2015. State Planning Councils are strongly encouraged to submit their requests as soon as possible, as resources are limited.

What types of TA are available through the State TA Project?

Targeted Individual State TA. TA requests will be considered for any topic that is important to operating an effective State Planning Council, whether the council is fully integrated, making the transition to merging mental health and substance abuse concerns, or focused primarily on mental health issues. Targeted TA may involve onsite consultation from national planning council experts and peer colleagues, as well as periodic support provided through individual and group telecommunications.

STATE PLANNING COUNCIL LEADERSHIP ACADEMY. The Leadership Academy offers collaboration with councils and state staff to develop, deliver, monitor, and evaluate council leadership training, education, and support up to five (5) states. Participants will include council chairs, co-chairs, vice-chairs, and other state planning leaders representing both behavioral health and mental health. TA offered through the Leadership Academy includes:

- Monthly Leadership Academy group meetings.
- Monthly individual staff coaching calls to discuss current activities, issues, and priorities.
- Peer-to-peer teleconference calls (four to six per year). Topics may include:
 - “Convening and Running an Effective Planning Council Meeting”
 - “Recruiting and Retaining Diverse Planning Council Representation”
 - “Developing and Maintaining Strong Council/State Department Relationships.”
- Resource materials (e.g., Best Practice Manual) to develop and support strong council leaders.

STATE PLANNING COUNCIL STRATEGIC PLANNING COMMUNITY. TA will assist up to five (5) State Planning Councils in developing strategic plans covering a 3- to 5-year period. Plans will identify and address high-priority needs for strengthening and expanding overall council operations and ensuring compliance with federal planning requirements in proven and practical ways (see attached federal guidance). The Strategic Planning TA will:

- Provide expert support, review, and comment about strategic plans as they are developed.
- Offer national training webinars by peer experts about key topics related to effective state council operations, such as environmental scanning, setting realistic priorities, and monitoring/evaluating council operations.
- Offer ongoing support in state council strategic planning and decision making.
- Conduct periodic coaching calls, make referrals to peer colleagues/experts, and provide needed references and resources.

May I apply for more than one kind of TA?

Yes, requests for more than one type of TA for a State Planning Council will be considered, depending on available resources. Please submit a separate application for each request.

What should I include in my TA application?

Your request should include the following:

- A description of your State Planning Council's specific need for TA.
- Whether your Council is: a) fully integrated to encompass mental health and substance abuse; b) in the process of merging mental health and substance abuse; or c) focused solely on mental health issues and concerns.
- What you hope to achieve with TA (your TA objectives).
- The specific kind of assistance you are requesting.
- Types of TA your council has previously received on the topic or issue.

What happens once my request is submitted?

- Once your request is received, project staff will review and contact you if further information or clarification is needed.
- Staff will let you know the request was received and submit it to SAMHSA for review.
- If SAMHSA approves the request, staff will convene a planning call with you within 10 days.

If my request is not approved, can I reapply?

Yes, any state can request TA for its Planning Council during the open TA period noted earlier. Let us know if you would like to talk with project staff before you submit your request.

What happens after the TA is completed?

- A TA Report will be developed and submitted to SAMHSA for review within 20 business days after TA is completed.
- Evaluation of the TA will occur immediately and at approximately 9 months after the TA.

To whom do I send my request?

Send your request (and any questions) to Margie Murphy, AHP Senior Program Associate at (508) 395-9571 or stateta@ahpnet.com.

X INFORMATION

TAB SECTION 3

 ACTION REQUIRED

DATE OF MEETING 2/20/15

MATERIAL
PREPARED BY: Jones

DATE MATERIAL
PREPARED 2/17/15

| | |
|--|---|
| AGENDA ITEM: | Review Council Budget and Expenditures |
| ENCLOSURES: | |
| OTHER MATERIAL RELATED TO ITEM: | |

ISSUE:

Prior to meeting, budget/expenditure charts for MHSA and SAMHSA funding will be provided.



**CALIFORNIA MENTAL HEALTH PLANNING COUNCIL
APPLICATION**

 INFORMATION TAB SECTION **4**

 X ACTION REQUIRED: Approve DATE OF MEETING **2/20/15**

MATERIAL DATE MATERIAL
PREPARED BY: Adcock PREPARED **2/07/15**

| | |
|--|---|
| AGENDA ITEM: | Review/Approve Intro Pages to CMHPC Application |
| ENCLOSURES: | Draft Intro Pages and Current Application |
| OTHER MATERIAL RELATED TO ITEM: | |

ISSUE:

In previous discussions, it was suggested that some introductory information be included as part of the Council application. This will serve to inform potential members about Council time commitments, travel and meeting requirements, values and mission.



CALIFORNIA MENTAL HEALTH PLANNING COUNCIL APPLICATION

BACKGROUND

The California Mental Health Planning Council (CMHPC) is mandated by federal and state statutes to:

- advocate for children/youth with serious emotional disturbances and adults and older adults with serious mental illness
- review and report on the adequacy and performance of California's public mental health system
- advise the Governor and the Legislature on priority issues and participate in statewide planning

There are 40 members on the Council. The Director of the Department of Health Care Services (DHCS) appoints Council members to three-year terms. Planning Council members represent the diverse viewpoints of California's mental health community and bring specific expertise and insight from their experiences and organizations. They are not required, however, to provide input nor make decisions on issues based on the position of their organization. Several members represent state departments whose mission affects the mental health community such as Education, Vocational Rehabilitation, Social Services and Housing while others may work for a nonprofit organization or have consumer or family member lived experience.

PARTICIPATION EXPECTATIONS

The Planning Council meets face-to-face four times per year. These meetings are scheduled for two and a half days. Planning Council members are expected to attend all Council meetings because their voice is essential to the work of the Council.

Additionally, the Planning Council has five committees that meet monthly for 1-2 hours:

- Advocacy Committee
- Continuous System Improvement Committee
- HealthCare Integration Committee
- Patients' Rights Committee



CALIFORNIA MENTAL HEALTH PLANNING COUNCIL APPLICATION

- Executive Committee

The committees work on mental health issues that the Planning Council considers to be of the highest priority. Committee work is an integral part of a members' responsibility. Committee members are to review and respond to committee materials, as requested and in a timely manner. Council members are expected to attend and participate in one of the above committees and may also:

- volunteer for any *ad hoc* work groups, as the need arises
- attend conferences and trainings that are relevant to committee and Council work
- assist with the preparation of written documents for consideration by the Council
- complete assignments by committee-established deadlines

From time to time Council members may have an opportunity to serve on committees sponsored by other state, federal or legislative entities to work on key areas of policy development. Members are notified of these opportunities to volunteer. If a Council member accepts, he/she will be representing the Planning Council and will be responsible for accurately representing the Council's position. If travel is required, the costs will be reimbursed by the Council.

TIME COMMITMENT

Council member appointments are made for a three-year term. Members can request reappointment for subsequent three-year terms. These are unpaid, volunteer appointments.

Monthly committee meetings last 1-2 hours and the quarterly face-to-face meetings are scheduled for 2 ½ days. Preparation for the meetings in reviewing agendas and materials can require 2-4 hours. It is expected that Council members review the background materials prior to the meeting. Generally, materials are sent to members two weeks in advance of the meeting in either electronic or hardcopy format.

TRAVEL

Because the Planning Council represents all of California, the quarterly face to face meetings are held in locations around California.



CALIFORNIA MENTAL HEALTH PLANNING COUNCIL APPLICATION

- Council members are reimbursed for their travel expenses, and in some cases, provided with travel advances. Reimbursement amounts are made pursuant to established state travel rates.
- Council staff assist members in making their travel arrangements and accommodations.
- Council members are required to submit timely and accurate travel expense claims for reimbursement with necessary receipts.
- It is expected that Council members will communicate with Council staff immediately if there are any problems with reimbursement, travel arrangements or barriers to their participation.

ADDITIONAL RESPONSIBILITIES

- Participate in state wide planning
- Review and comment on the annual application for funding from the Substance Abuse and Mental Health Services Administration (SAMHSA)
- Participate in the public hearings on the state mental health plan, SAMHSA block grant, etc.
- Assist in the coordination of training and information to county mental health boards
- Monitor, review and evaluate the allocation and adequacy of mental health services within the state
- Advise the Legislature and Department of Health Care Services on mental health issues and priorities
- Participate in Planning Council leadership skill development for potential committee and Council chairperson appointments
- Communicate with Council staff immediately if there are any problems or questions related to the business of the Planning Council



**CALIFORNIA MENTAL HEALTH PLANNING COUNCIL
APPLICATION**

1. Mr.
 Ms.

FIRST MIDDLE LAST

2. Residence address: _____

3. Telephone number: (____) _____
E-mail: _____

4. What year were you born? _____

5. Gender: Male Female

6. Ethnicity: _____

7. Please explain why you wish to serve on the California Mental Health Planning Council.

8. The Council seeks diversity in perspective and experience amongst its members. Indicate any perspective and/or experience you would bring to the Council. Please select which groups (if any) you identify with below.

| | | |
|---|---|--|
| <input type="checkbox"/> Native American | <input type="checkbox"/> Veteran | <input type="checkbox"/> Education |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Law Enforcement/Criminal Justice | <input type="checkbox"/> Foster Care/ Juvenile Justice |
| <input type="checkbox"/> African American | <input type="checkbox"/> LGBTQ | <input type="checkbox"/> Child/Adolescent/Youth |
| <input type="checkbox"/> Latino | <input type="checkbox"/> Rural California | <input type="checkbox"/> Older Adults |
| <input type="checkbox"/> Other | | |

9. The Council has four (4) appointment categories. Please mark which category in which you are seeking appointment. You can select more than one.

Consumer-Related Advocate (please explain): _____

Consumer

Family Member

Professional/Provider (please identify): _____

10. Council membership requires travel by air and/or car four times a year, sitting for long periods of time, listening to presentations, public speaking to Council members, and reviewing documents in electronic or paper form in order to prepare for meetings. Are you able to perform all of these activities? YES NO

If "no", please describe: _____

11. Category which most accurately describes your current status:

Student Employed Unemployed Veteran

Volunteer Retired Other _____

12. Please attach a resume or Curriculum Vitae (CV) which also indicates any professional licenses/certificates you hold and any organizations/societies to which you belong.

13. Please provide two (2) contacts as reference to your connection to the mental health community in California.

Please note: Answering “Yes” to any of the following questions will not automatically disqualify you from consideration. However, please explain any “yes” answers on the space provided below.

14. Are you a citizen of a country other than the United States?

YES NO

If yes, what country? _____

15. Are you currently, or have you ever been, under federal, state or local investigation for possible violation of a criminal law or ordinance?

YES NO

16. Have you ever been disciplined or cited for a breach of ethics or unprofessional conduct by, or been the subject of a complaint to, any court, administrative agency, professional association, disciplinary committee, or other professional group?

YES NO

17. Have you ever been publicly identified in person or by organizational members, with a particularly controversial national, state or local issue or produced documents or presentations on particularly controversial issues?

YES NO

18. Have you ever had any association with any person, group or business venture which could be used, even unfairly, to impugn or attach your character and qualifications for the requested appointment; or, do you know of anyone who might take any steps, overtly or covertly, to attach your appointment?

YES NO

Please explain below if you answered “YES” to any of the questions 14-18.

Question # _____

Explanation:

Question # _____

Explanation:

Question # _____

Explanation:

AUTHORIZATION AND RELEASE

I understand that in connection with this application for appointment, a background check may be conducted. I hereby authorize the release of any and all information pertaining to me from available records and hereby release all such agencies or individuals who furnish such information from liability for damages which may result from furnishing the information requested.

SIGNATURE

DATE

Please mail your completed application to:

Department of Health Care Services
Mental Health and Substance Use Disorder Services
Attn: Michele Taylor
MS 4000
PO Box 997413
Sacramento, CA 95899-7413

X INFORMATION

TAB SECTION 5

_____ ACTION REQUIRED

DATE OF MEETING 2/20/15

MATERIAL
PREPARED BY: Adcock

DATE MATERIAL PREPARED
2/07/15

| | |
|--|--|
| AGENDA ITEM: | Little Hoover Commission Report |
| ENCLOSURES: | CBHDA Letter to Little Hoover Commission |
| OTHER MATERIAL RELATED TO ITEM: | |

ISSUE:

This agenda item is to provide time for the Executive Committee to discuss whether there is any action the Council would like to take in response to the report issued by the Little Hoover Commission on the implementation of the Mental Health Services Act.



January 30, 2015

The Honorable Edmund G. Brown,
Jr. Governor

The Honorable Kevin de Leon
President pro Tempore of the
Senate
and Members of the Senate

The Honorable Toni G. Atkins
Speaker of the Assembly
and Members of the Assembly

The Honorable Bob Huff
Senate Minority Leader

The Honorable Kristin Olsen
Assembly Minority Leader

Dear Governor and Members of the Legislature:

Contrary to recent press coverage and the Little Hoover Commission's Report #225, *Promises to Keep: A Decade of the Mental Health Services Act* ("Report #225"), the State has data that does show, at a minimum, that the Mental Health Services Act (MHSA) has directly reduced homelessness, incarceration, and emergency room utilization among Californians with serious mental illness.

The County Behavioral Health Directors Association of California (CBHDA), which represents the public behavioral health authorities across the state's 58 counties, submits this letter to begin correcting the factual errors in the material provided by the Little Hoover Commission. The MHSA requires counties to collect and report outcomes data on an annual basis; counties comply with the law's mandates.

For example, data is publicly available on the Mental Health Services Oversight and Accountability Commission (MHSOAC) website showing the success of the Full Service Partnership (FSP) programs, which account for 40% of MHSA funds expended. FSPs target

individuals with chronic mental illness and do "whatever it takes" to improve their wellbeing (including housing assistance and psychological, medical, social, and community services). The following outcomes for people served through FSPs are in the report linked below: (<http://www.mhsoac.ca.gov/Evaluations/default.aspx>):

- 58% reduction in homelessness
- 39% reduction in hospitalizations
- 47% decrease in incarcerations

2125 19th Street, 2nd Floor • Sacramento, CA. 95818 . 916.556.3477 . 916.446.4519 .
cbhda.org

While this data is publicly available, CBHDA is dumbfounded by its absence from Report #225. The inaccuracy of-and resulting misguided recommendations in-Report #225 is not its greatest tragedy. Rather, the report increases the risk that people whose lives have improved because of the MHSA will have fewer mental health resources to improve the quality of their lives and-by logical extension-the quality of life in communities across California. The facts below are provided to assure you and all Californians that counties are using MHSA funds as the voters intended-and they are reporting that usage to the appropriate state entities.

Fact: California counties report MHSA program(s) service utilization and outcome data annually to the MHSOAC and the Department of Health Care Services (DHCS), covering FSPs, Prevention, Early Intervention, and Community Services and Supports (CSS); these services account for 100% of the MHSA funds distributed to, and expended by, counties.

Fact: California counties continuously seek to work collaboratively with the MHSOAC to facilitate data reporting and analysis to assure successful outcomes, as required by the MHSA.

Fact: Counties provide qualitative and quantitative data to the MHSOAC, which has made the following conclusions (available on its website) based on this county-submitted information:

- Prevention and early intervention programs show promising evidence of preventing mental illness from becoming more severe, including reductions in interpersonal distress, somatic concerns, social problems, and behavioral distress across various underserved ethnic and racial groups.
- Early intervention programs that focus on "transition-age youth" (ages 16-24) who received treatment for a (first) serious mental illness, experienced reduced symptoms, increased functioning, and fewer

arrests as a result of early intervention.

- Early intervention programs for older adults (ages 60+) with early-onset depression reduced their depression, anxiety, and suicidal thoughts and behaviors.

Counties honor the will of the voters in their tireless effort to fulfill the promise of the MHSA. This letter and attached brochure demonstrate some of the measured successes of the MHSA; however, CBHDA has also been working with the Steinberg Institute since late last year to produce a more comprehensive analysis of the entire public behavioral health system (including the MHSA) that will be completed within the next several weeks. In the meantime, please do not hesitate to contact me if CBHDA can be of any assistance.

Sincerely,

Robert Oaks (copy)

Executive Director

Attachment: *Recovery, Rehabilitation, and Resiliency* tri-fold

_____ INFORMATION

TAB SECTION 6

ACTION REQUIRED Select a
Focus

DATE OF MEETING 2/20/15

MATERIAL
PREPARED BY: Jones

DATE MATERIAL
PREPARED 2/9/15

| | |
|--|--------------------------------------|
| AGENDA ITEM: | Select a Focus for 2015 |
| ENCLOSURES: | Chart of 16 suggested areas of focus |
| OTHER MATERIAL RELATED TO ITEM: | |

ISSUE:

Attached are the areas of focus suggested by all members at the January 2015 General Session. They have been expanded to include possible areas of exploration/research, which state statutes would be fulfilled and applicability to committee subject areas.

| Suggested Topics | Column1 | Who/What/How | Column1 | Column2 | Column3 | Council Mandate | Column1 | Column2 | Column3 | Column4 | Column5 |
|------------------|--|---|---------|---------|---------|--|---------|---------|---------|---------|---------|
| 1 | County WET Plans, Workforce Shortage Cultural Competence in workforce | Invite Counties to present on outcomes of WET plan, review OSHPD reports/Needs Assessment, evaluate increase in staff to serve underserved cultural groups. Committees look at workforce needs/efforts from their lens. (Hits all cmtes) | | | | WIC 5772 (a) Advocate. (b) review, assess and make recommendations. (e) Advise re: MH issues and priorities. 5820 (c) OSHPD in coord. w/ CMHPC identify statewide needs for each professional area... 5821 (a) CMHPC shall advise OSHPD on education and training policy development and provide oversight. | | | | | |
| 2 | Criminal Justice/At Risk Youth/ Child Welfare | Explore current programs for justice diversion and support in community when released. Also programs for at risk youth and youth in foster care. Committees look at criminal justice efforts from their lens. (HCI and PR ?) | | | | WIC 5772 (a) Advocate. (b) review, assess and make recommendations. (e) Advise re: MH issues and priorities. (k) assess effect of realignment. | | | | | |
| 3 | How is MH System Doing | ? | | | | WIC 5772 (a) Advocate. (b) review, assess and make recommendations. (c) review program perf. (e) Advise re: MH issues and priorities. | | | | | |
| 4 | Housing/Homelessness | Invite counties to present on programs/outcomes to increase housing options and reduce homelessness. Explore state and federal policies which support or hinder housing development. Committees look at housing efforts from their lens. (HCI and PR ?) | | | | WIC 5772 (a) Advocate. (b) review, assess and make recommendations. (c) review program perf. (e) Advise re: MH issues and priorities. | | | | | |
| 5 | Implications of state/federal policy changes/look at effect of changes, e.g. dual diagnosis of TAY | ? | | | | WIC 5772 (a) Advocate. (e) Advise re: MH issues and priorities. | | | | | |
| 6 | Transportation | While transportation is a barrier to access in EVERY county, I do not know what we would look at, what we would seek to change/influence. Local issue, | | | | WIC 5772 (a) Advocate. (e) Advise re: MH issues and priorities. | | | | | |

| | | |
|----|--|---|
| | outside the scope of CMHPC responsibilities? | |
| 7 | Outreach Ambassadors | ? |
| 8 | Impact of SMI on families and what the MH System can do to support them | Research stats on parental impact of child w/ SED, eg missed work days, job loss, homelessness, etc. ???? |
| 9 | Alternative interventions to locked facilities/Olmstead implementation and how people transition back into communities. (ties with #7) | Research statistics regarding Olmstead implementation. Invite counties to present on diversion programs to support community living rather than institutionalization and programs to transition people into the community upon release from hospital. Committees look at alternative interventions from their lens. (HCI ?) |
| 10 | Status of evaluation efforts around the State (should use 10% of funding) | ? |
| 11 | Involuntary treatment of minors (multi-million \$ industry) | ? |
| 12 | Cultural/Ethnic Disparities | Collaborate with CRDP projects. Invite the SPWs to present (as well as counties) on their efforts to reach under-served cultural groups. Committees look at outreach/service to underserved groups from their lens. (Hits all cmttees) |
| 13 | Stakeholder Processes | Review MHSOAC report regarding SH Process and recommendations. Invite counties to present re: their efforts to engage stakeholders, especially underserved groups. Not sure how this fits within Committee focus. |
| | | WIC 5772 (a) Advocate. (e) Advise re: MH issues and priorities. |
| | | WIC 5772 (a) Advocate. (b) review, assess and make recommendations. (c) review program perf. (e) Advise re: MH issues and priorities. |
| | | WIC 5772 (a) Advocate. (e) Advise re: MH issues and priorities. |
| | | WIC 5772 (a) Advocate. (e) Advise re: MH issues and priorities. |
| | | WIC 5772 (a) Advocate. (b) review, assess and make recommendations. (e) Advise re: MH issues and priorities. |
| | | WIC 5772 (a) Advocate. (e) Advise re: MH issues and priorities. |

| | | | |
|----|---|---|---|
| 14 | An age group | Research county demographics for the specified age group. Invite counties to present regarding services and outcomes for the specified age group. Committees can look at services/special needs of the specified age group. | WIC 5772 (a) Advocate. (b) review, assess and make recommendations. (c) review program perf. (e) Advise re: MH issues and priorities. |
| 15 | Integration of Mental Health, Substance Abuse and Physical Health | ? | WIC 5772 (a) Advocate. (e) Advise re: MH issues and priorities. |
| 16 | LGBTQ as an underserved group | Invite counties to present regarding services and outcomes for the specified age group. | WIC 5772 (a) Advocate. (e) Advise re: MH issues and priorities. |

#1 Mental Health Workforce

Council Focus:

Status of Mental Health Workforce in California

Are previously identified occupational shortages in CA being addressed?

Is the California mental health system prepared to provide services to newly insured Affordable Care Act health care covered recipients?

How will healthcare providers/programs be impacted by recent legislation releasing CA prisoners after reconsideration of their three strikes convictions?

How are counties preparing their health care workforces to accommodate changes in health care delivery, *vis a vis* behavioral health?

Statute(s)

WIC 5514 Advise DHCS and DSH regarding department policies and practices that affect patient's rights, review advocacy and patient's rights components of each county mental health plan or performance contract, advise as to adequacy

WIC 5772(b) CMHPC has the authority to review, assess and make recommendations regarding all components of California's mental health system and to reports as necessary to Legislature, DHCS, local boards and local programs

WIC 5772(c)(1)-(4) CMHPC has the authority to review program performance in delivering mental health services by annually reviewing performance outcome data, including review and approve outcome measures and performance outcome data

WIC 5772(e) CMHPC has the authority to advise the Legislature, DHCS ad county boards on mental health issues and the policies and priorities the state should be pursuing in developing its mental health system,

WIC 5820(c) and (e) OSHPD, in coordination with CMHPC, shall identify total statewide needs for each professional and other occupational category; Participate in the development of a 5 year education and training program; Approve each plan

WIC 5821(a) CMHPC shall advise OSHPD on education and training policy development; Provide oversight for education and training plan development

Health and Safety Code 128456 Health Professions Education Foundation will solicit advise from the CMHPC in the development of its programs

USC 1914(b)(3) *A condition under subsection (a) for a Council is that the duties of the Council are—To monitor, review, and evaluate, not less than once each year, the allocation ad adequacy of mental health services within the State*

Committee Involvement with Focus

Continuous System Improvement (CSI): Identify and coordinate SAMSHA's domains with assessment of current status of occupations; include survey questions by county regarding services and service providers in Data Notebook; review areas of shortages in counties

Patients' Rights: Overview of models for integrated care in institutions; is workforce sufficient to meet needs of advocacy (FTE's dedicated to advocacy)

Healthcare Integration: Is there a crisis of capacity, what is/are the roles of other ancillary occupations for integrated care; database development for health care plans covering behavioral health

Advocacy: Maintain momentum regarding Peer Certification and provide subject matter expertise to Steinberg's Institute; facilitate completed staff work related to specific elements (curriculum development, certification process, etc.) related to bill passage

Work Products

CSI:

New area of focus and update to Data Notebook

Report on occupational shortages based on data obtained from Local mental health boards

Report on processes (completed and contemplated) to address gaps of personnel

Report on review/status of county MHSA Plans

Patient's Rights:

Patient Rights Advocates survey on workforce status

Healthcare Integration:

Data base of health care plans

Report to Legislature regarding policy and priority related to workforce development (in conjunction with other committee/materials)

Advocacy:

Report on status of legislative process related to Peer Certification

Additional comments/benefits/uses

Engage counties at quarterly meetings by having them present to Council on specific issues related to workforce development—what is working, what is not working

Engage stakeholder groups and CBO's; presentations at Council quarterly meetings and monthly committee meetings

Relevance of Council as to MHSAs requirements for Workforce Education and Training as well as workforce development and degree of prioritization the Council recommends

#2 Criminal Justice (adult and youth/at risk/foster care youth)

Council Focus:

Criminal Justice System (adult and youth, including at risk and foster care youth)

What are the points of intersection for SMI adults and SED children with the criminal justice system? Has this changed since the safety net legislation?

How well are mental health courts doing with helping this (these) populations navigate between the mental health service community and criminal justice systems?

What impact has occurred with these systems as the result of Proposition 37?

What, or are there any, best practice programs being implemented by the criminal justice system to address community/police interaction with the SMI and SED populations?

How are counties preparing their health care workforces to accommodate changes in health care delivery and the criminal justice system?

Statute(s)

WIC 5514 Advise DHCS and DSH regarding department policies and practices that affect patient's rights, review advocacy and patient's rights components of each county mental health plan or performance contract, advise as to adequacy

WIC 5772(a) To advocate for effective quality mental health programs

WIC 5772(b) CMHPC has the authority to review, assess and make recommendations regarding all components of California's mental health system and to reports as necessary to Legislature, DHCS, local boards and local programs

WIC 5772(c)(1)-(4) CMHPC has the authority to review program performance in delivering mental health services by annually reviewing performance outcome data, including review and approve outcome measures and performance outcome data

WIC 5772(e) CMHPC has the authority to advise the Legislature, DHCS and county boards on mental health issues and the policies and priorities the state should be pursuing in developing its mental health system

WIC 5772(k) To periodically assess the effect of realignment of mental health services and any other important changes in the state's mental health system

Council Focus:

Criminal Justice System (adult and youth, including at risk and foster care youth)

USC 1914(b)(3) *A condition under subsection (a) for a Council is that the duties of the Council are—To monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the State*

Committee Involvement with Focus

Continuous System Improvement (CSI): Identify diversion programs for SMI and SED populations. Identify mental health court practices and data related to success of programs.

Patients' Rights: What role and programs are the patient advocates providing to assist SMI adults post incarceration? Are there other identifiable programs (diversion) that may be more effective?

Healthcare Integration: Are children's, TAY and foster care services sufficient in the counties? Have they addressed unique needs of this (these) population(s)? Are there any best practices among the counties? Does every county have a health care plan that covers this population? How will affordable care act interface with existing systems?

Advocacy: Are adult services sufficient in the counties? Have they addressed unique needs of this population(s)? Are there any best practices among the counties? Does every county have a health care plan that covers this population? How will affordable care act interface with existing systems?

Work Products

CSI:

New area of focus and update to Data Notebook
Report on mental health court practices and relevant data related to same

Patient's Rights:

Patient Rights Advocates survey on recidivism, successes, role of advocates in process

Healthcare Integration:

Data base of health care plans with children (TAY and at risk, foster youth)/criminal justice programs
Report to Legislature regarding policy and priority related to best practices
Report to Legislature, DHCS regarding impact of interface of mental health services with population(s) as it relates to recidivism, cost of care, changes related to behavioral health care integration

Council Focus:

Criminal Justice System (adult and youth, including at risk and foster care youth)

Advocacy:

Data base of health care plans with adults/criminal justice programs

Report to Legislature regarding policy and priority related to best practices

Report to Legislature, DHCS regarding impact of interface of mental health services with population as it relates to recidivism, cost of care, changes related to behavioral health care integration

Additional comments/benefits/uses

Engage counties at quarterly meetings by having them present to Council on specific issues related to their county practices and interface with criminal justice system for adults and children —what is working, what is not working, effect of safety net dollars, successes, best practices

Engage stakeholder groups and CBO's on specific issues related to their county practices and interface with criminal justice system for adults and children —what is working, what is not working, effect of safety net dollars, successes, best practices; presentations at Council quarterly meetings and monthly committee meetings

Relevance of Council as to understanding of criminal justice system influences SMI and SED populations as well as codifying statewide best practices and programs for the Legislature.

#9 Alternative Interventions to Locked Facilities/Olmstead Implementation

Council Focus:

Alternative interventions

What alternative interventions have been developed and implemented to return/transition people to their communities?

What has been developed as the result of Olmstead legislation?

What are the data that support community living versus institutionalization?

Have “outreach ambassadors” been used effectively? Is there a best practice?

How are counties preparing their health care workforces to accommodate changes in health care delivery, *vis a vis* behavioral health?

Statute(s)

WIC 5514 Advise DHCS and DSH regarding department policies and practices that affect patient’s rights, review advocacy and patient’s rights components of each county mental health plan or performance contract, advise as to adequacy

WIC 5772(a) To advocate for effective quality mental health programs

WIC 5772(b) CMHPC has the authority to review, assess and make recommendations regarding all components of California’s mental health system and to reports as necessary to Legislature, DHCS, local boards and local programs

WIC 5772(c)(1)-(4) CMHPC has the authority to review program performance in delivering mental health services by annually reviewing performance outcome data, including review and approve outcome measures and performance outcome data

WIC 5772(e) CMHPC has the authority to advise the Legislature, DHCS ad county boards on mental health issues and the policies and priorities the state should be pursuing in developing its mental health system,

USC 1914(b)(3) *A condition under subsection (a) for a Council is that the duties of the Council are—To monitor, review, and evaluate, not less than once each year, the allocation ad adequacy of mental health services within the State*

Committee Involvement with Focus

Continuous System Improvement (CSI): Identify current status of county level transition programs; include survey questions by county regarding services and service providers in Data Notebook; review areas of shortages in counties

Patients' Rights: Overview of programs in institutions related to transition/Olmstead implementation in hospitals

Healthcare Integration: What is the capacity (are there sufficient staff and programs to meet need); database development for health care plans covering behavioral health; is healthcare integration influencing transition programs?

Advocacy: How have interventions impacted quality of care in communities? Are there any best practices? How are the success matrices codified? Effective use of ambassador paradigm?

Work Products

CSI:

New area of focus and update to Data Notebook

Report on transition programs based on data obtained from Local mental health boards

Report on review/status of county Olmstead Plans

Report on other transition programs

Patient's Rights:

Patient Rights Advocates survey on role of advocates in assisting with alternative re-entry/transition programs

Healthcare Integration:

Data base of health care plans that have implemented either Olmstead or transition programs

Report to Legislature regarding capacity of counties to provide behavioral health care services in transition programs

Advocacy:

Report to Legislature regarding policy and priority related to success, best practices for transition programs

Status report on outreach ambassadors; differentiation from navigators, peer support (if any)

Additional comments/benefits/uses

Engage counties at quarterly meetings by having them present to Council on their use of Olmstead or other transition programs—what is working, what is not working. Why?

Engage stakeholder groups and CBO's; presentations at Council quarterly meetings and monthly committee meetings

Council report as to efficacy of community based programs to locked facilities, county involvement and success with integrating programs with other behavioral health related services, prioritization the Council recommends

#12 Cultural and Ethnic Disparities

Council Focus:

Cultural and Ethnic disparities

Are outreach services/methods reaching identified cultural/ethnic/underserved populations?

Have previously identified occupational shortages in cultural/ethnic populations increased and have they improved services to these populations?

What impact will the Affordable Care Act (and health care equity) have on these populations?

How can (or should) the Council collaborate with the CRDP projects? Do the SPW's want to work with the Council?

How are counties preparing their health care workforces to accommodate changes in health care delivery, *vis a vis* behavioral health for cultural communities, including underserved cultural and ethnic communities?

Statute(s)

WIC 5514 Advise DHCS and DSH regarding department policies and practices that affect patient's rights, review advocacy and patient's rights components of each county mental health plan or performance contract, advise as to adequacy

WIC 5772(a) To advocate for effective quality mental health programs

WIC 5772(b) CMHPC has the authority to review, assess and make recommendations regarding all components of California's mental health system and to reports as necessary to Legislature, DHCS, local boards and local programs

WIC 5772(c)(1)-(4) CMHPC has the authority to review program performance in delivering mental health services by annually reviewing performance outcome data, including review and approve outcome measures and performance outcome data

WIC 5772(e) CMHPC has the authority to advise the Legislature, DHCS ad county boards on mental health issues and the policies and priorities the state should be pursuing in developing its mental health system,

USC 1914(b)(3) *A condition under subsection (a) for a Council is that the duties of the Council are—To monitor, review, and evaluate, not less than once each year, the allocation ad adequacy of mental health services within the State*

Committee Involvement with Focus

Continuous System Improvement (CSI): Work with CRDP and SPW's to identify cultural and ethnic populations and obtain data regarding these populations' interface with county mental health programs; include survey questions by county regarding services and service providers in Data Notebook; identify areas of shortages in counties

Patients' Rights: Identify and report on role of advocates for providing services to this population during incarceration; how is it working to ensure adequate services. What are the data regarding this population, are their incarcerations, services and advocacies proportionate with other populations?

Healthcare Integration: What impact will the Affordable Care Act or any health parity legislation have (or has already had) on these populations? Has the ACA or any other health parity legislation helped to bring services to underserved populations?

Advocacy: Which county programs are considered best practices for providing services to this population? Do mental health plans have a cultural and ethnic component that could (or does) address specific cultural and ethnic observations?

Work Products

CSI:

New area of focus and update to Data Notebook

Report on cultural and ethnic populations represented in mental health systems. Long view analysis of data (are we doing better at addressing the needs?)

Report on processes (completed and contemplated) to address service gaps

Patient's Rights:

Patient Rights Advocates survey proportionality of services with this population and other incarcerated populations

Healthcare Integration:

Report to Legislature regarding policy and priority related to success of better integration of populations and services

Report to Legislature regarding service gaps for cultural and ethnic populations related to recent health parity legislation

Advocacy:

Data base of health care plans and programs serving these populations

Report on county best practices related to providing services to these populations

Report on collaborative effort between Council and CRDP

Additional comments/benefits/uses

Engage CRDP, counties and SPW's at quarterly meetings by having them present to Council on specific issues related to services for cultural, ethnic and underserved populations.

Engage stakeholder groups and CBO's; presentations at Council quarterly meetings and monthly committee meetings

Relevance of Council as to degree of prioritization the Council recommends concerning mental health needs specific to certain cultural, ethnic and underserved populations

#14 An Age Group

| |
|---|
| Council Focus: A specific age group |
| <p>What are the specific needs and service requirements of this age group?</p> <p>Is the California mental health system prepared to provide services to newly insured Affordable Care Act health care covered recipients?</p> <p>How will healthcare providers/programs be impacted, for this age group, by the ACA?</p> <p>How are counties preparing their health care workforces to accommodate changes in health care delivery, <i>vis a vis</i> behavioral health for this age group?</p> |
| Statute(s) |
| <p>WIC 5514 Advise DHCS and DSH regarding department policies and practices that affect patient’s rights, review advocacy and patient’s rights components of each county mental health plan or performance contract, advise as to adequacy</p> <p>WIC 5772(a) To advocate for effective quality mental health programs</p> <p>WIC 5772(b) CMHPC has the authority to review, assess and make recommendations regarding all components of California’s mental health system and to reports as necessary to Legislature, DHCS, local boards and local programs</p> <p>WIC 5772(c)(1)-(4) CMHPC has the authority to review program performance in delivering mental health services by annually reviewing performance outcome data, including review and approve outcome measures and performance outcome data</p> <p>WIC 5772(e) CMHPC has the authority to advise the Legislature, DHCS ad county boards on mental health issues and the policies and priorities the state should be pursuing in developing its mental health system</p> <p>USC 1914(b)(3) <i>A condition under subsection (a) for a Council is that the duties of the Council are—To monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the State</i></p> |
| Committee Involvement with Focus |

Continuous System Improvement (CSI): Identify and coordinate SAMSHA’s domains for this age group, include survey questions by county regarding services and service providers in Data Notebook; review areas of shortages in counties for this age group

Patients’ Rights: Overview of models for integrated care in institutions for this age group; is workforce sufficient to meet needs of advocacy (FTE’s dedicated to advocacy)

Healthcare Integration: Is there a crisis of capacity, what is/are the roles of other ancillary occupations for integrated care; database development for health care plans covering behavioral health for this age group

Advocacy: what are some of the best practices for providing mental health services for this age group? How was this determined? What have been the impacts on delivery systems and consumer “success” as the result of these services?

Work Products

CSI:

- New area of focus and update to Data Notebook
- Report on occupational shortages based on data obtained from Local mental health boards
- Report on processes (completed and contemplated) to address gaps of personnel

Patient’s Rights:

- Patient Rights Advocates survey on age group and/if required services

Healthcare Integration:

- Data base of health care plans
- Report to Legislature regarding policy and priority related to this age group

Advocacy:

- Report on status of programs and processes related to age group. Increase of services? Effectiveness of services? Better outcomes?

Additional comments/benefits/uses

Engage counties at quarterly meetings by having them present to Council on specific issues related to this age group—what is working, what is not working

Engage stakeholder groups and CBO's; presentations at Council quarterly meetings and monthly committee meetings

Relevance of Council as to prioritization the Council recommends for this age group