

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

Wednesday, June 17, 2015

9:00 to 11:00 a.m.

Crowne Plaza San Francisco Airport

Plaza III

1177 Airport Boulevard

Burlingame, CA 94010

Item #	Time	Topic	Presenter or Facilitator	Tab
1.	9:00 am	Review April 2015 Exec Committee Meeting Minutes	Cindy Claflin, Chairperson	1
2.	9:05 am	Review of Council Budget and Expenditures for FY 2014-15 budget	Tamara Jones, Chief of Operations	2
3.	9:10 am	Review and Approve 2015 Transparency Statement	Jane Adcock, Executive Officer	3
4.	9:20 am	Review and Approval of SWOT Analysis Report	Jane Adcock and Cynthia Burt, Consultant	4
5.	10:20 am	Review and Discuss Scope of Work for Master Plan RFP	Jane Adcock	5
6.	10:45 am	Public Comment	Cindy Claflin	
7.	10:50 am	New Business	Cindy Claflin	
8.	11:00 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-	Health Care
	McClurg	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 6/17/15

MATERIAL
PREPARED BY: Adcock

DATE MATERIAL
PREPARED 5/07/15

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

ISSUE:

Executive Committee Meeting Highlights
Wednesday, April 15, 2015
9:00 to 11:00 a.m.
San Pedro Doubletree
Portofino Room
2800 Via Cabrillo-Marina
San Pedro, CA 90731

Members Present

Cindy Claflin, Chair
Monica Wilson, Past Chair
Susan Wilson
Steven Grolnic-McClurg
Daphne Shaw
Walter Shwe
Noel O'Neill
Adam Nelson

Staff: Jane Adcock

Others Present

Barbara Mitchell, CMHPC
Carmen Lee, CMHPC

Review March 2015 Exec Committee Meeting Minutes

A motion made by Steven Grolnic-McClurg and seconded by Daphne Shaw: *January 2015 Minutes were approved as written.*

Review of Council Budget and Expenditures for FY 2015-16 Budget

Jane Adcock, Executive Office provided an update on the CMHPC budget. Members were provided a handout.

Discuss Implementation of Council Focus in Committee and Council work

The CMHPC has agreed upon Alternative Interventions to Locked Facilities as the focus for this calendar year. Each committee will have a project that will coincide with this overall focus. Year-end report: detailing various programs implemented around the state to support individuals experiencing a mental health crisis and to avoid placements in locked or involuntary facilities. Report could also include data demonstrating estimated or actual cost avoidance/savings, reductions in numbers of involuntary holds, successes in jail or hospitalization diversion, new innovations in prevention/discharge activities, etc.

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The CMHPC will engage counties at quarterly meetings by having them present to the Council on their diversionary programs—what is working, what is not working. Why?

There will be ongoing engagement of stakeholder groups and CBO's; presentations at Council quarterly meetings and monthly committee meetings.

This will culminate in a CMHPC report as to efficacy of community-based diversion programs to locked facilities, county involvement and success with integrating programs with other behavioral health-related services.

Questions to consider during this process:

What alternative interventions have been developed and implemented to divert individuals from locked or involuntary facilities?

What are the data that support community living versus institutionalization?

How prevalent are mental health courts and have they been effective in diverting individuals from incarceration?

What diversionary programs have been used effectively? Is there a best practice?

How are counties using/blending available funding to develop crisis intervention programs?

- Steven Grolnic-McClurg: When I think of diversions I think of things you do instead of sending someone to a program but the work products here are transition which are step down programs. Is there a focus on either transition or step down? Is it diversion where we stop folks from going into jails or is it transition where once they are in jails and hospitals they step out of those programs to a lower level of care and succeed. These are different concepts and work products. *Answer:* Jane Adcock advised that it could be both.
- Adam Nelson: The Advocacy committee has been taking a look at how counties are using locked facilities, alternative treatment settings, and how counties are utilizing services overall.
- Barbara Mitchell: We may need a consultant to gather the data that the Advocacy Committee wants in order to see the trends in utilization of locked facilities. We want a comparison. *Answer:* Jane Adcock advised that for next fiscal year we are using the majority of the consultant money toward the Master Plan project. I would need to explore this further.
- Susan Wilson: The Data Notebook is seeking data in this arena as well.
- Noel O'Neill: I think it would be good if we could focus on both. With the changes in law there are individuals that were incarcerated that are now the responsibility of county mental health because they have been discharged from jail. The county assumes the responsibility and the only appropriate thing is enter them into an IMD.

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- Grolnic-McClurg: I feel we should choose one focus and stick with it as it will generate a much more focused work product. This is such a large topic.
- Wilson: We can keep this focus and each committee will choose which section they would like to look at.
- Adcock: The county mental health directors have been very clear that they do not want any more surveys.
- When we are looking at alternatives to locked facilities we have the prevention piece, the piece, and the transition/re-integration piece. The committees could take up a particular issue of any one of these.
- This theme will run fiscal year- July 2015 until July 2016. CMHPC will pick the topic in January, announce it in April, and work the topic from June to June. Staff written report is developed over the summer and presented in October. Committees will need to develop their work plan for the year by June for the following year.

Discussion of SWOT Analysis

Per contract deliverable for Consultant Cynthia Burt, the consultant is preparing a Strengths, Weakness, Opportunities and Threats Analysis for the Council. The final analysis will be presented to the Executive Committee at its June 2015 meeting to be used for planning of Council activity for FY 2015-16.

Each of the entities that either deliver or require services from the Council will be interviewed for the SWOT analysis.

The interview groups, (based on request of the Executive Committee for the first analysis) are

- staff
- members of the Council
- members of the Council committees

Committee chairs and chairs elect should be included in the interview group, as well as representation from past and present members of the leadership team.

All Council staff, including the Executive Officer should participate in the survey.

SWOT questions will require some preliminary reflection, but the interview should not require more than 30 minutes.

Raw data will be collected and reported on a table (see below); however, individual quotes and subjective responses will not be attributable by name.

Analysis of the data will be included in the contractor's final report to the Executive Committee in June.

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SWOT is an acronym for strengths, (S), weaknesses, (W), opportunities, (O), threats, (T) and serves to assist an organization to review how it is situated, both internally and externally.

- Strengths are internal and within your organization's control.
- Weaknesses are internal, within your control and are areas that need to be enhanced/improved upon.
- Opportunities are external factors and represent reasons why your organization is/could be effective and likely to prosper.
- Threats are external to your organization and control, but having a contingency plan to address these (or at least acknowledgement of their existence) may increase your organization's effectiveness/relevance.

Taken together, a SWOT analysis may be used to

- develop work plans for your organization,
- identify areas for improvement,
- determine work products for upcoming fiscal years,
- develop succession planning strategies,
- identify areas of interest or specialization.

Questions/Comments

- Grolnic-McClurg: Is there a plan to interview those who are not chairs, and chair-elects?
Answer: Yes
- Grolnic-McClurg: What is the degree of anonymity? People should know that this document is technically public. *Answer: Answers will not include names.*

Review and Discuss Scope of Work for Master Plan RFP

Per discussion and decision at the January 2015 Council meeting, staff are to move forward with seeking a contractor to achieve 2 options presented regarding updating the 2003 Mental Health Master Plan.

The two options agreed upon are:

- 1) Extract the 2003 Plan Recommendations and address their current status with any recommendations to do further work.
- 2) Document the un-met needs for mental health services in California.

Members were provided with a handout that outlined the request for proposal framework.

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- Grolnic-McClurg: I envision determining the unmet need data by doing a meta-analysis of existing studies. Not going back to the data level but pulling from other studies. This seems doable.
- Susan Wilson, Barbara Mitchell and Monica Wilson will work with Adcock and Burt further on the request for proposal framework.
- Adcock will draft 2 separate contracts for each of these recommendations.

Public Comment

No public comment

New Business

No new business

Adjourn

X INFORMATION

TAB SECTION 2

 ACTION REQUIRED

DATE OF MEETING 6/17/15

MATERIAL
PREPARED BY: Jones

DATE MATERIAL
PREPARED 5/07/15

AGENDA ITEM:	Review Council Budget and Expenditures
ENCLOSURES:	SAMHSA and MHSA budget expenditures through April 30, 2015
OTHER MATERIAL RELATED TO ITEM:	

ISSUE:

**CMHPC Transparency Statements
2015**

Date Reported	Name	Activity	Executive Committee Agenda
5/7/15	Darlene Prettyman	<ul style="list-style-type: none"> • MHSOAC Consumer and Family Member Leadership Committee • CalMHSA Advisory Committee 	6/17/15
4/11/14 4/17/14	Patricia Marrone Bennett	<ul style="list-style-type: none"> • Contracts with the following counties: Yolo, Contra Costa, Alameda, Santa Clara, Amador, Alpine and Lake. • Contract with MHOAC • Contract with OSHPD • Alameda County BH Dept. Planning and Facilitation 	6/17/15
5/5/15	Karen Hart	<ul style="list-style-type: none"> • DHCS Compliance Advisory Committee 	6/17/15
5/5/15	Susan Wilson	<ul style="list-style-type: none"> • CiBHS contractor • Director of Right Road Recovery Programs, Inc. a Medi-Cal funded recovery program 	6/17/15
5/5/15	Walter Shwe	<ul style="list-style-type: none"> • Consultant to Behavioral Health Concepts, EQRO contractor of DHCS • DHCS Compliance Advisory Committee 	6/17/15
5/8/15	Cindy Clafin	<ul style="list-style-type: none"> • Contract with OSHPD • Contract with MHSOAC 	6/17/15
5/9/15	Bill Wilson	<ul style="list-style-type: none"> • Facilitator for Program Return Peer Support Network 	6/17/15

X INFORMATION

TAB SECTION 4

_____ ACTION REQUIRED

DATE OF MEETING 6/17/15

MATERIAL

DATE MATERIAL PREPARED

PREPARED BY: Burt

5/09/15

AGENDA ITEM:	Discussion of draft SWOT Analysis Report and Recommendations
ENCLOSURES:	
OTHER MATERIAL RELATED TO ITEM:	

ISSUE:

In accordance with Deliverable C.2.h of the Administrative Strategic Planning Project, (14-90403 A01), this contractor is required to “provide a summary progress report/status reporting document, including a SWOT analysis, to the CMHPC of the work completed for FY 2014-15.

SWOT is an acronym for strengths (S), weaknesses (W), opportunities (O), threats (T) and serves to assist an organization to review how it is situated, both internally and externally.

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- Weaknesses are internal, within your control and are areas that need to be enhanced/improved upon.
- Opportunities are external factors and represent reasons why your organization is/could be effective and likely to prosper.
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- determine work products for upcoming fiscal years,
- develop succession planning strategies,
- identify areas of interest or specialization.

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TAB SECTION 5

 X ACTION REQUIRED

DATE OF MEETING 6/17/15

MATERIAL
PREPARED BY: Adcock

DATE MATERIAL
PREPARED 5/08/15

AGENDA ITEM:	Review and Approve MH Master Plan Request for Proposal Scope of Work
ENCLOSURES:	Draft Scope of Work
OTHER MATERIAL RELATED TO ITEM:	

ISSUE:

Mental Health Master Plan RFP

Background

In 2003, the California Mental Health Planning Council (CMHPC) released the California Mental Health Master Plan (Plan). This document mapped out the state of mental health services in California with chapters on cultural competency, unmet need, systems of care for different age groups, managed mental health care and system accountability and oversight. Within the Plan chapters are numerous recommendations, goals and objectives suggesting additional work, policy/program development and changes to the delivery of services in the public mental health system.

Many of the recommendations have been superseded by events and by legislation at both the national and state level, i.e., Mental Health Services Act, Parity, Affordable Care Act. Additionally, since 2003, California experienced a deep economic recession which resulted in state and local budget shortfalls, changes in health care funding and the dissolution of the California Departments of Mental Health and Alcohol and Drug Programs.

To date, no status update has been done on the recommendations. This contract scope of work details the review, analysis and disposition of each recommendation, goal and objective to enable the Council to plan areas of focus, projects and activities in the future.

Scope of Work

1.
 - A. Extract all the recommendations, goals and objectives from the 2003 Mental Health Master Plan and present them in an easy to read format
 - B. Provide clarity and definition of each where needed
 - C. Analyze and research work, policy, reports, laws, regulations, etc., that relate to the recommendation, goal or objective
 - D. Categorize the status of each as 'complete' or 'unaddressed' or 'no longer relevant' based on above analysis
 - E. Outline the status with a rationale for each describing the basis for the categorization
 - F. Pull out those designated as 'unaddressed' and propose a prioritization and/or groupings of outstanding recommendations for Council action
2. The contractor will work regularly with a small ad hoc group of Council members to review, clarify, analyze and categorize the recommendations and to create the prioritization and/or groupings.

3. The contractor will make presentations to the full Council membership at its quarterly face-to-face meetings. Powerpoint and other materials may be required to be developed by the contractor to facilitate the reporting to and discussion with the members.

Budget

Bidder will propose a timeline and budget for this project. Budget should provide cost detail such as hourly rate, all-inclusive rate, deliverables cost or other cost methodology. Contract award will go to best value rather than lowest bid.