California Mental Health Planning Council

Strategic Planning Project Report

Prepared for the

CMHPC Executive Committee

DRAFT

FY 2014-2015
Contract #14-90403 A01

For the reporting period December 4, 2014 – July 31, 2015

Cynthia H. Burt

August 2015

Acknowledgement

It has been my honor to work with all of you and to serve the California Mental Health Planning Council as an observer. I look forward to your review of my observations and recommendations, and the opportunity to work with you in the future as the Council continues to develop and grow.

Your courage to look at yourself, your honesty in self-reporting, and your willingness to be transparent with me speaks to the Council's success as a potential agent of change and willing partner in the mental health field in California.

No consultant is ever successful without open communication with the people and organization being studied. This work was no different. The work that is codified in this report is due to the information and gracious help I have received from the Planning Council members, its officers and staff. For the confidence you placed in me, I thank you all very much.

DRAFT

Table of Contents

Executive Summary **1-2**

Contract Deliverables

1 *consult in areas of strategic planning* **3-4**

2a *review committee structure* **5-6**

2b *identify areas of intersection* **7-8**

2c *develop cohesive focus* **9-10**

2d *draft model annual work plan* **11**

SWOT Analysis

2h *SWOT analysis* **12-24**

Appendix A

SWOT Questions

Data Sheets **25-48**

Appendix B

Contractor work products developed under this contract **49-74**

DRAFT

Executive Summary

In the fall of 2014, the Executive Officer (EO) was approved to hire a contractor to study and assist the California Mental Health Planning Council (Council) with its strategic planning process. During the course of the first few months of 2015, this contractor attended numerous Council committee meetings (in person and by telephone), attended Council general sessions, met with Council staff and the EO.

In addition to the deliverables of the contract discussed here, work samples are provided, (Appendix B), recommendations are made, and there is a Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis. The SWOT analysis, described in the last section of this report, not only records various thoughts and viewpoints of staff and Council members, but also serves to validate some of the recommendations made in this Executive Summary.

Each of the deliverables discussed in this report, and completed during this 8-month reporting period, contain suggestions and in some cases, next steps for strategic planning. Critical elements identified during the period are:

1. Council members and Council staff do not consistently express an understanding of each other's roles and responsibilities.

2. Council members are not always conversant with the mandates, mission and goals of the Council. Although the learning curve is augmented with the Mentorship program, more could and should be done to help members learn about their roles on the Council.

3. The Council does not appear to be consistent with its application of the rules to govern itself. Included are the presence and contributions of the public at its meetings, uses of Robert's Rules of Order or how the business is conducted on a given agenda.

In terms of strategic planning, some of the first and easiest recommendations are:

Recommendation 1: Hire a facilitator and have a one-day retreat for Council staff and the EO. This type of setting will allow the EO to establish rapport with staff, allow the EO to review her expectations of staff, serve to inform the staff as to the mission and vision of the Council, review goals and objectives of Council and the EO, as well as provide a more informal setting for team building. A suggested agenda is contained within the discussion

of the deliverable that led to this recommendation. (See page 4)

Recommendation 2: Hire a facilitator and have a one-day retreat for the Executive Committee and EO, preferably in conjunction with first quarterly meeting of the year since this group comprises the current and next year's Council leadership. There were a number of observations and comments made about the efficiency of the Council, as a whole, and in particular the Executive Committee. This type of forum will allow the Executive Committee to strengthen its vision for the Council and at the same time serve to prepare current and future Council leaders as to their roles and responsibilities. A suggested agenda is contained within the discussion of the deliverable that lead to this recommendation. (See page 6)

Recommendation 3: Bring in a consultant/contractor to support Committees, as needed. This person could perform in depth research and help with large-scale analyses and projects, when needed.

Recommendation 4: Develop a public relations/marketing plan to facilitate distribution of Council work products and increase Council visibility and impact. This includes an Annual Report to the mental health community and a Report to the legislature regarding Council activities, including Council intentions and priorities in accordance with its mandate in the law. The public relations/marketing plan could also serve members representing the Council with their various constituencies.

Recommendation 5: Bring the Council into better alignment with the mandates and use them as a touchstone for their work. Each public piece of work produced by the Council or the Committees should be introduced by citing the relevant mandate and/or law giving the Council authority to work in each area.

Taken together, it is anticipated that the next steps identified in the text of this report and these recommendations will help to further the Council's internal and external awareness.

DRAFT

Deliverables

1 Serve as a consultant to the CMHPC staff in the areas of strategic planning, identifying staff roles and work product design

Background:

To accomplish this deliverable the contractor observed the Council during its various meetings, met with and interviewed staff, including the Executive Officer (EO), at various times. These meetings contributed to the development of work product and strategic tools. It also helped to understand the Committee functions as well as other activities performed by staff.

Observations:

In addition to quarterly meeting preparations, Council staff work on numerous administrative tasks associated with the Council's activities (e.g. community forums, legislative reviews and responses, contracts). Because it was identified that the Council members were not aware of what Council staff were doing (and *vice versa*) a reporting template was designed to keep the Council apprised of staff activities, as well as serve to identify important or actionable activities that occur between the quarterly Council meetings.

Used in a timely manner, this document can serve to engage and inform the Executive Committee on a regular and "off meeting" basis. See Appendix B for work products associated with this. To date, this document(s) is not yet in a workable format; however, the EO expects that, when finalized, it will be used by her as a reporting mechanism.

Although the format for the reporting tool was not completely adopted, the need for such a document does exist. There are times when the EO is not regularly apprised of the status of assignments and does not have at her fingertips the status of Committee issues, until the quarterly meeting packets are developed. She is not apprised when requests or questions (on which she has been copied) are fulfilled. Being called away from her EO tasks and responsibilities breaks her concentration and affects her own productivity and general awareness of how the office is proceeding with the business of the Council.

DRAFT

Recommendations:

1. Consider distributing the legislative/bill analysis responsibilities among staff.

2. Consider rotating committee staffing assignments for cross training.

3. EO should summarize and regularly submit to the Council, a report on significant staff activities, including her own, to keep the Council apprised of activities/actions occurring.

4. These reports should include EO's opinion on the Council's potential proactivity on certain items.

5. EO and SSMI should have regular meetings where the status of all direct reports is provided regarding projects, developments related to contracts, staff and Council requirements in order to triage problems or address areas of concern.

6. EO should consider initiating the process for hiring a Retired Annuitant or contractor to assist with project based tasks requiring subject matter expertise in certain areas of mental health.

7. Hire a facilitator and have a one-day retreat for Council staff and the EO. Materials covered could include:

    - Mission and vision of the Council
    - Status/history of mental health in California
    - Job descriptions of staff and reporting structure
    - Team building exercise
    - EO's expectations of staff
    - Develop a workable status reporting style for staff

DRAFT

2a Review Committee structure and develop staffing plan to meet the needs of the CMHPC

Background:

When the current Executive Officer (EO) started working at the Council, there were a large number of Committees that staff supported. An *ad hoc* committee of Council members proposed to restructure the Committees, reducing them from nine to four and the full Council approved the restructure. The four existing Committees are Healthcare Integration, Patients' Rights, Continuous System Improvement and Advocacy.

Observations:

- Variable leadership strengths and styles among the Council and Committees
- Lack of focus in the Committees and lack of understanding of the overall Council mandates and not matching Committee activities and work products to the mandates
- Committees did not have work plans or work plans were not being adhered to
- Variable participation by committee members, including quorum problems
- Inattentiveness to due dates, including material review, agenda input, travel requests, reimbursements, etc.
- Considerable amounts of meeting time (Committee and General Session) are spent reviewing what had happened since the last meeting, who got what materials and "where we are", suggesting either an unpreparedness or lack of a cohesive thread throughout the materials or on the part of the Council members
- The Council has inconsistencies in the application of its rules, including how member discussions should proceed during general session

Recommendations:

1. Council should consider having a legal review of the elements of the Bagley-Keene Act and utilize it for decisions, including inclusion of public comment at Committee meetings and/or general sessions.
2. Agenda items might be introduced as to their applicability to either mandates, goal or vision of the Council and meetings should follow the agenda items and the set time given for a topic.

DRAFT

3. Council could consider utilizing the Executive Committee for vetting and approving work plans, including its own, work product development, development of Council focus.

4. In order to accomplish work product deadlines, Council and Committees might consider developing some kind of alternative to monthly meetings or regularize some kind of meeting in-between quarterly meetings to make better use of time/resources and not rely entirely upon quarterly meetings for debate or discussion of Council issues.

5. Council must be more proactive in requiring member attendance, participation and response. Suggested language for "response required" documents could be "if we/I have not heard back from you in 7 days, we will proceed with the majority decision.... "

6. The Executive Committee should consider authorizing the EO to hire a contractor to assist Committees, as needed.

7. Hire a facilitator and have a one-day retreat for the Executive Committee and Executive Officer, preferably in conjunction with first quarterly meeting since this group comprises the current and next year's Council leadership. Materials covered could include:
    - Welcome new Executive Committee members
    - Mission, mandates and vision of the Council
    - Legal review of Bagley-Keene Act requirements
    - Abbreviated version of Robert's Rules of Order
    - Setting focus (ongoing and new) for Council
    - Development of Council Calendar for
        - Monthly meetings
        - Quarterly meetings and locations
        - Due dates for Committee work products
        - Due dates for New Chair succession
        - Due dates for work plan completion

DRAFT

2b Identify areas of intersection and relationship with other governmental and/or advocacy organizations

Background:

The Council is mandated in both Federal and State statutes to work in partnership with various state entities as well as to monitor the activities of some entities (federal and county level programs). Additionally, the Council is mandated to report to the California State Legislature on its findings.

Observations:

- The Council is represented at some regularly scheduled meetings throughout California
- The Executive Officer, on behalf of the Council, is currently a member or a participant attendee in a number of workgroups and committees. Some of these are:

  - Department of Education Mental Health Policy Advisory work group
  - State Independent Living Council
  - State Rehabilitation Council
  - Department of Health Care Services (DHCS) Behavioral Health Forum
  - DHCS Early and Periodic Screening, Diagnosis and Treatment (EPSDT) committee meetings
  - Office of Statewide Health Planning and Development (OSHPD) Workforce Advisory committee
  - OSHPD Client and Family member committee
  - Mental Health Services Act (MHSA) Partners
  - California Stakeholder Process Coalition
  - Office of Health Equity Advisory committee
  - Mental Health Services Act Oversight and Accountability Commission (MHSOAC) Financial Oversight committee
  - California MHSA Multicultural Coalition

- The Council and its officers have been, at the last minute, asked to review or participate in activities or other departmental work products. This last minute approach puts the Council in the position of neither having the time nor the authority to review, approve, or comment on the intended product or process. Certainly, this lack of planning puts an unfair burden on Council staff and Council members and should be addressed immediately since the Council has state and federal mandates specific to this application, review, and follow up assessments/processes.

DRAFT

- Ongoing work between the Council and the Office of Statewide Health Planning and Development (OSHPD) has developed a strong bond between these entities. The Council's mandate with regard to the Mental Health Services Act (MHSA) monies for Workforce Education and Training (WET) and the Five Year Plan developed by OSHPD has proved productive to both sides. However, there is some concern on the part of Council members as to the Council's role after this last Five Year Plan sunsets.
- Questions concerning the Council's ongoing role as to workforce issues, review of status of current work force, use of the MHSA monies to date, were asked.
- The Council's work with the California Association of Local Mental Health Boards/Commissions (CALMHB/C) does not appear to be productive except for the Data Notebook data gathering process and may be depleting the energies of the Council
- EO participates and is highly regarded in numerous mental health groups, but the Council is not responsive with its input when requested. This inaction serves to negate its impact, necessity and force.

Recommendations:

1. Expand inquiries regarding the Council's work with other state entities and advocacy groups in next fiscal year's SWOT analysis and contract deliverable.
2. Consider divvying up the number of meetings attended by the EO among the Executive Committee or members of the Council.
3. Use the annual Council focus for intersection of other departments/agencies by developing opportunities for presentations, sitting on work groups.
4. Meet with DHCS management regarding Substance Abuse and Mental Health Administration (SAMSHA) grant application process and adequate time line for Council review and sign off.
5. Work with OSHPD to understand and improve Council's role with statewide WET funding and issues and commence an examination of MHSA local government WET fund usage and resolution of workforce, cultural and affinity disparities.
6. Establish a working relationship with the CALMHB/C that is productive and furthers the intended association as established without jeopardizing the credibility of either organization.

DRAFT

7. 2c Develop a cohesive CMHPC focus based on statutory responsibilities and identify potential CMHPC work products

Background:

Within the last ten years, there has been tremendous expansion in the field of mental health services in California. Like many other state and local entities, the Council runs the risk of becoming spread too thin trying to address all the new ideas, issues and priorities in mental health services. In addition to all the changes in the field of mental health, numerous legal changes such as the Affordable Care Act, healthcare integration, and recent voter approved propositions and laws allowing the review of sentencing requirements and release of certain inmates, have occurred. Secondary issues from these laws may have the potential of falling within the purview of the Council's mandates.

Although none of the potential areas of focus is trivial, in order to serve the mandates required of it in law, the Council could benefit from setting some work product boundaries for itself. To this end, it has been suggested that it will choose a fiscal year focus and coordinate Council work and Committee work products around the selected focus. In some cases, it is anticipated that the work around a given focus could last for a couple of fiscal years and it is assumed that the Committees will not only address their respective aspect of the focus, but will also proceed with its own work plan items.

Observations:

Sample topic sheets were developed and discussed among the Executive Committee members after input from the full Council. Members who were not present were allowed time to call in their preference and agreement was reached. The fiscal year focus was transmitted to the various Committees and they have incorporated it into their respective work plans. The focus for FY 2015-16 is looking at "alternatives to locked facilities" as a mental health treatment.

Recommendations:

1. The Executive Committee should consider commencing the identification of the focus process prior to the start of the new work year so that Committees can develop their own work plans earlier.

2. The Council may want to consider having both a short term and long-term focus.

3. The Council should include work completed to date or a status report on the focus topic in its Annual Report.

4. The Council should create a focus matrix for use in providing information to counties and interested entities so that they are apprised of pending Council work products.

DRAFT

2d Identify and draft a model annual work plan template for the CMHPC committees and CMHPC work

Background:

To begin this process, the contractor met with Council staff to review committee structure and emphasis as well as to obtain their understanding of current work plans, Committee culture and Committee charters. Additionally, the contractor attended Committee meetings during two quarterly meetings to learn how the Committee members worked together, prioritized work and determined goals for the work plans. Finally, the contractor reviewed Federal and State statutes related to individual Committee charters.

Observations:

- It appeared there was inconsistent reliance on the work plans, inconsistent development of the work plans, and incomplete Committee work plans as of April, 2015
- Quarterly Committee meetings were utilized to discuss work plan ideas, leaving no time for development of Committee work product.
- As of the writing of this report, all Committees have a viable work plan and are moving forward in completing the goals, (excluding Executive Committee)

Recommendations:

1. Work plans should be developed early in the Council's work year and should be vetted or approved by the Executive Committee as to their adherence to:
    a) Council mandates
    b) Council focus
    c) Council work products
2. In addition to the regular business of the Executive Committee, quarterly meetings should be used to discuss reactions to Committee work products or status of the same.

DRAFT

2h Provide a summary progress report/status report (including identification of success and SWOT analysis) to the CMHPC of the work completed for FY 2014-15.

Background:

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

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

A SWOT analysis may be used to:

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

The interview groups, based on request of the Executive Committee for the first analysis were:

- staff
- members of the Council

Discussion:

All Council members were contacted to be included in the interview. Initially, the sample survey was intended to be 23 people; however, the analysis produced in May 2015 was reflective of only 16 responses, only nine of which were Council members.

DRAFT

Since seven of the 16 responses were Council staff, the Executive Committee decided to extend the interview date deadline to July 31, 2015 and this contractor was instructed to contact all Council members.

Thirty eight (38) Council members were contacted from the list provided by staff. Four members were no longer on the Council. Of the potential 34 Council members, 25 responded to the questions. This represents a 73.5% response rate for the Council. All seven of the Council staff responded. Taken together, between the Council and staff, there was a 78% response rate for the SWOT questions.
The SWOT questions required some preliminary reflection; however, the majority of the interviews were conducted in 30 minutes. There was some feedback from respondents regarding the questions themselves, including:

- Question 1 (*How is the Council regarded among your colleagues? By yourself?*).

  Respondents felt this question was too complicated as a two-part question and in fact, in many cases, positioned respondents on opposite sides of their own response.

- Question 10 (*Given the Council's mandates, is there something the Council or the Committees should be doing or working on that they are not?*).

  Respondents felt that a summary of the mandates would have been helpful in responding to this question.

- Question 11 (*Have there been any changes in the mental health community or legislation that create an opportunity for the Council?*)

  This was thought to be too broad of a question to adequately respond to.

- Finally, a number of respondents felt;
  - that the questions were worthwhile,
  - that they were grateful to have the opportunity to participate in the survey, that they were at ease and comfortable with the interviewer, and

- that they were confident that their responses would be handled with the confidentiality promised.

Individual responses were edited by this contractor only for identifiers that might have threatened a respondent's anonymity, and recorded as closely to verbatim as possible in an individual question summary. This data summary is available in Appendix A, SWOT Responses, starting at page 25.

Although it will become more apparent when actually reviewing the analyses related to the individual SWOT discussion items, there were many times a respondent would give a number of examples, instances or answers to a particular question. This appears to add to the number of respondents. Conversely, there were times when a response/answer could not be categorized and so it would appear that not everyone responded to a particular question.

The final SWOT survey question (Do you have any recommendations for raising the Council's relevancy) will be discussed separately from the individual SWOT questions. Many of the recommendations are validated by this contractor's observations and are therefore included in some of the recommendations throughout this report.

Outcomes/Highlights:

STRENGTHS

The internal positive factors that affect the Council are its strengths. The questions asked to derive strengths were:

1. What is the most important piece of work completed/worked on in FY2014-2015?
2. Do you have enough background materials and time to prepare for monthly/quarterly meetings?
3. What does the Council do well?
4. What strengths do you bring to your committee and its work with the Council?
5. What helped you do our best work?

DRAFT

Most important work the Council completed . . .

32 respondents

- 15 (46%) indicated the data notebook
- 10 indicated the OSHPD work and peer advocacy
- 10 (22%) did not know or could not think of anything
- 7 indicated the committee white papers/reports
- 2 indicated community forums
- Others indicated the behavioral health merge, legislation

Enough Background material . ..

32 respondents

- 19 (59%) **yes**
- 8 (32%) **no**
- 5 other **(usually, it depends)**

What the Council does well. . .

32 respondents

- 7 indicated collaborated with others
- 7 indicated advocated for issues
- 4 indicated public relations
- 3 indicated assemble packages
- 2 indicated look at mental health system
- 2 indicated talk (pejoratively)
- 1 did not know
- 1 indicated it acted as a visionary
- Others included its balance with stakeholder representation, outreach within the state and with county councils

DRAFT

Strengths you bring to the Council . . .

31 respondents

- 8 responded mental health knowledge of issues, history and experience
- 5 indicated family member care giver perspective
- 3 indicated their passion
- 3 indicated their healthcare perspective
- 7 indicated other attributes such as creativity, writing, good thinker, good writer, problem solver, big picture person.

What kept you from or helped you do your best work . . .

31 respondents

- ***Kept* you from (doing your best work):**
  - 8 indicated staff related issues (not helpful, not available, difficult to work with)
  - 7 indicated Council lack of focus, apathy, not enough time, small group versus large group work
  - 3 indicated steep learning curve
  - 2 indicated lack of welcoming feeling or openness to new ideas
  - Others included too busy with current position, did not understand mechanics of government, not able to respond due to lack of information
- ***Helped* you (do your best work):**
  - 3 indicated helpful staff
  - 3 indicated learning curve and help of mentor
  - 2 indicated having a focus
  - 1 indicated the Council's passion

WEAKNESSES

DRAFT

The internal negative factors that affect the Council are its *weaknesses*. The questions asked to elicit *weaknesses* were:

1. Given the Council mandate, is there something the Council should be doing that they are not?
2. What areas need improvement to accomplish the goals of the Council, the Committee you staff or are assigned to?
3. Is there any bias in the Council reports or publications?

Given the Council's mandates . . . is there something the Council is not doing. . .

32 respondents

- 10 indicated items that were not within the mandates for the Council
- 10 indicated items that were within the Council's mandates
- 5 did not think there were any items not being attended to by the Council
- 3 indicated that they did not know what the mandates were
- 3 indicated better work around data

Subject areas included in the discussion for what the Council should be doing to respond to its mandates included:

- Horizon issues
- outcomes
- only doing Federal statutory mandates
- work plans
- integrating with substance abuse
- assessing mental health in California
- lack of focus on children's/foster care youth issues
- need to be better informed what other committees are doing
- better budgeting
- more reports
- system improvement
- follow through on topics and areas of concern to the Council

DRAFT

- better connection with DHCS
- more involvement with indicators
- more work on placement issues
- visit communities
- get better time commitment understanding from Council members
- not knowing Council's goals

What areas need improvement to accomplish the goals of the Council. . .

33 respondents

Note: This number cannot be correct since only 32 respondents are documented. However, in the interest of fidelity to the process this number is recorded in this section since there are 33 responses on the question summary page. Since respondents were assured that their responses would only be represented through these summary sheets, individual responses were destroyed. There is no way to go back through individual responses to correct what may be a duplication. It is determined that this error is not egregious enough (or statistically relevant enough to change the data) to invalidate this question for purposes of analyzing weaknesses.

For purposes of identifying the various responses, they are summarized in two categories— better organization and better content (e.g. issues worked on, mandate related work and work products)

Organization

- Better staff support (8)
- Better control over meetings (2)
- Less changeover of good leadership, better leadership
- More flexibility in committee structure
- Better organization
- More cultural diversity
- More posting of reports
- More time for quarterly meetings

DRAFT

Content

- Clearer expectations of goals (2)
- Clearer expectation of what is required work effort
- Better focus on work efforts
- Use of strategic planning and marketing
- More cultural diversity (2) in focus, forums, products
- Change to behavioral health
- Better data capabilities
- Develop training structure for Council members
- Review public mental health – trends and county reports on topics

The roles of Committee members, staff, and other agencies is neither communicated nor well understood. Mechanisms for changing the purpose or reaffirming the purpose, adding to its work goals, or re-focusing a Committee or the Council are not in place.

Is there any bias . . .

31 respondents

Yes:	**6**
No:	**22**
Do not know:	**3**

Of the few that indicated yes there was a bias to the reports of the council, most indicated that it was pro-consumer movement and a few said yes, there was a bias against Council members with lived experience. There was also some discussion of labelling (educational designations) on the large group placards; indicating that it was intimidating and in some cases, limited their ability to feel qualified to participate in the group's discussion(s).

OPPORTUNITIES

The external factors that affect the Council are its *opportunities*. (See also Question 2 in the Threats Section). The questions asked to derive *opportunities* were:

1. What advantages does the Council have in the mental health

community/government?

2. How is the Council regarded among your colleagues? By yourself?

What advantages does the Council have. . .

32 respondents

- 9 indicated the Council is advantaged by virtue of its being required in law
- 9 indicated that the Council's diversity of voice and structure were a plus
- 5 indicated that its role as an advocate was an advantage
- 4 were unsure about the Council's advantage
- 4 believed its communication with the legislature advantaged it
- Individual responses included:
    - its oversight responsibility
    - providing information to the Counties
    - its work in a less restrictive environment
    - its close relationship with other agencies (2)
    - its contact with DHCS
    - established in statutes
    - not just an advocacy agency
    - 50% family members/people with lived experience have seat at table
    - Diversity
    - viewed as impartial reviewer
    - not political
    - place where unpopular ideas can be addressed

How is the Council regarded among your colleagues . . .

31 Respondents

- 18 responded that their colleagues either did not know about the Council or did not regard it well

DRAFT

- 13 reported that they felt it was well regarded by their colleagues

How the Council is regarded by you. . .

- Responses included:
  - I enjoy it
  - it is an obligation
  - I highly regard it (4)
  - It is bogged down
  - has potential within limitations
  - I love it (2)
  - I am learning
  - It is headed in the right direction
  - my view has changed over time
  - still trying to figure it out
  - it is making a difference
  - frustrating
  - honored to be part of it
  - moral center
  - its potential is unrealized
  - not efficient or effective
  - not powerful
  - unknown outside of mental health
  - best work is accomplished in person (by members, by the EO)
  - its historical value

The fact that so many within the mental health community and state government (58%) don't know the function or expertise of the Council means that there is an opportunity to do better marketing/outreach to improve the Council's recognition and usefulness to these communities. Many felt discouraged by the Council's lack of influence and focus and wanted to be part of something bigger in terms of the Council's historical relevance.

DRAFT

THREATS

When an organization faces external negative factors these are *threats.*

Questions that underlined the Council's *threats* were:

1. What do you see as factors that have, or might put the Council at risk or threaten its efforts?
2. Have there been any changes in the mental health community or legislation that create an opportunity/threat to the Council?

What do you see as factors . . . that risk or threaten. . .

32 respondents

- 6 indicated a lack of focus
- 4 indicated a lack of visibility in the mental health community
- 3 indicated a failure to be considered meaningful or doing meaningful work
- 3 indicated unclear expectations
- 2 indicated staff management behavior issues, lack of leadership skills
- 2 indicated apathy on the part of council members
- 2 indicated too process oriented
- 2 did not see the Council at risk
- Others indicated not being outcome oriented, the Council experiencing a crisis of relevancy, lack of knowledge, lack of accessibility

Ordinarily, some risks can be external to an agency and very little can be done to avoid these types of threats, except to prepare contingency plans, but it is helpful to identify them. In the instant case, however, a significant number of respondents (84%) identified some **internal** threats to the Council's ability to be effective.

One respondent wondered 'if a way could be found to meet the mandates *without* the Council, if the Council would be disbanded'.

DRAFT

There were also some cautionary comments regarding the demise of the Department of Mental Health in 2011, during some of the interviews, but not necessarily in response to this question.

This does not bode well for the Council's external relevancy and the best measure against ineffectiveness would be to guard against apathy, meaninglessness, and lack of visibility. A meaningful, useful member of the mental health community is harder to dismiss.

Changes to the mental health community . . . create opportunity. . .

This was intended to be an opportunity question, however, there were some responses, apart from the 'do not know' that identified threats. Since the Executive Committee was apprised that there were questions that could be identified as either a threat or an opportunity; a strength or a weakness, this is not seen as aberrant, but more reflective of what is on people's minds.

32 respondents

- 10 respondents (31%) either did not know, were not sure, or could not remember
- 2 indicated respectively yes and no
- One respondent indicated that the question was too broad (as previously identified in the Discussion section, above)
- Other respondents indicated threats were:
    - leadership vacuum at the State level that Council could help fill,
    - bifurcation of mental health services at the county level,
    - results of Little Hoover Commission,
    - changes in committees which has dis-incentivized Council members,
    - changes in the Medi-Cal structure are not sustainable, nor is health care reform
    - insufficient cross learning about other agencies and entities,
    - what will happen at the end of five years when workforce issues are not resolved and the Council does not have authority to oversee OSHPD's MHSA activities

- Conversely, other respondents indicated
  - that legislative changes created an opportunity for the Council
  - that some legislative changes are an opportunity to educate the public about mental health issues
  - that there is an opportunity for new relationships with, particularly OSHPD, to obtain data for the Council's use
  - Some felt legislative changes combining mental health and substance abuse issues and systems was an opportunity for the Council
  - that there were now three Senate committees whose primary purpose is to remediate mental health service deficiencies
  - that the Council should connect with the Steinburg Institution

The majority of the responses, 23 out of 32, to the last SWOT question, (**recommendations for raising the Council's relevancy**), fell into three major categories:

- better self-advocacy for the Council and its products (marketing) **(10)**
- work more collaboratively with other governmental agencies **(7)**
- better participation and engagement by Council members **(6)**

This question in particular lent itself to numerous answers as reported in the Discussion Section of this analysis. Respondents usually identified at least two things to do to raise the Council's relevancy. Many respondents indicated that the Council was already turning a corner in terms of becoming more relevant and voiced an opinion for the Council to stay on track. Some of the other responses included:

- more diversity; cultural and life span (3)
- engage staff strengths
- refresh understanding of mandates, statutes, goals, master plan, work from a master plan
- define Chairperson expectations
- work on greater matters
- restore some of the older committees
- get some project training for Council members
- become a behavioral health council
- work on visibility for Council members and not just staff

Conclusion:

Of course, a SWOT survey is not the definitive tool for establishing the viability of an agency or organization. It serves primarily as a touchstone for the agency to measure itself. Unlike some applications/situations where it is part of a turnover package, this analysis includes direct responses from Council members and staff regarding their own perceptions of the Council's position in the mental health community.

By essentially, self-reporting, as opposed to simply relying on an outsider's perception, the Council is served in a number of ways; it can strengthen a member's commitment to the Council and it can serve to provide the Council with specific areas in which to direct its attentions and momentum.

Many of the recommendations made by this contractor were based on observations; however, those recommendations were ultimately validated and echoed through the SWOT responses. Conversely, some recommendations were made specifically as the direct result of information obtained from member's responses. Council members and staff are a rich resource for this SWOT analysis and their input, suggestions and comments merit serious consideration and ultimately, action.

DRAFT

APPENDIX A

SWOT QUESTIONS BY CATEGORY

STRENGTHS

- What is the most important piece of work completed/worked on in FY2014-2015?
- Do you have enough background materials and time to prepare for monthly/quarterly meetings?
- What does the Council do well?
- What strengths do you bring to your committee and its work with the

  Council? What helped you do your best work?

WEAKNESSES

- Given the Council mandate, is there something the Council should be doing that they are not?
- What areas need improvement to accomplish the goals of the Council, the Committee you staff or are assigned to?
- Is there any bias in the Council reports or publications?

OPPORTUNITIES

- What advantages does the Council have in the mental health community/government?
- How is the Council regarded among your colleagues? By yourself?

THREATS

- What do you see as factors that have, or might put the Council at risk or threaten

DRAFT

its efforts?

- Have there been any changes in the mental health community or legislation that create an opportunity/threat to the Council?

SWOT RESPONSES

STAFF and COUNCIL MEMBERS

FY 2014/15

How is the Council regarded among your colleagues? By yourself?

- People I have contact with locally do not know about council, including folks in the mental health (MH) field
- Respected, like information, enjoy
- Not well known, not particularly effective, not efficient or powerful, not seen as a major player, I regard it as an obligation, it has some historical significance
- Very mixed, not regarded as group that did anything, I regard it very highly, part of national, main means of involving networking, opportunity to share
- People in the MH community think it is valuable, I have no idea, personally, about how I regard it
- Vast majority don't know about it, when I contact people they always ask about it, I learned most about it through seeing Executive Officer at various stakeholder meetings
- Ineffective and time consuming, set up administratively just to draw down money, bogged down with challenges
- Not very well regarded, if people had their druthers they would rather see council disappear, I see it as a body that has potential, with a mandate that is currently not being accomplished or what it is capable of
- The people I work for regard it well, I regard it well within limitations, best work is completed in person, hard to get people engaged in between

DRAFT

meetings

- People are only vaguely aware, I love it and think it has so much potential
- Don't know what purpose is served, I am still learning
- Most don't know about council, maybe some MH directors, some aware at different times in different ways, now less influential due to combination of change of Executive Officer, elimination of Department of Mental Health (DMH), staff and system changes, used to be higher level of involvement, regulations, workgroups, responsiveness
- Highly regarded, developing, headed in right direction to be effective organization in MH policy
- Not a lot of respect, there was a time had more gravitas, frustrating not a lot to do, feels like OAC (sic, Mental Health Services Oversight and Accountability Commission, MHSOAC) has stolen thunder, PC not seen as experts, perfect storm of MH community issues, elimination of Department of MH and being eclipsed
- As an essential element in mental health planning, should not be without voice of psychiatry, my view has changed
- Seen as pretty big deal by colleagues, still trying to figure it out myself
- Not too many of my colleagues know about it, not sure the mental health establishment regards it highly, I love it, the people and what is happening
- Not alone in my observations that it is considered weak, need to be doing something
- Not many would be able to identify it, unknown entity and some confusion with MHSOAC, I regard it highly
- See it as highly regarded and importance of tasks and committees, I have very high regard for it, honored to be part of and appreciate the work I have seen
- Those that are aware of it respect it and its influence on the legislature
- Difficult to measure, feel that many members think the council has lost its teeth
- Colleagues think of it highly, has power, can make change, needs planning, I think it can make a difference, make recommendations to legislature
- Very vital, collected voices, high regard because of history
- Highly regarded, integrity, provides information to the counties
- Highly regarded by council, everyone takes work and mandates to heart

DRAFT

- Given environment, small part of colleagues work with mental health, don't know issues, most frontline practitioners don't know about council, but generalized knowledge, thinking that it was more powerful previously, frustrated with operational issues, difficulty with skill sets impacting the way things evolve
- Fuzzy, not very clear understanding, I feel honored to be member
- Regarded okay, known as stakeholder voice and advocacy role, personally with mutual respect and regard
- People don't know about it, have to orient or define it for people, I enjoy the council, get information not normally privy to, like minds learning, able to disagree without being judged
- Too bureaucratic, thought of as not doing much, DHCS does not send representative, like it for being moral center, aura of not ignoring folks

What advantages does the Council have in the mental health community/government?

- Supporting policy change, inclusive, letterhead carries some weight, provides state level recognition, need visual for mental health empowerment
- It is charged to provide oversight
- Statutorily required, comment on outcomes, good partners with consumers, family members and providers
- Diversity is huge, providers, advocates, youth, family members, generation span
- Not sure, advise the Department on MH issues
- With so many family members and consumers it has an inside perspective, seen as impartial, not political and can focus on mental health services, even as part of Department of Health Care Services (DHCS) is not very influenced by those politics
- Dedicated voice and place where people with lived experience have a seat at the table
- Required, comes with money, has a clear advocacy mandate, potential for truth to power
- Don't know
- Greatest strength with 50% of membership consumers and family members, provides state department representation

DRAFT

- Inform Board of Supervisors (BOS) in various MH areas, example, AB 109 from the MH point of view, proving information via the data notebook provides help to MH Boards and stakeholders
- Have no knowledge
- Little authority but large bully pulpit to bring things to light, does not have to answer to anyone, able to take positions others might not be able to, working towards least restrictive services/environment, sometimes illusive, but least effective in resolving specific county issues
- Established in statute, not another advocacy agency, 50% family members, consumer voice which lends credibility to PC perspective
- Freedom to speak our mind, impartial and objective reporter, not politically connected
- Has potential advantage of having legal and administrative entre into mental health care planning, council exists by Fed/State laws, council should have access to all venues
- Bring consumers to the table, close connection to mental health, close relationship with MHSOAC
- Approach to mental health bills with analysis of support/non-support for bills
- Right now that there is one main body, no place else to go, need to get across to the community that one of our charges is to develop closer relationship between council and Boards
- Composition is an advantage, unique perspective on mental health/advocacy, independence
- Local behavioral health folks see as important entity, folks on panel, how we are used by outside folks
- Respected, know we communicate with legislature on bills, develop opinions on same
- None that I can determine
- High advantage to move items in policy and legislation, getting into communities, gather feedback and use this to advantage
- Direct contact with DHCS, direct line to leadership, not a lot of hoops
- Mandated state and federal, significant with legislators and legislation, active voice in policy, locally don't think consumer/family members are familiar with council
- Other organizations and agencies seem to look up to council for the work and

DRAFT

commitment, members of mental health boards, doing something important, that council does not take its job lightly, thirst for knowledge content and worth their time, council work impacts them (boards)

- SAMSHA requires in the law, in California with shift to DHCS, will continue to evolve, role of council kind of depends, kind of a clearing house, bring voice forward
- In general, know about authority in statute, don't know what stuff council is looking at
- Seems to be listened to by legislative members and have some influence
- Being able to talk with legislators, representation of the council, family members, consumers and providers
- We are federally mandated and in state statute, has composition of people consisting of grass roots, community guardian of values for MHSA

What kept you from, or helped you do your best work?

- Last Chair was not very welcoming, background in cross disability, consumer empowerment, multi-disabilities need to be included, interacting, not just siloes or only look at functionality, subtle dichotomy with initials of members
- Everyone has been helpful and supportive
- Second term, am shocked by level of staff performance, staff should be supportive, confirming guest speakers, accommodations, lack of knowledge of staff in area of committees, lack of clear focus
- Close communication with committees and Executive Officer, not doing best work, not at the table, structure of staffing, not using members to sit on advisory groups/committees
- No authority, having my authority undermined
- Staff to committees has no direction, feedback, or input, non-participatory
- Strong Chairs, good staff effort
- Result of passion, longevity, diversity of membership
- No role to give ideas or direct questions, when committee is responsive, usually not or cannot make up mind
- We can delve into areas of MH system, are not restricted, show California perspective as well as see individual counties
- Work in committee, failure of others to participate, state if very useful

DRAFT

- Waiting to respond to needs of council
- Good staff, how council was organized, accessing people, good presenters, work plans completion (varies by who is assigned)
- When different individuals become team members, lack of engagement of council members, failure of leader, not doing good job organizing, preparing, "priming the pumps," lack of vision of leader
- Hands off from supervisor, allowed to work independently, having an opinion and have that be respected, being allowed to do own "scanning" for issues
- Learning curve, years before I figured out what the Council should be doing
- Cannot respond to that (lack of information)
- Don't know all the ins and outs of government
- Demands of current position, to be on top of everything, lately there is an expectation of expertise
- Staff, left committee because not going anywhere
- Learning mode, so much to learn and understand, have extremely knowledgeable mentor, wanted work distributed better delegation of work, more opportunity to participate
- People not as open minded, long term members not open to other perspectives
- The council autonomy is hampered by administrative leadership, feel the tail is wagging the dog
- Still learning
- When I don't get enough information in time to make an informed decision
- Good mentors, good leadership, desire to make a contribution, becoming more knowledgeable
- Having mentor really helped makes me feel valued and welcomed and council provides tools to enhance my work
- My experience is that some staff do more, not sure what PC staff roles are, processes that are happening, not sure, some operational things confuse me, how well we communicate with presenters, electronic materials
- Most effective in small work group discussing SAMSHA behavioral health, more opportunity to give ideas, council is a bit unwieldy, trouble with a lot of perspectives, different backgrounds and knowledge, most helpful is smaller group, hardest in large group since may not be possible to say what you this is most important

DRAFT

- There is not enough time to adequately do the job as volunteer, helps if there are good staff that are approachable, makes a difference to be able to talk to staff about questions to improve knowledge
- Put off by too narrow of a focus, lack of data, staff understand heart of what we are after, but same staff is uncomfortable with data causing us to spin out wheels

What* strengths *do you bring to your committee and the work it does with the Council?

- Healthcare integration, not just MH where you get your services, keeping focus on function
- Being parent, family member, working in the field for decade
- Working knowledge of issues, good network of folks, skilled about complicated issues
- Lived experience in research and evaluation, children's research, national experience changes level of perspective
- Nothing to committees
- Data, outcome oriented, do research, writing, maintaining communication
- Creativity, good bridge building, broader perspective link to previously unaddressed groups
- Understanding public MH in California, passion, delivery of quality services, demonstration of effort
- Great writer when comfortable with content
- Experience working with quality improvement, can see what goes on in individual counties
- Having vision and putting together disparate things
- Very positive, love to be useful, help others
- Good knowledge of policy, public policy issues, network of people, organizations
- Well versed in bureaucracy, passionate about population, commitment , well organized, setting agendas
- Independent, don't take direction well, taking initiative and then having work reviewed
- Patience, feel like I bring good critical thinking skills, good about understanding acronyms and processes, self-driven, comfortable with uncertainty, can use to good advantage, not confused, but concerned

DRAFT

- Passion for youth, at risk youth, lived experience, foster care, education, community colleges
- Joy, comradery, support, recognition
- Longevity, motivation, passion
- Knowledge of cooperative agreements, development of programs, policy ramifications
- Mental illness and homelessness background, skills as speaker, bring information
- Provider member perspective, know discharge placement needs, areas of growth
- Good sense of public policy, compassion for consumer, knowledge and history of mental health at the community level up to and including federal level
- Family member, targeted population, barriers to cultural competence, case management background, understanding of cultural mental health stigma
- The perspective of state department, youth and disable community issues, children's' perspective, family members, advocate for parents, advocate for foster youth and educational rights
- Advocacy, local voice, passion for knowing about legislature, actively engaged in policy issues
- Still learning, mental health arena, all I have learned bring to the table
- Really good understanding how public mental health works, how federal CMS mandates work, putting things into context
- Not being fully utilized, developing own reports, routinize reports
- Experience as family members and different systems, previous work in field of advocacy for family, hearing voices of underserved, disadvantaged, grass roots
- Institutional memory, good analytical skills, good problem solving skills, good sense of moral center for my community and its needs, good at logistics

What areas need improvement to accomplish the goals of the Council, the committee you staff or are assigned to?

- More time between meetings, less changeover of leadership, need to keep good leaders and put something in place to support them, more flexibility in

DRAFT

committee structure

- Things are running better now; see improvement annually, now big issues with staff -- disrespectful, rude, inconsiderate, am lodging complaint
- Clearer sense of accountability, goals, better staff support, what each committee is doing, lack of clear focus, lack of knowledge of staff
- Involvement of everyone in a meaningful way
- Information on role of staff, rules and government
- Involvement, action
- Clear agreement/understanding of goals, clear expectations about what work effort means, more communication, not just a quarterly "chat," role of council, speak respectfully about the council to be ambassadors for the council
- Since our time together is so limited, there are so many differing agendas, no focus, important to do something well
- Communication
- Not quite sure, need to look at different areas (subject matter/committees) assigned to every once in a while, currently no children's groups, look at committee coverage
- Weak staff, maybe EO needs management class, council needs to support EO to make demands on her staff, not up to the job?, EO needs tougher skin; PC needs to quit going over material over and over, do something more, develop work plans for committee work early
- Everyone agreeing on certain things for staff, need environment to express feelings
- Better leadership, direction to staff, general meeting discussions need to be controlled better
- Staff development, apathy, unenergetic doing only bare minimum
- Not sure PC has goals, strong strategic plan, need team building exercise?, no firm goals, vague mission, hard to feel we are moving towards anything, not working together, do not feel time is well spent, lack of passion
- Better organization, EO and staff struggling with their jobs, EO responsive about complaints, importance of process

- A lot of older advocates, where are the younger members/generational consideration, lack of diversity of membership, not representative of culture

DRAFT

of California, lack of information, what is goal? No tangible results, just lip service, is this what the council is about? Where are documents going, do they have any weight? What are council's plans of action?

- Think things are done very well
- Staff, knowledge about where we are, where we are going, what end/purpose the council serves, look at vision, goal and purpose
- Staff does not have expertise in subject matter, not reliant on council members themselves, folks are experts in field, expectation kept but disconnect between what committees could do
- In process of learning myself, however was surprised that Roberts Rules of Order was not known and that there was no established discussion structure, takes away from being credible, need to have more people say more, need others to speak up more than just a core group, try to spread the training, informing and learning, establish equity in speaking up, need structure, adds to legitimacy of organization and how we handle issues
- Lack of cultural diversity need those voices on the council and legislation
- Each subcommittee should have same level of staff, Executive Director (sic) Executive Officer? should provide quarterly report on all activities (meetings, etc.) attended as well as send notification when he/she is attending a meeting representing the council
- Still learning, change to behavioral health council
- Hold people more accountable for what they say they will do, issues go on too long, do homework make a decision and don't keep backtracking
- More team building, in-depth orientation about council, get outside experts to help, no manifestation of ideas, training structure, how all have a voice/place, what is the mandate, very relevant but diluted because of lack of passion
- More time, quarterly meetings see pressed for time, a lot to accomplish
- Frustrations with Executive Officer and structure of meetings, staff need to be engaged, they hold history
- There needs to be more definition around goals of council, what happens next, what are some questions, what are each subcommittee's goals, are they mirrored in council goals, do goals go back to Master Plan?, there should be "rules of the road" for goals, lack of tightness, continuity of council's work

DRAFT

- Posting reports, share with other data collectors to make use of data

- Better data capability, smarter strategies for getting information, how we do meetings, make better use of special meetings, clarify our long term vision, be nimble enough to act, set up agenda better in order to accommodate opportunities and avoid Bagley-Keane violations
- We are supposed to review public mental health system every year, look at trends and county reports on topics that could be presented to council our could be included along with what services are important, more effort to bring people's understanding up, data drives policy, is there a way for mental health advocacy agency to advocate for institutionalized racism/trauma?
- Since new staff came on there is a different flavor, a disconnect with administrative staff and the council, they are disengaged, energy is not positive, we don't have relationship with them, also don't know roles of administrative staff, who to go to, staff on my committee knows goals of projects

What do you see as factors that have, or might put the Council at risk or threaten the efforts of the Council?

- Apathy, what happens between meeting, what we should be doing, has anything happened, establish reminder or tickler/file for minutes and follow up with members, (i.e. how is that going) minutes are too detailed, go to action agenda and minutes so that they can be followed up on and be less typing work for staff
- Staff management/behavior
- Failure to be a meaningful stakeholder in the MH community
- Not against consolidation, but need to do it wisely, have we become too ingrown, need to reach out, where do we all touch, diversity of our relatedness
- People wanting stuff paid for that we cannot pay
- Lesson of DMH being dissolved, while the council is mandatory, could be terminated, Feds with the block grant are outcome oriented, need to show the value we bring, we act sort of like the Board of Directors for the MH system
- Too much process, not enough heavy lifting, unclear expectations, need to

send clear message about what council is, need willingness to pitch in especially from staff

- Passivity, lack of visibility, lack of being seen as having value
- Council members that cannot stay focused, lack of understanding of role of staff and the work that is completed between meetings, lack of monthly conference calls, lack of direct line of communication with Chair
- How we go about restructuring ourselves down the road, planning council has different areas of oversight (than DHCS and the MHSOAC), PC is not redundant
- Quit going over material over and over, do something more, our failure to produce has effect on the lack of positivity or effectiveness, issue comes up that we are not nimble or flexible need to change our way
- Don't allow certain things with council members, stick to boundaries, be courteous
- Produce products that are visible or council will become irrelevant and some way to meet federal mandate with council work being controlled better
- Don't see PC at risk, or obscurity, still have role apart from OAC, appropriate staff hiring and training
- Not being able to articulate our purpose, and distinguish ourselves from OAC, be a burr in the blanket, conscience and voice of consumer and family member, if we don't capitalize on this will be extinct, we are majority of consumer and family member advisory group
- Historically, Council not regarded well by Director of Mental Health established level of relevance, now with new department still no report from director, creates a crisis of relevance?, with proposed reform of SAMSHA at federal level what will happen to block grants and Council's role, need to look at what we need to do to be more proactive, what is working, concerned that some things are repetitious
- Subject matter expertise should have the most up to date information, are long- term members advocating for new things? Focus on younger populations, More TAY advocates
- So many mental health issues on top of which is coming the substance abuse issues, now another area, splintering.
- All the changes to all the aspects of mental health
- Competing councils with varying degrees of difference and some overlap,

DRAFT

integration efforts with drug and alcohol programs, staff should have project management approach and techniques for their roles on the committees

- Unsure about behavioral health, that mental health would lose, need way to integrate, need to be keeping up with trends but embracing the mandate
- People should key in on experience and less on what is provided, how much do people use the information provided to make decision
- Poor meeting leadership skills, constantly indulging a few speakers, not allowing the council members to be involved at all levels of the planning process, "such as what the job description should be for a consultant."
- Two sided response, behavioral council move might threaten council, are we moving too fast?, some disagreement, need to know more about it
- I don't see much risk, solid in authority and direction, don't think the council takes risks it should not take, oaky to step out in a position, too conservative, should provide good strong advice, and is there a lack of fresh perspective due to old vanguard? Something in structure, what to do with institutional knowledge, succession planning for the council
- Disunity, not fulfilling mandates required, disorganization, losing focus, lack of participation
- Don't have a response, think this is opportunity for members to "let their hair down" and be in each other's company
- MHSOAC has eclipsed planning council, now DMH is a division in DHCS and has eclipsed mental health, integrated health care repositions mental health, need to report functions from last year
- Over the last couple of months don't think right hand knows what left hand is doing, not unified, bill never discussed, not representative of entire council goes to governor without any member discussion-weigh in
- Lack of familiarity of groups at state level, council struggling about its role at the state level, especially new members
- Anything when we are not doing our job, why haven't we seen a state report for three years? Should be allowed to be part of review cycle, key to our role, if it is not measured or reported, can't be fixed
- Locations where council meets are not accessible to consumers, family members so there is no community input at meetings, roles of staff, not knowing what they do, skills of leadership/facilitators, know when to refocus the group to keep moving, staying on track, threaded, having meetings go over time is exhausting

DRAFT

What is the most important piece of work that the Council completed/worked on in FY 2014-15?

- Do not know
- Data notebook
- Workbook and sending to committees
- CSI reports, including data notebook
- I have no idea, know about data notebook, but do not know its importance
- Data notebook, community forums, reports brought up on central portal
- Data notebook, work with Office of Statewide Planning and Development (OSHPD), peer specialists
- Data notebook, advocacy efforts (dental services for Medi-cal)
- I have no idea
- White papers, important in establishing area that the council is looking at, CSI, trauma informed care
- Data notebook
- Do not know
- Workforce Education and Training (WET) "stuff," pushing peer provider should be looking at something broader, health navigator?
- Report on AB 114, synopsis of community forums, data notebook, peer certification paper used in crafting recent legislation
- Not sure, peer certification, committee reports, laughed at in a meeting of mental health professionals regarding data notebook
- Trying to bring support to the legislature about the peer certification, used in legislation that was introduced recently, data notebook, council decided to take on the process for the Master Plan
- Can't speak to that
- Implementing substance and mental health merge
- Legislation, taking important stands
- Data notebook, service, white papers on trauma
- Data notebook
- Concerted effort to support peer legislation
- Supporting legislation
- Not sure, not enough time on council
- Nothing jumps out

DRAFT

- 5 year plan, working with OSHPD on fellowships opportunities, data notebook done by counties is important opportunity for counties, peer certification, making sure there is MHSA money for practitioners
- Not sure of a specific task or project, the council as a whole is very tenacious about issues brought forth to consider
- Don't know
- Conversation about integration is a critical piece, data notebook, but no pre or post "marketing" about what its use/need is
- Letter to governor, showed we were paying attention, data notebooks, focus on alternatives to locked facilities
- Data notebook, papers related to trauma informed care and mental health services in schools, community outreach, presentations to committees
- Papers on trauma informed care, data notebook should be doing more on workforce issues

Do you have enough background materials and time to prepare for monthly/quarterly meetings?

- Yes, but why are they overnighted? Executive committee meetings are every Friday
- Yes
- No, disengaged between meetings
- Yes, but often handed things at last minute, what about pre-meetings to help understand, flesh out understanding
- Sometimes, no
- Yes
- Hell no, there are not enough hours in a day
- Yes
- Yes
- Yes
- Generally, yes, read packet before meeting
- Yes
- Yes, should have people RSVP for meetings so that it can be cancelled if there is no quorum
- Yes
- No, monthly meetings are a waste of time, not a lot gets accomplished and

DRAFT

end up doing same thing at quarterly meetings
- No
- Think so
- Yes, they are very good about that
- Yes
- Enough background, need to find time to prepare, maybe staff with expertise to synthesize packages to facilitate preparation
- Yes, definitely
- Not sure, what optimal time would be, minimum two weeks out or maybe even a month, and can I call staff and ask their perspective on packet issues?
- Usually
- Got packets 2-3 weeks before
- Yes
- No, given 30 days in past, not used, staff need to provide more interaction about packets and be more available and more responsive
- Yes, personal challenge time wise, even have stepped down from other councils to allow more time for planning council
- Yes
- Not especially, some subjects are very complex, don't get work done, should use executive committee to make decisions, organize primary goals, tighten up responsibilities
- Varies, sometimes wish I got things earlier
- Depends on what we are doing
- No, used to get packets earlier 2-3 weeks, frustrating when we get packets too soon before the meetings

Is there any bias in the Council's reports or publications?

- I have not noticed any, although perspective should be about functional capacity and barrier removal
- No
- Not aware of any, although we should be careful not to put MH in poor light
- No
- Do not know
- Hope not, depends on what people tell us, are we hearing everybody

DRAFT

- Yes, towards people with lived experience
- Do not think so
- Not in publications themselves, but historically it has opposed involuntary treatment
- Not that I have noticed, pros and cons about the family and stakeholder perspective
- Do not know
- No
- I don't think so
- Probably, in favor of consumer perspective
- Yes, pro-consumer movement bias
- Have not read any reports
- No, but I don't see it on EO level so maybe to appease the council?
- No
- Yes, is definitely in advocacy position for needs of consumers
- No
- Towards lived experience over professional experience
- The reports from the subcommittees are naturally biased toward their mission
- No
- Pretty objective
- No, strong opinions, but consensus
- Don't believe so
- Don't know, have not seen that many documents
- No pretty independent
- Yes, embracing recovery
- Don't think so, nothing jumps out
- Not to my knowledge

Given the Planning Council's mandate, is there something the Council or the Committees should be doing or working on that they are not?

-
- Broad focus for constituency need to look for horizon issues as element of a strategic plan need to look at ourselves every 3-5 or 5-10 years, are we "go to" policy people, should be visible and represented at every level and in

DRAFT

every department at the state

- I do not think so
- More focus on outcomes
- Rethink mandate, we are only doing half to meet federal mandate, we are data dependent on others, need to strengthen partnerships with data collectors, need to watch that we do adequate oversight
- Should be working on work plans
- Integrating substance abuse in mental health to better reflect state, should the council be visible part of the parity issue?
- Cannot think of anything
- On an annual basis should assess MH in California, can do advocacy (clear mandate for that), review state's block grant
- Children are not front and center
- Not sure that there is, maybe focus on one particular area
- Need to be better informed about what other committees are doing and coordinating our work, get more connected somehow
- Budgeting better
- Recommendations are not good unless there is a score card to see if we are meeting the mandates
- Need to be looking at data, issuing reports on the data
- Not sure what other people are currently doing, more about system improvement, since funded by SAMSHA should be looking at what is going on with that money
- Like to see committees do more critical examination of SAMSHA mandates, PC should be looking at that as part of charter
- Have not read the mandates
- Following through, important things don't go anywhere
- What are mandates, should summarize as part of the SWOT interview
- Some areas get more attention, need more youth focus what agencies are working on, better connection with DHCS, data, more information
- We are addressing issues more now, looking at indicators, I would not have been able to say this during my first two years
- Issues of placement, open up more placement, people are maintained in hospitals and not community sites
- Subcommittees are doing valuable work

DRAFT

- Every committee seems focused, but would like to see more from committee, add more to the work plan
- Should have more children's issues, when DMH was eliminated children system of care, each committee should self-assess for children's issues, leadership should ask, all committees should have relevant children's issue on work plan or reinstate the children's committee
- Actually being able to visit communities
- Look at time commitments
- Not to my knowledge, council has broad mandate, need to prioritize
- Most important thing is for council to know what the mandates are, what are council's goals with regard to them
- Reporting out on the state of the mental health system, report to legislature
- Data driven policy reports
- Can't think of anything

What does the Council do well?

- Beginning to pull important people into our sphere, community members, mayors, add publicity to this piece to give them strokes, so that important work we do is seen by the communities we visit, newspapers, press coverage
- Collaboration with each other and the committees
- Really good job balancing representatives for various stakeholder group
- Working the OAC more collaboratively
- Compassionate and passionate
- Like quarterly meetings, energized and inspired by them, provides connection to local communities
- Produce some tangible work products from committees
- Talk
- Advocate, passion, when there is a full council, we do really well, all are educated on subject, which is why it is so important they behave like subject matter experts, go to meetings in counties, share information
- Look at different parts of the MH system not focus on one particular area
- Outreach has helped DHCS with understanding council, data makes us powerful, developing partnerships, data notebook doing better knowing responsibilities, more aware we need to produce more connected to other groups thanks to Executive Officer's outreach and her connecting us with

DRAFT

other organizations
- Take care of MH needs, provide materials
- It is the most representative body I have seen, but state officials are not showing up or participating, no interface with other departments, lack of investment on their part
- Bill analysis, legislative advocacy, voice of the people closest to and representative of MH constituents in California
- Nice group of people, good diverse perspective, good wealth of information, good to hear perspectives, better understanding, richer discussion, could market PC as mini focus group
- Get along well, given controversial and sometime contentious subject matter we work with, we make good effort to get along, all opinions are welcomed
- Making sure consumer advocates are included in the process
- Keeping abreast of legislation
- Legislation, good presenters
- Advocate for services, reviewing legislation
- Engaging counties, good topics
- Quality of speakers, soliciting speakers but need topic areas to focus on, not just have hodge podge
- Assemble the packages
- Although a lot of disagreement/difference of opinion, everyone comes together at the end
- Leads us into meaningful conversations, good dialogue, gets message out, go to conferences
- Being able to use due process, democratic open to different ideas and sharing, openness to be relevant (behavioral health), being dedicated
- Share power very well, all members are equal, as people move through positions
- Don’t know
- Talk, need better facilitation
- Be a moral center, visionary, should revisit old reports, develop some kind of registry of presentations with update with that we have done with information
- Advocating and community forums, outreach, snapshot reports
- Listening to the needs, presentations, exploring ways to improve, create a

DRAFT

learning environment, however constantly decoding acronyms with presenters need to make sure presenters provide this

Have there been any changes in the mental health community or legislation that create an opportunity for the Council?

- Don't remember, in general, more aware when media event occur, it is rare, given the numbers who work and live in a community versus who commits crimes, council can do education on MH issues, not just fear about mental illness
- Little Hoover Commission, collaborate with MHSOAC, follow up with Toby Ewing
- Not sure, health care integration, healthcare plans
- Everything is an opportunity, role in educational changes (prisons, veterans), bring people in to educate, Steinberg's institute, areas where they want to work legislatively
- No
- Do not know what is happening legislatively
- Absolutely, peers specialist, OSHPD, opportunity for new relationships managed well, Executive Officer has managed them so they go smoothly
- Do not know
- Do not know, change in committees has dis-incentivized
- More data available for council to look at as counties are getting used to requirements to produce more data, Medi-cal, no MHSA data, except Full Service Partnerships (FSPs), drugs
- Mental health and substance use disorder have clients in common; Proposition 47 created opportunity for council to make positive changes and should be opportunity for council, AB 114 changes as well regarding youth treatment, need outreach plan connect presentation, build opportunities
- No changes that I am aware of
- There is a leadership vacuum at the state level and council/leadership could provide more leadership, lack of concern about bifurcation of MH system at counties, no one working/addressing on it even though it is not working in any counties
- New leadership, new allies
- What we are advocating for has been proven, now three MH committees in

DRAFT

legislature

- Goes back to mandate, changes in Medi-Cal are not going to be sustainable, something the Council could look into along with healthcare reform, HCI committee doing good job, do more aggressive advocacy to improve or repair, make report out from Committee chairs agenda item for the Executive Committee, have committees collaborate when/if there is mutual topic interest
- This question is too broad
- Not sure
- A lot of legislation and if council decides to be behavioral health, some legislation coming through the pipeline will support council
- AB 36, schools opting to do their own mental health treatments, opened opportunity, any major event creates opportunity
- Connecting with Steinberg's foundation, push to integrate drug and alcohol programs, Affordable Care Act (ACA), leveraging monies
- Bring in substance abuse, have to go with feds and counties
- Can't speak to that
- A lot of legislation and if council decides to be behavioral health, some legislation coming through the pipeline will support council
- Difference between moderate and other mental health "designations", politically to save face with mental health plan, good issue to bring up—degrees of mental health
- A lot of change ongoing, policy focused (peer certification, each mind matters, behavioral health), consider EO updates with entire council, not meeting, more advancement in social media, antiquated operations, invest in sponsorship, disposable name tags for presenters
- Yes, in awe of legislative knowledge of members, take on watch dog opportunity, bring to committees, EO plays important role in providing opportunity for council to check in on what is going on and to question if we should be doing this
- ACA, MHSA, policy level, reaching consensus is difficult
- Absolutely, 1115 waivers, 20/20 Medi-Cal, Drug Medi-Cal waivers, challenging for planning council to keep up with changes, transformation in mental health in the state
- Insufficient cross learning and information flow, planning council has no idea

DRAFT

what MHSOAC is doing, should be informed about what other agencies are doing, what happens after this five year plan (OSHPD) expires, what role will the council have, workforce problems are not resolved
- Can't think of any, maybe foster care legislation
- Not sure

Do you have any recommendations for raising the Council's relevancy?

- Some sort of email to the Governor about headlines, capsulizing what the council has done
- Need to stay on top of work, not just attend meetings, but participate, connect with MHSOAC and Toby Ewing, prepare next steps for that process
- Develop more regular and frequent work products
- Outreach got to have people go to meetings, face out as well as face in, get more promotional, need to be encouraged to do so, importance getting materials ahead and encourage presenters to get and use materials so they can situate talks with committees
- Council is relevant but no one at DHCS knows about council, dissociate from Comm Boards they are too demanding, entitled and disorganized, puts extra work on council, post agenda
- Navigable website, Executive Officer is doing all the right things in community which contributes substantially to relevance, reports and publications should be publicized more, like that chairs are rotating, good to move people around to give change to operating styles
- Broaden representation, organize successes, explore possibility of more committee time, incorporating how members talk about council touting accomplishments, share those within networks, Executive Officer managed the OSHPD and MHSOAC partnership well
- Address mandates at some level, more public response to advocacy, what do legislatures know about us, what do the other MH communities need us to do/consider to be more helpful
- More staff, more committees, not enough time to accomplish things, return lost committees
- Continue to do what we have been doing, have seen improvement since restructuring, committees and full council meetings
- Continue developing partnerships send council to conferences, present, committees should individualize their participation, feel we have turned a

DRAFT

corner and are heading somewhere

- Find greater matters to be involved in, put our name on issues, be more outgoing
- Better attendance, leadership, staff, visibility, this is not being done
- Keep going in the direction we are going, good momentum, continue this momentum, met with legislature in the future
- Marketing, capitalizing on freedom, represent voice of consumer sets us apart, don't be so accommodating or no benefit from advocacy, be objective arbiter
- PC should demand greater accountability from other state officials who are supposed to be accountable to the PC, not consistent reporting from DHCS, we have no authority to enforce what is in law, identify Chair responsibilities at onset of taking position, what are the expectations, provide opportunity for committee chairs to get together
- Love to have actual project training, funding set aside for development of products, have plan, stick to it, don't know what committee is going to do with information or next steps, in good place, but can be better
- Send a letter to the legislature about council activities, represent all parts of California
- Work better with DHCS and MHSOAC, send council members to MHSOAC forums
- Get bigger profile with DHCS, get bigger profile with legislature, leverage relationships better
- Become a behavioral health council would make more impact and eventually all health care council, if don't change will become extinct
- Develop an overarching theme so that if the legislature knew about a particular topic we could provide feedback to them
- Participation opportunities at a level where these is visibility from the members more so than staff
- Want community to come to us to voice their opinion, more different types of community members not just Comm Boards, we can help them, their work impacts the community
- No, other than meetings occasionally with Director or leadership, annually?, forum to address DHCS director and interface with council, improve feedback loop (relationship between leadership "heard what you said, this is what we

DRAFT

thinks in significant and how we used it"), don't feel confident that council's perspective is being heard, interface with MHSOAC, now we are better perceived as their partner

- Not actively engaged, community visits not offered, should be going to national organization about peers, need to be seen "out there"
- Feel strongly about more diversity including more youth, TAY representation, very Euro-centric, be more welcoming and inclusive, inclusion of deaf and hard of hearing community
- I would rely on folks who have been there longer, what is possible, what was presence before?, explore past successes, is there something different now?
- Have a much better focus now, zeroed in more, need to re-establish mandates, statutes, goals, master plan, work from master plan, hunker down and get master plan done
- Divide up responsibilities engage staff strengths and subject matter expertise, glean information from reports
- Have good members, come out with products that are useful, more explanatory material
- Get more stakeholder voices, locations of meetings in communities

DRAFT

APPENDIX B

CONTRACTOR WORK PRODUCTS

PRODUCED UNDER THIS CONTRACT

DRAFT

OT TO SSMI

Week of:_____

Meetings/Conferences/Trainings attended:

_____ _____

Emails/Telephone calls made/received regarding:

Response to specific council members' needs (reservations, reimbursements):	
Open Items:	

Items of interest (informational only)_____

Items to watch:_____

Items to act on in future meetings_-_____

Items referred to other staff_____

SUMMARY INFORMATION

DRAFT

STAFF TO SSMI

Week of_____

Meetings/Conferences/Trainings attended:

Emails/Telephone calls made/received regarding:

Response to specific council members' needs (research, review):

Committee work items (agendas, research, reports, resolution of open items):

Legislation reviewed:

Reports drafted/reviewed:

Open Items/Special Projects

SUMMARY INFORMATION

Items of interest (informational only)_____

Items to watch_____

Items to act on in future meetings_____

DRAFT

SSMI TO EXECUTIVE OFFICER

Week of:

Meetings/Conferences/Trainings attended

Emails/Telephone calls made/received regarding:

Reports reviewed regarding (including staff reports for editing/weekly reports)

Contracts reviewed regarding (including work on existing contracts):

Personnel activities (including any follow up actions/dates)

Open Items from daily EO meeting:

SUMMARY

Items of interest (informational only)_____

Items to watch_____

Items to act on in future meetings_____

Items referred to staff_____

DRAFT

EXECUTIVE OFFICER TO THE PLANNING COUNCIL

Week Of:

Meetings/Conferences attended:

Presentations made regarding:

Emails/Telephone Calls made/received regarding:

Reports Reviewed Regarding:

Legislation reviewed regarding:

Activities referred to Council staff:

Committee/staff person:

Content of item/nature of request:

SUMMARY INFORMATION

Items of interest (informational only)_____

Items to watch:_____

Items to act on in future meetings_____

*Items referred to staff to take to committees*_____

DRAFT

Deliverable C.2.c

Develop a cohesive CMHPC focus based on statutory responsibilities an identify potential CMHPC work products

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**

DRAFT

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 that 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 MHSA requirements for Workforce Education and Training as well as workforce development and degree of prioritization the Council recommends

Council Focus: Foster Youth
Have data on CA foster youth changed from the Children's Advocate Institute report (2010?) Is the California mental health system prepared to provide services to newly insured Affordable Care Act health care covered recipients represented by this population? Are system integration plans addressing Foster Youth (as well as Transitional Age Youth and Youth at Risk--nonacademic) issues under the ACA, at the county level? At the institutional level? How are counties preparing their health care workforces to accommodate changes in health care delivery, *vis a vis* behavioral health? What is the incarceration rate of Foster Youth; have mental health services helped to reduce incarcerations? **Are foster youth issues adequately addressed in legislation?**
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 5845(d)(12) CMHPC shall work in collaboration with DHCS, MHSOAC and CMHDA[ii] in designing a comprehensive joint plan for a coordinated evaluation of client outcomes in the community based mental health system WIC 5848(d) adult, older adult and children services shall be included in the review of program performance by the CMHPC required by 5772(c)(2)

DRAFT

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 that once each year, the allocation and 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 status of foster youth and TAY. How are counties managing transition? Are services adequate?

Patients' Rights: Are incarcerated youth (TAY or foster) receiving patient's rights advocacy? Is the workforce sufficient to meet needs of advocacy (FTE's dedicated to advocacy)

Healthcare Integration: identification of Foster Youth programs in CA as well as transitional programs or program development. Are there any best practices? As identified by what metrics?

Advocacy: Is there a peer process to help with transitions? Analogous to Peer Certification?

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:

Survey of incarceration rates and alternative to incarceration Patient Rights
Advocates interaction with this population

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 foster youth navigation issues.

Additional comments/benefits/uses

Engage counties at quarterly meetings by having them present to Council on specific issues related to foster youth/TAY programs in their county—what is working, what is not working

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

DRAFT

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

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

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

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 thecounties? 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

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.

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

DRAFT

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

Council Focus: ***A specific age group***
What are the specific needs and service requirements of this age group? 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, for this age group, by the ACA? How are counties preparing their health care workforces to accommodate changes in health care delivery, *vis a vis* behavioral health for this age group?
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 that once each year, the allocation and adequacy of mental health services within the State

DRAFT

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

DRAFT

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 that 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**

DRAFT

JUSTIFICATION FOR HIRING A RETIRED ANNUITANT

BACKGROUND

The California Mental Health Planning Council is a 40-person state and federally mandated entity. It was established to be an appropriate structure for public input, planning and review of all mental health programs established in the State. Since its initial inception, 1993, the Council, its structure and mandates have remained the same while the world of California mental health has changed dramatically. One of the most significant changes occurred in 2004 as the result of the Mental Health Services Act (MHSA). With the enactment of the MHSA, the Council's original mission was expanded to include:

- review and participation in the development of county community programs
- review of newly developed MHSA regulations
- participation in the development of reporting requirements
- participation in the development of local mental health boards to allow them to complete their new mandates under the law.

Since the 2004 enactment of the MHSA additional responsibilities have been added to the Council as the result of the state and federal legislation merging mental health and substance use/abuse programs, health care integration, expansion of Medi-cal services to include substance use, release of prisoners due to changes in the sentencing laws and the Affordable Care Act.

Germane to this justification and included in these new changes, is the expanded role given to the Council to provide oversight, review and policy development for the workforce education and training component of the MHSA. Although subsequent legislation (2010) housed this component of the MHSA in the Office of Statewide Health Planning and Development (OSHPD), it did not remove the previously mandated elements of the Council's responsibility for aspects of this program's management.

Parts of Welfare and Institution Code (WIC) Sections (5820 and 5821) require the Council to:

- Coordinate with the Office of Statewide Health Planning and Development to identify the total statewide needs for obtaining qualified individuals to provide services to address severe mental illnesses, and assist in developing a five-year education and raining development plan
- Review and approve the five-year plan for education and training development
- Advise the Office of Statewide Health Planning and Development on education and training policy development and provide oversight for the department's education and training plan development.

Additionally, WIC, at Section 5821(b) provides that OSHPD and the Department of Health Care Services (DHCS) "shall work with the Planning Council so that council staff is increased appropriately to fulfill its duties required by Sections 5880 and 5821."

JUSTIFICATION AND WORK REQUIREMENTS

Currently, the Council does not have staff with the necessary expertise to perform these duties and its partner state entities, identified in law, do not have staff that could be committed to these statutory

mandates. While the mandate to review the five-year plan was completed, in large part, by the Executive Officer, there remains a body of work that the Council is required to complete which is more complex and more protracted in its time requirements. Some of these duties include identification of statewide personnel needs, oversight and review of county training, and development of training programs.

Additionally, one of the Council staff has been out on leave for the last 10 months creating a backlog of committee work related to that staff's assignments. Also due to staffing shortages (a contract position was eliminated with the merge of the Department of Mental Health with the Department of Health care Services), there are special projects that have remained "on hold." Although the Council is just now able to conduct a search to replace the staff person who has been on leave, there are still a number of projects pending and a backlog of staff work that needs to be addressed in this and the next fiscal year(s).

The Retired Annuitant (RA) will perform project-by-project work related to the remaining mandates regarding workforce education and training, help to eliminate the council work backlog, and work on special projects related to substance use/abuse programs. To accomplish these tasks the RA will:

- Develop a review matrix for use in reviewing county workforce education and training programs developed with the first distribution of MHSA Workforce Education and Training (WET) funds throughout years 2008-10
- Review programs developed by California's 58 counties for purposes of expanding/addressing county workforce shortages
- Examine remaining shortages in counties, in collaboration with work being completed by both Mental Health Services Action Oversight and Accountability Commission and the as yet to be determined recipient of the recent OSHPD request for proposal
- Support the work of the Planning Council committees working on their aspects of workforce development, including Peer Certification[iii]
- Coordinate with other state entities (i.e. California Reducing Disparities Project, California Department of Education, and California Department of Rehabilitation), at points of intersection with regard to work force development, collaborate and strategize with them to eliminate work force shortages
- Work on special projects, as needed, that require special mental health expertise not currently covered by Council staff

PERSONNEL REQUIREMENTS

The RA will be hired at the Associate Governmental Program Analyst level. There are no duties anticipated which would exceed the state requirements/expectations for this position. Although

scheduling is at the mutual decision and discretion of the RA and the Executive Officer, the RA would work no more than 960 hours in a fiscal year.

The RA is not performing work required of any other Council staff, however, due to the special circumstances of the work and the focus of the Council[iv], it is required that the RA have prior experience working in a community services environment and have working knowledge of the mental health system in California. Work products for this RA will be critical and require that he/she understands the history of mental health services in California, especially in the last ten years.

[iii] The CMHPC is currently developing a focus for itself and each of its committees. The RA will assist primarily with data collection, aggregation, disaggregation and analysis so that the committees can perform their mandate to inform the other state entities involved, advice the legislature and write a whitepaper/report regarding the status of the workforce in California. The RA will perform duties related to data gathering and analysis.

[iv] Both before and after PEPRA, the retired annuitant appointment was limited to the period of an "emergency to prevent stoppage of public business" or because "the retired person has skills needed to perform work of limited duration." Neither allows a retiree to be appointed permanently. Moreover, throughout 2012, various changes were made in the law and PEPRA simply added to the confusion. Until further guidance is given, for the vast majority of appointments, the most cautious route would be to appoint retirees to perform "extra help" duties, which CalPERS describes as elimination of backlog, special projects and work the employer's permanent employees cannot perform. The retiree should not be appointed to fill a vacant position, but instead should be appointed to a temporary annuitant or other similarly titled classification. http://www.lcwlegal.com/85310

DRAFT

CALIFORNIA MENTAL HEALTH PLANNING COUNCIL GOALS/AREAS OF FOCUS

COUNCIL

GOAL #1: IDENTIFY AREAS FOR INCREASED WORKFORCE DEVELOPMENT

WIC 5820(c) and (e) OSHPD, in coordination with CMHPC shall identify total statewide needs for each professional and other occupation category and develop 5 year education and training development program and each plan shall be approved by the CMHPC

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

CMHPC Staff: Jane Adcock
CMHPC Committee Chair: Cindy Claflin Goal Lead: TBD

Goal	Action Steps	Data/Evaluation/Timeline	Work Product
Assist with Peer Certification Process	**Legislation**	**February 27, 2015**	**White paper supporting process and for use in legislative sessions**
	Funding	**TBD**	
	Training	**TBD**	
	Curriculum	**TBD**	
	Cost	**TBD**	
Peer Cert	**Research**	**TBD**	
Peer Cert	**Testing**	**TBD**	
Peer	**Certificatio**	**TBD**	
Participate in RFA process with OSHPD in the selection of agency to assess state workforce	**Get on evaluation committee**		

DRAFT

SUMMARY OF STATE AND FEDERAL MANDATES

ENTITY	CITATION AND DESCRIPTION
COUNCIL, IN GENERAL[iv]	**WIC 5400** DHCS shall consult with CMHPC when developing regulations **WIC 5610(a)** DHCS shall consult with CMHPC when developing reporting requirements for counties **WIC 5611** CMHPC shall be part of the Performance Outcome Committee established by DHCS **WIC 5701.1** DHCS shall consult with CMHPC if DHCS utilizes funding from the Substance Abuse and Mental Health Services Block Grant for development of innovative programs for identified populations **WIC 5732(a)** and **(b)** CMHPC shall be responsible for developing a master plan for mental health which integrates planning and reform efforts, establish priorities and analyze critical policy issues **WIC 5771(a)** purpose of planning council is to fulfill mental health planning requirements mandated by federal law **WIC 5814(a)(3)(A)-(B)** establishment of an advisory committee by DHCS, populated by CMHPC among others, to provide advice about the development of criteria for the award of grants and identification of specific performance measures for evaluating effectiveness of grants **WIC 5820(c) and (e)** OSHPD, in coordination with CMHPC shall identify total statewide needs for each professional and other occupation category and develop 5 year education and training development program and each plan shall be approved by the CMHPC **WIC 5821(a),** CMHPC shall advise OSHPD on education and training policy development and provide oversight for education and training plan development

DRAFT

	WIC 5772(k) **assess the effect of realignment and any other important changes in the state mental health systems and report its findings to the Legislature, DHCS, etc.** GC 14682.1(c) **be a member of steering committee for purpose of providing advice and recommendations on the transition and continuing development of the Medi-Cal mental health managed care systems**
PATIENTS RIGHTS COMMITTEE	**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 contact, advise as to adequacy
LOCAL MENTAL HEALTH BOARDS	**WIC 5604.2(a)(1)-(7), and (b)** review and evaluate community mental health needs, county agreements, advise governing body as to any aspect of local mental health program, review/approve procedures used to ensure citizen and professional involvement, submit annual report to governing body on needs and performance of county mental health system, make recommendations on applicants for the appointment of local mental health director, review and comment on county performance outcome data and communicate findings to CMHPC

DRAFT

CALIFORNIA MENTAL HEALTH PLANNING COUNCIL - COUNCIL MEMBER JOB DESCRIPTION

BACKGROUND

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

- advocate for children with serious emotional disturbances and adults and older adults with serious mental illness;
- provide evaluation and accountability for the public mental health system; and
- advise the Governor and the Legislature on priority issues and participate in statewide planning. The Director of the Department of Health Care Services (DHCS) Council members to three-year terms. Planning Council members represent the diverse viewpoints of California's mental health community. Council members bring specific expertise and insight from their organizations. They are not required, however, to make decisions on issues based solely on the position of their organization.

PARTICIPATION EXPECTATIONS

The Planning Council has four face-to-face meetings per year. These meetings usually last for two and a half days. Planning Council members are expected to attend all Planning Council meetings because their voice is a critical element to the work of the Council.

Additionally, the Planning Council has five committees that meet monthly throughout the year:

- Executive Committee
- Advocacy Committee
- Continuous System Improvement Committee
- HealthCare Integration Committee
- Patients' Right Committee

These committees represent and work on mental health issues that the Planning Council considers to be of the highest priority. Committee work is considered an integral part of a members' responsibility. Council members are expected to attend, actively serve and participate on one of the above work committees, including:

- volunteering for any *ad hoc* committee as the need arises;
- participating in committee teleconferences or one day meetings, as appropriate;
- assisting with the preparation of written documents for consideration by the Council or at large mental health community;
- completing assignments by committee established deadlines; and,
- reviewing and responding to committee materials, as requested and in a timely manner.

TIME COMMITMENT

While representing their various constituencies is one of the essential reasons for Council members, their voice in other matters is also critical to the work of the Council and mental health services in the

DRAFT

state.

From time to time Council members are asked to serve on committees sponsored by other state, federal or legislative entities to work on key areas of policy development. These committees meet with varying frequency, ranging from monthly to quarterly. If a Council member accepts this type of assignment, he/she will be representing the Planning Council. The Council member will be responsible for accurately representing the Planning Council's position.

This work, along with any other Planning Council committee work, will require that the Council member has reviewed any background materials sent prior to any meeting. Generally, these types of documents are sent to Council members a week or more in advance of the meeting.

Specific preparation time for Council committees, *ad hoc* committees or other state entity committees is dependent upon the specific materials and issues of that particular committee. Preparation time for the quarterly Planning Council meetings can take from four to six hours.

TRAVEL

Because the Planning Council represents all California mental health services, its leadership has made the commitment to conduct its quarterly meetings throughout California.

- Council members will be reimbursed for their travel expenses, and in some cases, provided with travel advances.
- Council members are required to submit timely and accurate travel expense claims for reimbursement and in the case of travel advances, timely 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.

<u>ADDITIONAL RESPONSIBLITIES</u>

- 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,
- Assist in the coordination of training and information to county mental health boards
- Monitor, review and evaluate the allocation ad adequacy of mental health services within the state
- Advice the Legislature and Department of Health Care Services on mental health issues and priorities
- Participate in Planning Council leadership skill development and potential
- Communicate with Council staff immediately if there are any problems or questions related to the business of the Planning Council.

DRAFT