

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

REVISED AGENDA

Wednesday, June 17, 2015

9:00 to 11:00 a.m.

Crowne Plaza San Francisco Airport
Plaza III
1177 Airport Boulevard
Burlingame, CA 94010

Item #	Time	Topic	Presenter or Facilitator	Tab
1.	9:00 am	Approve April 2015 Exec Committee Meeting Minutes	Cindy Claflin, Chairperson	1
2.	9:05 am	Review of Council Budget and Expenditures for FY 2014-15	Tamara Jones, Chief of Operations	2
3.	9:10 am	Review and Approve 2015 Transparency Statement	Jane Adcock, Executive Officer	3
4.	9:20 am	Discuss the role of the Health Care Integration Committee	Jane Adcock and Steven Grolnic-McClurg	4
5.	9:55 am	Review and Discuss Scope of Work for Master Plan RFP	Jane Adcock	5
6.	10:20 am	Public Comment	Cindy Claflin	
7.	10:35 am	New Business 1. Exec Cmte to appoint an ad hoc Steering Cmte for BH integration 2. Committee Report Outs 3. MHSOAC new Exec Director	Cindy Claflin	
8.	11:00 am	Adjourn		

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

X INFORMATION

TAB SECTION 4R

_____ ACTION REQUIRED

DATE OF MEETING 6/17/15

MATERIAL

DATE MATERIAL PREPARED

PREPARED BY: Adcock

6/09/15

AGENDA ITEM:	Discuss Role of Health Care Integration Committee
ENCLOSURES:	
OTHER MATERIAL RELATED TO ITEM:	

ISSUE:

Is health care integration an active topic for the Council to dedicate a committee?

From responses depicted in the SWOT report and my own observations, the HCI committee is not functioning well. I believe there are several reasons for this including very limited subject matter knowledge among the committee members and no clear connection with the Council's mandates.

I shared my concerns with the Officer Team and they indicated we should have a discussion within the Exec Committee and also the members of HCI committee should discuss whether the committee members' knowledge and expertise would be better served in a different subject that would also better meet the needs of our various constituents. I consulted with Steven, Committee Chair, and we prepared an email notice to all the HCI committee members.

Below is the series of emails shared with the HCI committee members and their responses for your information.

From: Thompson, Tracy (CMHPC)@DHCS [mailto:Tracy.Thompson@cmhpc.ca.gov]

Sent: Tuesday, June 09, 2015 2:26 PM

To: Steven Grolnic-McClurg ; Terry Lewis ; Dale Mueller ; Josephine Black ; Cindy Claflin ; Joseph Robinson; Deborah B. Pitts; Riel, Jeff@DOR; Treadwell, Cheryl@DSS; Daphyne Watson

(dwatson@mhasd.org); Melen Vue; 'Robbie .Powelson'
Subject: INFO ONLY: HCI Qs to consider for June meeting

Good Afternoon Everyone,

There are many facets and elements to the mental health system and health care integration is certainly one of them. At the June meeting, committee members will talk about whether they should continue to look into health care integration or if the committee members' expertise is better served in different areas. These are a few questions to consider before the June HCI meeting:

1. Where do you think you can make an impact with regards to health care integration?
2. What kind of knowledge and expertise do you bring to the HCI committee?
3. Are there other areas of the mental health system that could benefit from the CMHPC's attention?

I will have copies of these questions at the meeting as well. Please let me know if you have any questions and thank you!

From: Pitts, Deborah [<mailto:pittsd@chan.usc.edu>]

Can you please give us some background on why these questions are being posed at this time. Is there some sense that the HCI committee is not needed?

From: Adcock, Jane (CMHPC)@DHCS [<mailto:Jane.Adcock@cmhpc.ca.gov>]

We are exploring whether it is a productive use of Council member's time to have a committee on health care integration. From past committee meetings, the question has come up whether there is sufficient expertise and interest from members to be able to fulfill the goals of the committee.

The role of the Council is to review, report, recommend and advise. The make-up of the Council supports these functions by virtue of the diversity in representation. When a committee is struggling to identify work products and areas to impact with advocacy such as HCI, it is time to revisit its appropriateness and to determine if there is another program/policy that better meets the needs of our various constituents.

Thus, the Executive Committee will be discussing these questions and the HCI committee members will also discuss this at their meeting next week.

From: Dale Mueller, EdD, RN [mailto:dmueller@earthlink.net]
Thanks, Jane.

Based on the *Best Practices for Behavioral Health Councils*, some planning, facilitating, tracking, and oversight will be needed for an effective transition of the Council itself. Where will that process be housed? With staff? With the Executive Committee? With the Council in general? Perhaps HCI and the tasks of transition to a Behavioral Health Council employ different meanings of "integration," but it seems to me there is a relevant relationship given the systems and point-of-care changes that HCI has been identifying thus far.

I think my question is whether the operationalization of *Best Practices* and the future of the HCI will be discussed separately, or in a combined strategic re-purposing discussion about what is needed for the steps ahead.

Thoughts?

From: Pitts, Deborah [mailto:pittsd@chan.usc.edu]

Jane

Thank you for responding to my query. It would be helpful to know if this was a 'top down' or 'bottom up' identified need. I don't recall this emerging as a point of concern from the HCI committee membership, although it certainly may have and I just wasn't privy to the conversation and/or missed it altogether. It seems somewhat problematic to bring this as a point of discussion, after we did indeed identify a work plan in the last meeting. Or at least it was my sense that we did.

While I understand the process of evaluating organization structures to insure that they are both contemporary and meeting the mission of the organization, it seems that this particular concern has emerged not out of a formal review process of the entire committee structure but out of the perception of non-committee members and/or CMHPC leadership regarding the work of the HCI committee.

I have found our effort to stay knowledgeable of the evolution of what we re-named as 'integration' very valuable. In addition, I'm may not be as clear about what 'products' the other committees are producing. And, although we have not 'produced' a summary report for the committee, we have indeed reviewed, reported, recommended and advised both the committee and some of our guests. While I fully aware of the CSI committee's 'notebook' effort, it's not clear to me what 'product' the Advocacy committee for example is or has produced. Again, I apologize if I am not clear on this, as it does take some time to get a full understanding of the work of the CMHPC.

This may become clearer to me as we discuss this at the meeting, and it may make sense to sunset the committee after that discussion. That said, I am somewhat uncomfortable with how this action was taken and communicated to the committee members.