

California Mental Health Planning Council

Executive Committee

Wednesday, April 19, 2017

Holiday Inn San Jose-Silicon Valley
1350 North 1st Street
San Jose, CA 95112

Salon F/G

8:30a.m. to 10:30 a.m.

Time	Topic	Presenter or Facilitator	Tab
8:30	Welcome and Introductions	Susan Wilson, Chairperson	
8:35	January 2017 Executive Committee Minutes	Susan Wilson, Chairperson	1
8:40	FY 2016-17 Council Budget and Expenditures and Update on Contract Solicitations	Tamara Jones, Chief of Operations	2
8:50	Discussion of SAMHSA Technical Assistance Projects	Susan Wilson, Chairperson, Raja Mitry, Chair-Elect and Jane Adcock, Executive Ofcr	3
9:30	Joint Review and Discussion of Committee Work Plans	All	4
10:15	Liaison Reports for CA Assoc of Local BH Boards/Commissions and CA Coalition for MH	Susan Wilson and Daphne Shaw	
10:25	Public Comment	Susan Wilson, Chairperson	
10:30	Adjourn		

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

Executive Committee Members:

Officer Team	Susan Wilson	Raja Mitry	Josephine Black
Advocacy Cmte	Maya Petties	Barbara Mitchell	
CSI Cmte	Walter Shwe	Raja Mitry	
HCI Cmte	Robert Blackford	Deborah Pitts	
Patients' Rights	Daphne Shaw		
Liaisons	Daphne Shaw, CCMH	Susan Wilson, CALBHB/C	Noel O'Neill, CBHDA
At Large	Arden Tucker, Consumer		
CMHPC Staff	Jane Adcock, EO	Tamara Jones, COO	Dorinda Wiseman, Deputy EO

If reasonable accommodations are needed, please contact Chamenique at (916) 552-9560 not less than 5 working days prior to the meeting date.

1 TAB SECTION

DATE OF MEETING 4/19/17

MATERIAL
PREPARED BY: Adcock

DATE MATERIAL
PREPARED 3/15/16

AGENDA ITEM:	January 2017 Executive Committee Meeting Minutes
ENCLOSURES:	Draft Executive Committee Meeting Minutes for January 2017

BACKGROUND/DESCRIPTION:

Attached are the draft minutes for review and approval.

California Mental Health Planning Council
Executive Committee Meeting Minutes
January 18, 2017

Courtyard Marriott San Diego
595 Hotel Circle South
San Diego, CA 92108

Convene 5 (5th Floor)
8:30a.m. to 10:30 a.m.

Welcome and Introductions

Members Present:

Susan Wilson, Noel O'Neill, Walter Shwe, Arden Tucker, and Robert Blackford.

Members Absent:

Josephine Black, Maya Petties, Darlene Prettyman, Lorraine Flores, Daphne Shaw and Terry Lewis

Staff:

Jane Adcock, Tamara Jones and Dorinda Wiseman.

Guests:

Renee Taylor, Consultant, Steve Leoni, and Liz Oseguera

Welcome and Introductions

In Josephine Black's absence, Susan Wilson welcomed everyone.

October Executive Committee Minutes

Susan Wilson opened the floor for a motion to accept the minutes for October 2016. Robert Blackford made the motion and Noel O'Neill 2nd the motion. **Motion:** To accept the October 2016 Executive Committee minutes. **Vote:** Yes: Six; No: None; Abstain: None.

CMHPC 2016-17 Budget and Contract Solicitations

Jane Adcock provided a report-out on the Council Budget update and Contract Solicitations.

Budget: Jane Adcock advised that the MHSA and SAMHSA Expenditures Year-to-Date be provided in the packet. There have been no issues or deficits thus far.

Contracts: Harbage Consulting was awarded the \$45,000 Contract. This contract is enacted to cull through the MHSA Master Plan Recommendations to determine which objectives were a) accomplished; b) not accomplished and c) what remaining tasks need action/attention. Any remaining objectives and/or recommendations are to be

prioritized. Andi Murphy was hired as a Retired Annuitant (RA), to assist with workload needs until the two Associate Governmental Program Analysts (AGPA) positions are filled. Andi was given the task of following up with Harbage to obtain clarification on goals and deliverable expectations.

The second Consultant contract was awarded to Renee Taylor Associates, with Steven Dambeck as the consultant. The contract is to assist the Local Mental Health Boards/Commissions to identify roles, functions and value as well as to create a communication plan and organizational structure.

Both contracts are effective January 1, 2017 and terminate June 30, 2017.

Possible Upcoming Contract: The Scope-of-Work is in development and will include a CMHPC communication plan to assist with exploring and implementation of social media activities. The goal is to award the contract prior to the end of the current fiscal year.

CHPC Branding Activities

Renee Taylor, consultant, worked with the Executive Committee Members to further gain insight into the type of *impact* the CMHPC wants to make. Renee discussed and facilitated group discussion on Critical Success Factors and the *Actions* to take.

Liaison Reports for California Association of Local Mental Health Boards/Commissions and California Coalition for Mental Health

Susan Wilson advised the "Association" is not staying at the same hotel as the Council; the reason(s) are unknown to the Council. Steven Danbeck working with the "Association" to assist them in building a stronger plan to become more transparent and viable for future contract/grant funding opportunities.

Daphne Shaw was unavailable to provide a report for the California Coalition for Mental Health.

Miscellaneous

Jane Adcock advised of the Council's responsibility to review and comment on the SAMHSA Block Grant. Currently, the Council is not able to participate in a functional or meaningful way. Jane Adcock met with Karen Baylor and requested Kimberly Wimberly to become a participant of the Council. Both Karen and Kimberly believe this will benefit both the Department and Council moving forward.

On behalf of the Council, Jane Adcock and Dorinda Wiseman applied for two (of four) potential SAMHSA Technical Assistance opportunities. California was approved for both of the SAMHSA TA Groups (Leadership and Advocacy). Jane Adcock advised the SAMHSA Advocacy TA Group participants are Kimberly Wimberly, Susan Wilson, Raja Mitry, Daphne Shaw, Darlene Prettyman, Karen Hart, Jane Adcock and Dorinda

Wiseman. Kimberly Wimberly is a manger in DHCS. She is responsible for several SAMHSA Block Grants.

Following the first call with the SAMHSA Advocacy TA Group call, the group was tasked with selecting a project to work on over the next eight (8) months. A potential project would be to a) operationalize our work to more concretely, collaboratively work with the DHCS (block grants and mental health policy), and b) increase the Council's visibility within the current environment. Jane would like some consensus on this in order to move forward with the SAMHSA TA project.

Susan Wilson provided some history on SAMHSA's intent to assist states in the integration of their mental health and substance use Block Grants.

Jane Adcock discussed the possibility of the Council looking to leverage the strategic planning/policies that SAMHSA has published in its guidelines, *Leading Change 2.0: Advancing the Behavioral Health of the Nation 2015-2018* ([Link to SAMHSA webpage](#)).

Jane Adcock asked if there was any 'heartburn' of not having a yearlong theme. This change would allow committees to participate in a deeper dive into topics and to release reports when they are ready, in a more timely fashion, rather than waiting for the year's end. Jane Adcock advised of hearing a statement from Josephine Black that resonated with her. Josephine Black sees the MHSOAC as an entity that analyzes *what has happened, what did or did not work presently or from the recent past*. The Council is a *Planning Council*. The Council should look for "horizon issues." This perspective would serve as another distinguishing feature of the Council. The Council would address "horizon issues" and make recommendations prior to implementation. No concerns were expressed over the shift in philosophical viewpoint of the Council.

Public Comment

Steve Leoni requested information regarding WET Planning. Jane Adcock advised the Summit would occur on March 9, 2017. Senator Ed Hernandez was invited as a keynote speaker. 'Save the Date' flyers for the Summit will be handed out to the entire Council during General Session.

The Council is the motivation behind initiating legislation to continue funding for WET beyond the June 2108.

Meeting adjourned 12:10 p.m.

2 TAB SECTION

DATE OF MEETING 4/19/17

MATERIAL
PREPARED BY: Jones

DATE MATERIAL
PREPARED 3/15/17

AGENDA ITEM:	FY 2016-17 Council Budget and Expenditures
ENCLOSURES:	MHSA and SAMHSA Mental Health Block Grant fund expenditures through February 2017.

BACKGROUND/DESCRIPTION:

Attached for review are the budget and expenditure sheets for MHSA and MHBG funding.

CMHPC MHSAs Expenditures FY 16-17
Through February 28, 2017

	MHSA FY 2016/17 Projected Budget	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Total	Balance Remaining
PERSONAL SERVICES											
Salaries	\$ 256,691	\$ 23,621	\$ 24,269	\$24,269	\$24,748	\$ 24,748	\$ 24,748	\$ 19,918	\$ 19,918	\$ 186,239	\$ 70,452
Temporary Help	\$ -										
Overtime	\$ -										
Staff Benefits	\$ 109,061	\$ 11,866	\$ 12,094	\$ 12,346	\$ 12,408	\$ 12,436	\$ 12,379	\$ 10,616	\$ 12,582	\$ 96,727	\$ 12,334
Total Personal Services	\$ 365,752	\$35,487	\$36,363	\$36,615	\$37,156	\$37,184	\$37,127	\$30,534	\$32,500	\$ 282,965	\$ 82,787
OPERATING EXP & EQUIP (OE&E)											
General Expense ¹	\$ 113,900	\$ -	\$ 363	\$ 417	\$ -	\$ 650	\$ 370	\$ 300	\$ -	\$ 2,100	\$ 113,537
Printing	\$ -			\$ 1,566	\$ -	\$ -	\$ 422	\$ -	\$ 860	\$ 2,847	\$ (2,847)
Communications	\$ 7,000	\$ -	\$ 78	\$ 100	\$ 6	\$ -	\$ -	\$ -	\$ -	\$ 184	\$ 6,816
Postage	\$ 500									\$ -	\$ 500
Travel In-State	\$ 73,000		\$ 206	\$ 2,714	\$ 978	\$ 2,294	\$ 2,209	\$ 2,506	\$ 1,635	\$ 12,542	\$ 60,458
Travel Out-of-State	\$ -									\$ -	\$ -
Training	\$ 40,000									\$ -	\$ 40,000
Facility Operations	\$ -						\$ -		\$ -	\$ -	\$ -
Consultnt & Prof, Extrnl ²	\$ 158,100	\$ -		\$ -	\$ -	\$ 1,686	\$ 3,352	\$ 42	\$ 2,260	\$ 7,340	\$ 150,760
Equipment	\$ -									\$ -	\$ -
Unalloted	\$ -									\$ -	\$ -
Total OE&E	\$ 392,500	\$ -	\$ 647	\$ 4,797	\$ 984	\$ 4,631	\$ 6,352	\$ 2,848	\$ 4,754	\$ 25,013	\$ 367,487
Departmental Services		\$ 410	\$ 376	\$ 392	\$ 451	\$ 389	\$ 509	\$ 412	\$ 484	\$ 3,423	\$ (3,423)
TOTAL DIRECT BUDGET	\$ 758,252									\$ 311,401	\$ 446,851

¹ This line item covers supplies, equipment, meeting venue costs, etc.

CMHPC SAMHSA-MHBG Expenditures FY 16-17
Through February 28, 2017

	SAMHSA BG Projected FY 2016/17 Budget	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Total	Balance Remaining
PERSONAL SERVICES											
Salaries	\$ 206,124	\$19,655	\$19,655	\$19,655	\$19,655	\$15,414	\$ 14,132	\$ 14,132	\$ 14,380	\$ 136,678	\$ 69,446
Temporary Help	\$ -									0	\$ -
Overtime	\$ -									0	\$ -
Staff Benefits	\$ 87,574	\$9,679	\$ 9,683	\$ 9,921	\$9,856	\$ 8,256	\$ 6,253	\$ 7,745	\$ 7,963	\$ 69,356	\$ 18,218
Total Personal Services	\$ 293,698	\$29,334	\$29,338	\$29,576	\$29,511	\$23,670	\$20,385	\$21,877	\$22,343	\$ 206,034	\$ 87,664
OPERATING EXP & EQUIP (OE&E)											
General Expense ¹	\$ 45,500	\$ -		\$ 530	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 530	\$ 44,970
Printing										\$ -	\$ -
Communications	\$ 7,000	\$ -	\$ 41	\$ 110	\$ 69	\$ 366	\$ 22	\$ 169	\$ 484	\$ 1,261	\$ 5,739
Postage	\$ 500									\$ -	\$ 500
Travel In-State	\$ 76,000		\$ 1,656	\$ 8,531	\$1,414	\$ 691	\$ -	\$ (18)	\$ 237	\$ 12,511	\$ 63,489
Travel Out-of-State	\$ -									\$ -	\$ -
Training	\$ 2,000									\$ -	\$ 2,000
Facility Operations	\$ -									\$ -	\$ -
Conslnt & Prof, External ²	\$ 20,000			\$ -	\$ -	\$ 5,058	\$ 138.00	\$ -	\$ -	\$ 5,196	\$ 14,804
Equipment	\$ -									\$ -	\$ -
Unalloted	\$ -									\$ -	\$ -
Total OE&E	\$ 151,000	\$ -	\$ 1,697	\$ 9,171	\$1,482	\$ 6,116	\$ 160	\$ 151	\$ 721	\$ 19,498	\$ 131,502
Departmental Services	\$ -	\$ 339		\$ 319	\$ 365	\$ 301	\$ 169	\$ 156	\$ 558	\$ 2,207	\$ (2,207)
TOTAL DIRECT BUDGET	\$ 444,698									\$ 227,739	\$ 216,959

¹ This line item covers supplies, equipment, meeting venue costs, etc.

MATERIAL
PREPARED BY: Adcock

DATE MATERIAL
PREPARED 12/20/16

AGENDA ITEM:	Discussion of SAMHSA Technical Assistance Projects
ENCLOSURES:	

BACKGROUND/DESCRIPTION:

From October 2016 through January 2017, the Executive Committee worked with consultant, Renee Taylor, to do the following.

- *Explore possibilities to expand the Council’s visibility, relevancy and easy recognition.*
- *Discuss and organize priorities of the Council around vision for its future including fulfillment of state and federal mandates within current environment.*
- *Investigate activities to enhance member understanding of Council work, statutory mandates, function and role as well as internal processes*

In this work, committee members identified critical success factors to reach our vision:

- 1) Subject Matter Expert Recognition
- 2) Demonstrated Value of Consumer Voice
- 3) Council Autonomy and Impact
- 4) Access to Accurate Data

Building on these areas, two separate, but coordinated, projects stemming from the SAMHSA Leadership and Advocacy Technical Assistance groups are underway. The following information frames the two projects (as defined to date).

The Executive Committee will discuss the goals of the two projects for understanding and to identify ways the work of the Committees, as well as the full Council, can promote and facilitate the achievement of the project goals.

Leadership Project Description:

The SAMHSA Leadership project will address the membership representation of the Council to facilitate the inclusion of Substance Use Disorders. Additionally, the Leadership project will guide the members through the complex landscape of the Behavioral Health System in California to augment member involvement in Council work and at the local level.

Possible Objectives

- 1) Translate SAMHSA requirements into the Council's Mission
Steps:
 - Mission translation: to be further developed
 - Place the Council's mission and vision on the rear of the name tents at meetings

- 2) Guide through complex landscape of the Behavioral Health System
Steps:
 - Interactive training for members re: Public Behavioral Health System
 - Interactive training for staff re: role, functions, duties as staff
 - Training for members on soft skills, roles and functions

- 3) Development of 40 Leaders within the Council and at the Local Level
(Succession Planning)
Steps:
 - Leadership development: This is the 'What would Advocacy look like at the Council and in the Community'

By April 2017 Council meeting, the Council Vision and Mission will be displayed for member exposure.

By the October 2017 Council meeting, we will have three trainings developed that will include brief written material, PowerPoint and talking points for face to face interactive training.

Advocacy Project Description:

To increase/strengthen the connection and visibility of the Council with the Department of Health Care Services. To provide relevant advice/recommendations.

This project has identified a **SMART** goal.

Specific – By December 31, 2017, the CMHPC will provide at least two recommendations and two policy briefs to DHCS regarding the public behavioral health system.

Measureable – Have we met with DHCS re: upcoming policy issues?
Have we identified specific topics for policy briefs?
Have we identified data available for policy briefs?

Attainable – Engagement of CMHPC in the work of DHCS as characterized by regular meetings/website reviews/stakeholder meetings, etc.
Submit written material/documents to DHCS re: MHBG and other subjects
Increase communication/understanding of MHBG and services/programs
Kimberly become a member of Council

Realistic - Kimberly (DHCS staff); Susan, Daphne, Karen, Darlene, and Raja (Council members); Dorinda and Jane (Council staff) are all ready, willing and able. The goal is a stretch; it is doable and will result in increased advisory value to DHCS.

Timely – By August 2017, input to MHBG Application
By December 2017, two policy briefs and two recommendations

Next step is to create a Work Plan that identifies activities, who is responsible, timelines, resources, etc.

4 TAB SECTION

DATE OF MEETING 4/19/17

MATERIAL
PREPARED BY: Adcock

DATE MATERIAL
PREPARED 3/15/17

AGENDA ITEM:	Joint Review and Discussion of Committee Work Plans
ENCLOSURES:	<ul style="list-style-type: none">• Health Care Integration Committee Work Plan• Patients' Rights Committee Work Plan• Continuous System Improvement Work Plan• Advocacy Committee Work Plan

BACKGROUND/DESCRIPTION:

Once or twice a year, the Committee Chairpersons will present and briefly discuss activities/goals outlined in their Committee Work Plan to effect coordination and use of subject matter expertise among committees and members. This agenda time will be used to review and discuss work plan activities for 2017.

**CMHPC
Healthcare Integration Committee**

Goal	Objectives	Action Steps	Timeline	Person(s) Responsible
<p>Goal 1 : Reduce risks associated with psychotropic medication utilization for California’s children and adolescents receiving psychotropic medications as part of their mental health treatment.</p> <p>Rationale: Results of investigation by the State of CA shows children being given inappropriate amounts and types of medications. Additionally, it is unclear how and what alternatives are offered.</p> <p>Measure of Success Resource will be identified and/or developed, be well-disseminated and utilized to educate key stakeholders.</p> <p>Target Audience: Mental Health Plans CA Association of Health Plans CA Department of Healthcare Children and Adolescent Healthcare Advocacy Organizations</p>	<p>A. Develop committees knowledge and understanding of issues related to use of psychotropic medication in treatment of children and adolescents</p> <p>B. Identify or develop resource that communicates (a) alternatives to medications and (b) best practices for medication management</p>	<p>Research approaches to mediating risk of psychotropic medications, including alternatives to medication</p> <p>Review research findings, and identify potential speakers for quarterly meetings to increase committee understanding of issue</p> <p>Identify possible resources that could be made available to families and advocates, evaluate quality of these resources and if appropriate select and disseminate through CMHPC network</p> <p>Track dissemination and use of resource.</p>	<p>Completed</p> <p>Partially completed, April 2017</p> <p>Partially completed, April 2017</p> <p>Ongoing</p>	<p>Deborah Pitts</p> <p>Committee, CMHPC Staff</p> <p>HCI Committee, CMHPC Staff</p> <p>CMHPC Staff</p>
<p>Goal 2: Older Adults will receive a screening for Behavioral Health Conditions when they see their Primary Care Physician. For those persons that screen positive they will be referred to a Behavioral Health Treatment Provider and/or be treated by their Primary Care Physician whichever is appropriate.</p> <p>Rationale:</p> <p>Measure of Success:</p> <p>Target Audience:</p>				
<p>Goal 3: Monitor any modification in Federal Funding amount and or structure that would have a negative impact on Behavioral Health consumers and/or communities and create a workplan in connection with other committees to mitigate damages.</p> <p>Rationale: The present Federal Government has indicated that they want to repeal and replace the ACA. This could result in loss of coverage for millions of Californians.</p> <p>Measure of Success:</p>				

**CMHPC
Healthcare Integration Committee**

Goal	Objectives	Action Steps	Timeline	Person(s) Responsible
Target Audience:				
Goal 5: Rationale: Measure of Success: Target Audience:	A. Develop committee's knowledge and understanding of Department of Health Care Services Whole Person Care Model B. Develop Committee's knowledge and understanding of California's Drug Medi-Cal Organized Delivery System			

DRAFT

**California Mental Health Planning Council
Patients' Rights Committee**

Work Plan 2017

Mandate: WIC 5514 ...*"This committee, supplemented by two ad hoc members appointed by the chairperson of the committee, shall advise the Director of Health Care Services and the Director of State Hospitals regarding department policies and practices that affect patients' rights."*

Goal #1 Increase Number of PRAs in CA and standardize training requirements for PRAs WIC 5520 (a)-(e)		Measure of Success Decrease the ratio of PRAs to general population, creation of standardized training, and complete an Issue Paper.	Targeted Audience Directors of Health Care Services and State Hospitals, Legislature	
Objectives	Action Steps	Data/Evaluation	Timeline	Leads
<ul style="list-style-type: none"> Gather Data Gather input Complete Issue Report Send report 	<ul style="list-style-type: none"> Survey all PRAs across the state Collect data from the surveys Secure Input from stakeholder groups Complete Issue Paper Send Letter and Issue Paper to DHCS Director, DSH Director, and legislature Send Survey results and Issue report to Local MH Boards/Commissions 	<p>Review survey data from PRAs, Counties</p> <p>Review annual report from Disability Rights CA</p>	<ul style="list-style-type: none"> January 2017 April 2017 June 2017 June 2017 June 2017 	<p>CMHPC staff</p>

**California Mental Health Planning Council
Patients' Rights Committee**

Goal #2 Encourage discussion at the county MH Com/Board level about the ratios and training of Patients' Rights Advocates.	Measure of Success Letter and report distributed to each MH Board or Commission to place the issue of adequacy of PR on their meeting agenda.	Target Audience Local MH Com/Boards		
Objectives	Action Steps	Data/Evaluation	Timeline	Leads
Gather information regarding the duties of PRAs in WIC. Discuss the contents of a letter to be sent to local Com/Board. Draft letter to all Local MH Com/Boards Send letter and report to all Com/Board Presidents	Review WIC in areas which discuss the specific responsibilities of the local PRA PRC Committee to discuss at the January CMHPC quarterly meeting Chair and EO meet to discuss and draft a letter. Print and send paper letter to Com/Board Presidents through the County Behavioral Health Director's Office.		January, 2017 January, 2017 April, 2017 May, 2017	CMHPC staff Daphne Shaw

CMHPC
Continuous System Improvement Committee
2016 Draft Work Plan:

Goal #1: Complete Data Notebook	Target Audience
<i>WIC 5772 ...In conjunction with other statewide and local mental health organizations assist in the coordination of training and information to local mental health boards as needed to ensure that they can effectively carry out their duties...</i>	Local Mental Health Boards Mental Health Stakeholders

Objectives	Action Steps	Timeline	Leads
<ul style="list-style-type: none"> • Fulfill obligation of WIC 5772 	<ul style="list-style-type: none"> • Determine what available data exists for children and youth. • Determine the questions for Data Notebook • Send data and questions to Mental Health Boards. • Receive data back • Compile/Analyze Input. • Draft Statewide Report • Draft Report complete • CMHPC approval; final edits; disseminate to stakeholders and target audience 	<p>February 2016</p> <p>July 2016</p> <p>November 2016</p> <p>June 2017</p> <p>October 2017: Draft report</p> <p>December 2017: Planning Council final input</p> <p>January 2018: Final draft to Council</p>	<p>Linda Dickerson</p> <p>Susan Wilson</p>

CMHPC
Continuous System Improvement Committee

Goal #2: Final Edit January 2017	Target Audience
Identify best practices and make recommendations for mental health treatment of LGBTQ youth.	Stakeholders: County Behavioral Health Depts. agencies, families, advocates, legislature.

Objectives	Action Steps	Timeline	Leads
<p>Gather Information from community organizations and experts who serve LGBTQ youth.</p> <p>Identify any disparities which exist within the CA Mental Health System which may negatively affect the access to care and quality of care for LGBTQ youth.</p> <p>Identify best practices for reducing suicide and homelessness among LGBTQ youth.</p> <p>Create a report with recommendations.</p>	<ul style="list-style-type: none"> • Organize presentations by community program leaders and experts in the field of LGBTQ mental health in 2 – 3 areas or regions of CA. • Research recent studies on LGBTQ mental health issues, urgent matters which need attention, and innovative programs that show promise. • Draft report for CSI Committee review Include review of other planning council member with expertise in the subject matter. • Draft report complete; CMHPC approval; final edits • Final approval; disseminate to stakeholders 	<p>January 2017, April 2016, June 2016</p> <p>January – June 2016</p> <p>August 2016</p> <p>January 2017</p> <p>January 2017</p>	<p>Lorraine Flores</p> <p>Tom Orrock</p>

CMHPC
Continuous System Improvement Committee

<p>Goal #3</p> <p>To fulfill the CMHPC mandate of WIC 5772:</p> <p><u>WIC 5772</u> <i>To review and approve the performance outcome measures.</i></p>	<p>Target Audience</p> <p>MHSA Oversight and Accountability Commission CA Mental Health Planning Council members County Behavioral Health agencies MH Boards/Commissions</p> <p>MH Stakeholders statewide</p>
---	---

Objectives	Action Steps	Timeline	Leads
<p>Research</p> <p>Provide feedback</p> <p>Adoption of CMHPC recommendations for updates</p>	<ul style="list-style-type: none"> • Committee members to become well versed on Performance Indicators (outcome measures) through participation in work group and task force presentations. • Participation in Joint (OAC/CMHPC) Task Force on Performance Indicators • Develop updated Performance Indicators and report to planning council and CSI Committee • Report to CMHPC at Full Council meeting 	<p>January 2016- ongoing</p> <p>Ongoing 2016</p> <p>October/November 2016</p> <p>October 2016 Quarterly Meeting</p>	<p>Linda Dickerson</p> <p>MH Indicators Task Force/work group members: Lorraine Flores ? ? ?</p>

ADVOCACY COMMITTEE WORK PLAN

2015-2017

1. Goal Statement:	Relation to PC Mandate:	Description of Work/Action Steps (Timeframes):
<p>Report on logistical, fiscal and/or programmatic efforts being made to transition people out of IMDs. If none, what challenges are experienced in doing so.</p>	<p>Support Council focus on Alternatives to Locked Facilities. Federal Public Law (PL) 102-321- Monitor, review and evaluate annually, the allocation and adequacy of mental health services within the State. Welfare and Institutions Code Section 5772(a) & (c).</p>	<p>~IMD data will be provided by DHCS, possibly April 2016; ~Staff will attempt to obtain data on the impact of board and care closures.</p> <p>~The Committee will revisit this goal. Timeframe to be determined at a future meeting.</p>
<p>Target Audience: DHCS, Legislators, Stakeholders, Local Mental Health Boards</p> <p>Expected Outcomes: Acquisition of data (qualitative and quantitative) to illustrate the difficulty in placing individuals in an appropriate level of care following care in an IMD.</p> <p>End Product: A report to be distributed to the PC and released to the public. Date: TBD</p>	<p style="text-align: center;">Intentionally Blank</p>	<p style="text-align: center;">Intentionally Blank</p>

ADVOCACY COMMITTEE WORK PLAN

2015-2017

2. Goal Statement:	Relation to PC Mandate:	Description of Work/Action Steps (Timeframes):
<p>Look into closures of Residential Care Facilities in California, qualitative and quantitative data.</p>	<p>Federal Public Law (PL) 102-321- Monitor, review and evaluate annually, the allocation and adequacy of mental health services within the State. Welfare and Institutions Code Section 5772(2) To review, assess, and make recommendations regarding all components of California's mental health system, and to report as necessary to the Legislature, the State Department of Health Care Services, local boards, and local programs, and (5) To advise the Legislature, the State Department of Health Care Services, and county boards on mental health issues and the policies and priorities that this state should be pursuing in developing its mental health system.</p>	<p>~Obtain data on the Levels of Care Statistics on closures, length of stay, flow of transition for individuals utilizing RCFs; ~Provide recommendations for statewide changes (e.g. Prohibition of centralized medication storage, etc.) ~Identify why people are in the various levels of care and the flow through them. ~Research the financial viability of the models. ~Research any alternative or innovative housing options.</p>

ADVOCACY COMMITTEE WORK PLAN

2015-2017

<p>Target Audience: Legislators, DHCS, Stakeholders and Local Mental Health Boards.</p> <p>Expected Outcomes: To illustrate the severe lack of available placement options for individuals needing out-of-home.</p> <p>End Product: A draft paper will be submitted to the PC in <i>June 2017</i>.</p>	<p style="text-align: center;">Intentionally Blank</p>	<p style="text-align: center;">Intentionally Blank</p>
<p>3. Goal Statement:</p>	<p>Relation to PC Mandate:</p>	<p>Description of Work/Action Steps (Timeframes):</p>
<p>Follow-up Report on the implementation of AB 109, Criminal Justice Realignment, amongst Los Angeles, Santa Clara, San Mateo, and Stanislaus Counties.</p>	<p>Support Council focus on Alternatives to Locked Facilities. Federal Public Law (PL) 102-321- Monitor, review and evaluate annually, the allocation and adequacy of mental health services within the State. Welfare and Institutions Code Section 5772 Effect of Realignment.</p>	<p>~Obtain information from the original four counties' progress made, since the 2012 report was released. ~Work collaboratively with DHCS, COMIO, BSCC and other policy/research entities vested in the AB 109 community.</p>

ADVOCACY COMMITTEE WORK PLAN

2015-2017

<p>Target Audience: Stakeholders, Legislators, DHCS and Local Mental Health Boards.</p> <p>Expected Outcomes: To illustrate the improvement(s) in collaboration between county systems since the implementation of AB 109.</p> <p>End Product: A comparison report will be released to the Planning Council January 2017; released to the public February 2017.</p>	<p>Intentionally Blank</p>	<p>Intentionally Blank</p>
--	----------------------------	----------------------------

ADVOCACY COMMITTEE WORK PLAN

2015-2017

4. Goal Statement:	Relation to PC Mandate:	Description of Work/Action Steps (Timeframes):
<p>What is/are the wellness and prevention strategies utilized for at-risk and/or criminal justice-involved youth?</p>	<p>Support Council focus on Children/Youth. Federal Public Law (PL) 102-321- Monitor, review and evaluate annually, the allocation and adequacy of mental health services within the State. Welfare and Institutions Code Section 5772 Focus on Children and Youth with the Juvenile Justice System.</p>	<p>~Research programs, interventions and strategies used to deter involvement in the Juvenile Justice System.</p>
<p>Target Audience: Legislators, CDSS, CDCR, BSCC, Stakeholders and Local Mental Health Boards.</p> <p>Expected Outcomes: To encourage progressive and/or successful programs, interventions and strategies across the state.</p> <p>End Product: A paper released to the Planning Council and shared with the Public. Date: TBD</p>	<p>Intentionally Blank</p>	<p>Intentionally Blank</p>