

California Mental Health Planning Council

**Executive Committee**

**Wednesday, October 19, 2016**

Lake Natoma Inn  
702 Gold Lake Drive  
Folsom, CA 95630

**Folsom Room  
9:00 to 10:30 a.m.**

<b>Time</b>	<b>Topic</b>	<b>Presenter or Facilitator</b>	<b>Tab</b>
9:00	Welcome and Introductions	Josephine Black, Chairperson	
9:05	June 2016 Executive Committee Minutes	Jo Black, Chairperson	1
9:10	FY 2015-16 Council Budget and Expenditures and Update on Contract Solicitations	Tamara Jones, Chief of Operations	2
9:15	Overview and Discussion of Little Hoover Report	Jane Adcock and All	3
9:35	Discussion of Council Retreat for Development of Council Brand, Mission, Direction, etc	Jane Adcock and All	4
10:05	Liaison Reports for CA Assoc of Local MH Boards/Commissions and CA Coalition for MH	Susan Wilson and Daphne Shaw	
10:20	Public Comment	Jo Black, Chairperson	
10:25	New Business	Jo Black, Chairperson	
10:30	Adjourn		

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

**Executive Committee Members:**

<b>Officer Team</b>	Jo Black	Susan Wilson	Cindy Claflin
<b>Advocacy Cmte</b>	Darlene Prettyman	Maya Petties	

California Mental Health Planning Council

<b>CSI Cmte</b>	Lorraine Flores	Walter Shwe	
<b>HCI Cmte</b>	Terry Lewis	Robert Blackford	
<b>Patients' Rights</b>	Daphne Shaw	Cindy Claflin	
<b>Liaisons</b>	Daphne Shaw, CCMH	Susan Wilson, CALBHB/C	Noel O'Neill, CBHDA
<b>At Large</b>	Arden Tucker, Consumer		
<b>Executive Officer</b>	Jane Adcock		

**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 10/19/16

MATERIAL  
PREPARED BY: Adcock

DATE MATERIAL  
PREPARED 9/17/16

<b>AGENDA ITEM:</b>	June 2016 Executive Committee Meeting Minutes
<b>ENCLOSURES:</b>	Draft Executive Committee Meeting Minutes for June 2016

**BACKGROUND/DESCRIPTION:**

Attached are the draft minutes for review and approval.

California Mental Health Planning Council  
Executive Committee Meeting Minutes  
June 15, 2016

Welcome and Introductions

Members Present:

Josephine Black, Darlene Prettyman, Daphne Shaw, Terry Lewis, Maya Petties, Walter Shwe, Robert Blackford, Lorraine Flores, Jane Adcock, Susan Wilson, Arden Tucker, Noel O'Neill

Announcement by Executive Committee Member Lorraine Flores that her son has graduated from MIT. He will be going to Cambridge for his master's education. He received a Winston Churchill fellowship.

Guests: Parents Anonymous, San Bernardino Behavioral Health Commissioner

Minutes

Approval of April 2016 meeting minutes

Correction: "Terry" is the correct spelling of Ms. Lewis' first name.

The minutes were accepted as corrected: no opposition nor abstentions. Minutes unanimously approved.

2015-16 Council Budget and Expenditures and Update on Contract Solicitations

The Executive Officer reviewed spreadsheets depicting MH Block Grant and MHSA Fund expenditures. Under the MHSA funds, the Consultant contracted has been cancelled as of June 30, 2016.

Two bid packages were released twice between February 2016 and the end of the fiscal year to find a consultant to assist the CA Association of Local Behavioral Health Boards and another to review the CMHPC Mental Health Master Plan, however there was not a minimum of two bids received, either time. New bid packages will go out after the new fiscal year (2016-2017) for consultant to look at the MH Master Plan and to work with the CALMHB/C. The CMAS listing (vendors have been pre-approved to contract for/with the State) will be used. Committee members are interested in providing known consultants of the pending bid release information/date. There was discussion about utilizing a Retired Annuitant in the Consultant position. EO advised that the two state activities are separate.

Out-of-State Trip Blanket discussion on the process to allow state employees access to conferences outside of California. CMHPC to remain alert for national conferences held in California. Members are encouraged to forward any conference information to EO. The Executive Committee Members requested information on the National Association of Planning and Advisory Councils. National Council for Behavioral Health (largest national organization that represents "us") may also be another conference to attend when held in California.

Transparency Statement

The EO advised the Transparency Statement has been prepared and, once approved, will be posted on the CMHPC website. The statement is reviewed and approved each year in the Spring, as opposed to January, due to the level of activity at the beginning of the calendar year. However, additions may be made and approved on an 'as needed' basis should a member accept employment during the fiscal year.

Motion was made to approve the 2016-17 Transparency Statement. There was no opposition or abstentions. The motion was unanimously approved.

#### Children/Youth and Planning for 2016-17 General Session Presentations

EO conveyed a desire to discuss, design and decide on a vision for presentations at the General Sessions for the Council's 2016-17 focus on Children and Youth. In June, the Council heard presentations regarding the Continuum of Care Reform (CCR), AB 12 and the overall complexity of the Child Welfare System. There was also mention of other systems that children are involved in, such as, Juvenile Justice, Substance Abuse, and Special Education in schools. There was general agreement, however there were also concerns about including the Executive Committee in the decision-making and process for General Session presentations. Since the Council will be in Sacramento in October, it is possible to request that Dept. of Social Services and Health Care Services continue presentations regarding the implementation of the Continuum of Care Reform in an effort to do justice in covering the overall complexity of the CWS system. For January 2017: Juvenile Justice system - Possible speakers could include Dr. Jennifer Skeem (social determinants for criminal behavior) and/or Dr. Amy Farnhorst (mass shootings), who are both prominent speakers in their field. April 2017: Education and needs of children with serious emotional disturbance in public schools. All of these presentations are meant to provide the mental health intersections and impact. We also want to look at successes and to obtain challenges and make recommendations to/for those challenges. Committee member requested to incorporate homeless youth as a topic for future meetings. The CBHDA Representative advised of the challenges of the CCR and the Counties' desire to do this well. He also referenced some of the shifts in process, e.g., shift in how the children will receive treatment, the types of services and how payment for those services will occur.

All meetings are to include substance use education. It was agreed to continue member education on the publicly funded substance abuse treatment system.

Discussion on long-term plan for future meetings. Focus of presentations should not be on what is going wrong, but what is working. There will be a report released at the end of the 2017 year. The EO confirmed that there will be a draft report on Alternatives to Locked Facilities at the October 2016 Meeting and a final draft in January 2017. There was a suggestion for an annotated bibliography on the website. There was extended discussion on the need to include homelessness (Runaway and Homeless Youth Act) for future presentations.

#### Public Forums and Planning for 2016-17

This was placed on the agenda as a conversation and discussion to have to establish a plan. At this time, due to a number of factors including onboarding new staff, current workload and an upcoming office move, conducting forums may not be feasible this summer. However, the EO solicited feedback on whether these are viable and worthwhile endeavors to continue. Discussion of prior years' public forums and possible topics for future forums such as the formula for mental health growth funding which would target county directors, stakeholders, state dept leadership, etc.

The EO shared the MHSOAC's presentation graphic on how/who are vested stakeholders and how the MHSOAC goes about to engage each of those contained in the graphic. The EO pointed out that the CMHPC could use a similar approach to really engage and inform the community to gain information "from the ground." There was discussion of assuring that there will be tangible outcomes and/or materials that come from these forums. There was discussion to remain on task/topic with the Quarterly Meeting Theme and hold focus groups on those topics and invite community groups affected

by that topic. There was an inquiry if the African American community had been engaged. The EO advised they had not and there was a need to connect with this community. There was discussion of partnering with the local mental health commission to convene community forums.

It was decided that public forums with various underserved communities will continue as soon as possible and that Council members residing in the location of the forum will be included.

#### Integration of SUD and Report on Little Hoover Commission Hearing

The EO reported the SUD Integration was a topic for the Council on Friday morning and would thus, defer discussion until that time.

Daphne Shaw provided information on the Little Hoover Commission (LHC) Hearing in May. Ms. Shaw advised the written testimony was submitted by the Council to the LHC. The hearing lasted for approximately five hours. Toby Ewing brought up the media brouhaha regarding use of MHSA Funds and “yoga classes.” He clarified that MHSA is not the blame for the issues, which are vast. He also validated that there are families effected and fatigued in their attempt to care for their loved ones. The mental health data deficit was discussed. The discussion confirmed that the Council was not initially invited to interview with the Commission for their 2015 report, however the EO made the Council available to the LHC, and provided history and education for their 2016 follow-up report.

#### Liaison Reports for CALMHB/C and CCMH

Susan Wilson reported that the CALMHB/C is meeting this weekend. There will also be an election, so there will be a new president. The By-laws will be revisited again. The Strategic Plan will be approved this weekend. Criminal Justice and Mental Health issues will be discussed at this meeting. CMHPC was to help with funding for a business plan – it fell through. This will now be a project for next year. CIBHS contract has not been completed and negotiated for next fiscal year.

Daphne Shaw reported that CCMH was attended by herself and Jane Adcock. Ms. Shaw advised Criminalization, Parity and Housing Workgroups are attended by CMHPC members. What has become clear, the need to know when individuals are not receiving services, for varying types of reasons. Parity Group: the Department of Managed Health Care and having the need to know people don’t have the services they need. A barrier for obtaining this information were the type and numbers of forms individuals have to complete. KQED (SF) has done an investigative piece to highlight availability of therapists. NBC News looked at reimbursement parity. Criminal Justice Group: the criminalization of mental illness; the Board of State and Community Corrections presented on their efforts throughout the state. Mental Health Matters Day: the media focused on the protesters and negative aspects of the use of MHSA Funds. There were more positive efforts and activities occurring throughout the day. Zima Creason, Executive Director, Mental Health America CA, was targeted by a small group of protesters. Many in the mental health community supported Ms. Creason. She advised she was thankful for the support. Housing Group: there is a lot of work and effort due to the *No Place Like Home* initiative. CAMHPRO’s Advocacy Coordinator, Heidi Strunk, is going out to each county that does not have any peer-run organizations to help them organize a peer-run program to be initiated by the local community.

#### Public Comment

Forums: structure time to allow for public comment; strength in requesting comments focus on the *solution* to the issues, to hopefully decrease the number of negative comments; Data: take a look at the

Child Welfare System's data collection. They spend over \$6 million and they bring the users and stakeholders to the table.

#### New Business

Stacie Hiramoto, from REMHDCO, would like a letter of endorsement for their MHSOAC Proposal. There was discussion of whether or not there are other collateral partners also applying for the same proposal. It was decided that a written letter of affirmation would discuss our acknowledgement of REMHDO's work with diversity and comment to the relationship with CMHPC. REMHDCO's proposal was not provided thus, the support of the specific proposal cannot be made.

Lorraine Flores requested to start the Council meeting that afternoon with a moment of silence, to acknowledge and honor the victims and survivors of the tragedy in Orlando, Florida. This is an effort to illustrate our solidary and support.

Discussion occurred regarding the Council's commitment to diversity and tolerance. The Council is committed to an open and diverse society. We need a statement speaking to our values and to express the Council is open to all, inclusive of gender, sexual orientation, religion, race, culture.

Jane Adcock suggested the following statement: "To honor our fallen and wounded LGBTQ colleagues with a moment of silence to acknowledge the pain of the community and to embody the Council's commitment to an open and accepting society that is inclusive and loving."

Meeting adjourned

2   TAB SECTION

DATE OF MEETING 10/19/16

MATERIAL  
PREPARED BY: Jones

DATE MATERIAL  
PREPARED 9/16/16

<b>AGENDA ITEM:</b>	FY 2015-16 Council Budget and Expenditures
<b>ENCLOSURES:</b>	MHSA and SAMHSA Mental Health Block Grant fund expenditures through August, 2016.

**BACKGROUND/DESCRIPTION:**

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

CMHPC MSA Expenditures FY 16-17  
Through August 31, 2016

	MMSA FY 2016/17 Projected Budget	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Total	Balance Remaining
<b>PERSONAL SERVICES</b>											
Salaries	\$ 256,691	\$ 23,621	\$ 24,269							\$ 47,890	\$ 208,801
Temporary Help	\$ -										
Overtime	\$ -										
Staff Benefits	\$ 109,061	\$ 11,866	\$ 12,094							\$ 23,960	\$ 85,101
<b>Total Personal Services</b>	<b>\$ 365,752</b>	<b>\$35,487</b>	<b>\$36,363</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$ 71,850</b>	<b>\$ 293,902</b>
<b>OPERATING EXP &amp; EQUIP (OE&amp;E)</b>											
General Expense <sup>1</sup>	\$ 113,900	\$ -	\$ 363							\$ 363	\$ 113,537
Printing	\$ -									\$ -	\$ -
Communications	\$ 7,000	\$ -	\$ 78							\$ 78	\$ 6,922
Postage	\$ 500									\$ -	\$ 500
Travel In-State	\$ 73,000		\$ 206							\$ 206	\$ 72,794
Travel Out-of-State	\$ -										\$ -
Training	\$ 40,000									\$ -	\$ 40,000
Facility Operations	\$ -						\$ -		\$ -		\$ -
Consultnt & Prof, Extrnl <sup>2</sup>	\$ 158,100	\$ -		\$ -						\$ -	\$ 158,100
Equipment	\$ -										\$ -
Unalloted	\$ -										\$ -
<b>Total OE&amp;E</b>	<b>\$ 392,500</b>	<b>\$ -</b>	<b>\$ 647</b>	<b>\$ -</b>	<b>\$ 647</b>	<b>\$ 391,853</b>					
<b>Departmental Services</b>		<b>\$ 410</b>								<b>\$ 410</b>	<b>\$ (410)</b>
<b>TOTAL DIRECT BUDGET</b>	<b>\$ 758,252</b>									<b>\$ 72,907</b>	<b>\$ 685,345</b>

<sup>1</sup> This line item covers supplies, equipment, meeting venue costs, etc.

<sup>2</sup> This line item has the following proposed encumbrances for FY 2016-17:

\$45,000 Proposed Consultant Contract for MH Master Plan goals/recos update  
\$50,000 Proposed Retired Annuitant  
\$25,000 Proposed consultant contract for CALBHB/C  
total = \$120,000

CMHPC SAMHSA-MHBG Expenditures FY 16-17  
Through August 31, 2016

	<b>SAMHSA BG Projected FY 2016/17 Budget</b>	July	August	Sept	Oct	Nov	Dec	Jan	Feb	Total	Balance Remaining
<b>PERSONAL SERVICES</b>											
Salaries	\$ 206,124	\$19,655	\$19,655							\$ 39,310	\$ 166,814
Temporary Help	\$ -									0	\$ -
Overtime	\$ -									0	\$ -
Staff Benefits	\$ 87,574	\$9,679	\$ 9,683							\$ 19,361	\$ 68,213
<b>Total Personal Services</b>	<b>\$ 293,698</b>	<b>\$29,334</b>	<b>\$29,338</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$ 58,671</b>	<b>\$ 235,027</b>
<b>OPERATING EXP &amp; EQUIP (OE&amp;E)</b>											
General Expense <sup>1</sup>	\$ 45,500	\$ -			\$ -	\$ -				\$ -	\$ 45,500
Printing										\$ -	\$ -
Communications	\$ 7,000	\$ -	\$ 41							\$ 41	\$ 6,959
Postage	\$ 500									\$ -	\$ 500
Travel In-State	\$ 76,000		\$ 1,656					\$ -		\$ 1,656	\$ 74,344
Travel Out-of-State	\$ -									\$ -	\$ -
Training	\$ 2,000									\$ -	\$ 2,000
Facility Operations	\$ -									\$ -	\$ -
Conslnt & Prof, External <sup>2</sup>	\$ 20,000									\$ -	\$ 20,000
Equipment	\$ -									\$ -	\$ -
Unalloted	\$ -									\$ -	\$ -
<b>Total OE&amp;E</b>	<b>\$ 151,000</b>	<b>\$ -</b>	<b>\$ 1,697</b>	<b>\$ -</b>	<b>\$ 1,697</b>	<b>\$ 149,303</b>					
<b>Departmental Services</b>	<b>\$ -</b>	<b>\$ 339</b>								<b>\$ 339</b>	<b>\$ (339)</b>
<b>TOTAL DIRECT BUDGET</b>	<b>\$ 444,698</b>									<b>\$ 60,707</b>	<b>\$ 383,991</b>

<sup>1</sup> This line item covers supplies, equipment, meeting venue costs, etc.

<sup>2</sup> This line item has the following encumbrances for FY 2016-17: none

3 TAB SECTION

DATE OF MEETING 10/19/16

MATERIAL  
PREPARED BY: Adcock

DATE MATERIAL  
PREPARED 10/04/16

<b>AGENDA ITEM:</b>	Overview and Discussion of Little Hoover Report
<b>ENCLOSURES:</b>	<ul style="list-style-type: none"><li>• Promises Still to Keep: A Second Look at the MHSA (See Tab H in the General Session Packet)</li><li>• CBHDA Key Messages</li><li>• Press Release from Los Angeles County</li><li>• Letter to LHC from MHSAOAc</li><li>• Letter to Governor from Steinberg Institute</li></ul>

**BACKGROUND/DESCRIPTION:**

In September 2016, the Little Hoover Commission released its follow-up report on the MHSA. The Council is mentioned a number of times in this report. Some of the recommendations could impact the Council such as:

Reco #1 The Legislature should further clarify the roles and responsibilities of the state agencies responsible for administering, overseeing and enforcing the MHSA. (pg 11)

The County Behavioral Directors Association has released a document outlining their key messages around the report and the LA County Department of Mental Health has released their own press release commending the report.

The purpose of this discussion item is to determine whether the Council should take any further action.



**Mental Health Services  
Oversight & Accountability Commission**



STATE OF CALIFORNIA  
EDMUND G. BROWN JR., Governor

September 7, 2016

Pedro Nava, Chairman  
Little Hoover Commission  
925 L Street, Suite 805  
Sacramento, CA 95814

VICTOR CARRION, M.D.  
Chair

TINA WOOTON  
Vice Chair

TOBY EWING  
Executive Director

Dear Chairman Nava,

Thank you very much for the work of the Little Hoover Commission on improving the quality of mental health in California. The Mental Health Services Oversight and Accountability Commission (OAC) appreciates the effort that went into the Little Hoover Commission's 2015 report, *Promises Still to Keep: A Decade of the Mental Health Services Act*, and its follow-up draft report dated September 8, 2016.

The draft report includes a number of recommendations that could improve the implementation of the Mental Health Services Act, particularly through a greater focus on transparency and accountability, and enhanced technical assistance in a number of areas. Consistent with the Little Hoover Commission's 2015 report, and the OAC's letter of support in response to that report, your work on this follow-up report could hasten those improvements. In fact, the OAC currently has several projects underway that parallel the Commission's recommendations as listed in your draft report.

However, I would like to clarify a number of issues from the draft report that raise concerns. In the Letter from the Chair, the draft report questions the value of an oversight commission if it cannot provide meaningful oversight, implying that the OAC is not doing so. The OAC has and continues to provide meaningful oversight, even as we improve our oversight strategies and the accountability tools we have in place.

In 2015, the OAC initiated a project on children's crisis services. That project has highlighted unmet needs around the state and has identified model programs in other states, which if implemented here, could enhance California's focus on prevention and early intervention for children in crisis. Although that work is not complete, in direct response to the OAC's initial findings, the Legislature and Governor authorized an additional \$30 million to address unmet needs in this area.

The OAC has a similar project underway on the effectiveness of the Issue Resolution Process (IRP), a form of complaint or grievance process developed by the former Department of Mental Health. Among other challenges, we have highlighted that the Department of Health Care Services, which oversees the implementation of the IRP at the county level, is not currently monitoring the effectiveness of those processes. During an OAC subcommittee meeting, we asked DHCS to clarify their process for monitoring county implementation of the IRP procedures. In that meeting, DHCS staff reported that they do not conduct oversight of local IRP activities, other than documenting that counties have a process and maintain a log of claims. The Department reported that despite an annual average of just 3 IRP claims being

submitted in a county the size of Los Angeles, DHCS simply monitors the existence of the IRP log, not how well it is working, a statement that is captured on page 20 of your draft report. In an earlier meeting, DHCS reported that it had received less than a dozen IRP claims through its state-level IRP procedures. While your draft report reflects the information captured through the Subcommittee's oversight work on the IRP, it does not reflect the fact that the OAC is doing that oversight work.

Similarly, the OAC has a project on Fiscal Reversion, the policy that requires counties to return unspent MHSA funds after three years. The OAC held an oversight hearing on Fiscal Reversion on August 25<sup>th</sup>, during which we heard testimony from the Legislative Analyst's office, the Department of Health Care Services, counties, and other subject matter experts. Through that project, and our broader efforts on fiscal transparency, we have highlighted the gaps in regulation and reporting that impede public access to information on mental health revenues, expenditures and unspent funds. The Department of Health Care Services recently began the process of updating the state's fiscal regulations, in part, because the OAC has raised concerns that the present rules undermine fiscal transparency. Please note, that consistent with that effort, we worked very closely with staff from the office of Assembly Member Cooley on the drafting of AB 2279. As called for in your draft report, the OAC supports the adoption of that legislation.

The OAC also has initiated a review of state and local efforts to reduce the incarceration of persons with mental health needs and to improve the quality of jail based mental health care. For this project we will be conducting a site visit later this month to the Los Angeles County Jail, which is considered to be the largest mental health institution in the country because of the number of mental health consumers it holds. We also have arranged to hear testimony from state and local experts on this issue, and we are leading a state delegation to Florida and Texas to tour model programs, with the assistance and financial support of the National Institute of Corrections. The MHSA calls for reducing the incarceration rate for mental health consumers. We are exploring how well existing programs work as part of our oversight role.

We have a similar project on mental health and the schools that will start later this year. That project, will focus on whether enough is being done to ensure that children with mental health needs are succeeding in school. That project also is part of the OAC's oversight work.

Each of these activities constitute oversight in that they explore the policies and programs that are in place, how well those policies and programs are working, and how we can improve outcomes consistent with the goals of the Mental Health Services Act.

But the OAC is doing more, and much of that work is already aligned with the recommendations in the Commission's draft report.

In response of the Little Hoover Commission's 2015 report, *Promises Still to Keep*, and consistent with my written testimony to the Commission, the OAC documented the challenges in the local consultation and planning process. Page 9 of the draft report includes a quote that begins, "strengthen the local process, strengthen the boards of supervisors..." That quote is not accurate. My testimony before the Little Hoover Commission highlighted the need to strengthen the role of the local *mental health* boards and commissions. The Commission is working with the California Association of Local Behavioral Health Boards and Commissions to ensure the local boards have the tools and training they need to effectively exercise their oversight role. Improved local oversight is built into the design of the MHSA.

The OAC also has made available nearly \$5 million per year through a competitive contracting process to bolster local advocacy to ensure the goals of the MHSA are being met. The OAC's Requests for Proposals requires contract holders to develop and make public a critical "State of the Population" report for targeted mental health constituencies, including consumers, families, children, transition age youth, veterans, the LGBTQ population, and a report that is specific to reducing racial and ethnic disparities. That effort is designed to inform the OAC, the Legislature and the public on whether needs are being met and on the speed of system transformation across our state.

As part of our oversight activities, and consistent with the concerns of the Little Hoover Commission, the OAC has pointed out that the current data collection systems mask the challenges facing specific communities, particularly around race, ethnicity, gender and sexual orientation. In 2015, the OAC adopted regulations that specify the demographic data that must be reported on persons served through Prevention and Early Intervention Programs and Innovation Programs, which is the extent of the OAC's regulatory authority. Those regulations detail which data should be collected, consistent with the Little Hoover Commission's recommendations. For the past year, we have been working with DHCS, the counties, technology companies, stakeholders and others to address remaining issues around how demographic and related data on access and services will be transmitted. That work is identical to the Commission's draft Recommendation 6 and is well underway.

The Commission's draft report highlights the challenges of addressing racial and ethnic disparities in access to care, the appropriateness of care, and outcomes. The OAC shares that concern. We are working with the Racial and Ethnic Mental Health Disparities Coalition (REMHDCO) to better understand the role of local cultural competency committees and their effectiveness. One goal of our contract with REMHDCO is to better understand what is in place, what is working, and where improvements are needed.

I also want to point out that the Commission's statement regarding oversight of the uses of MHSA administrative funds is incomplete. As reported, there is approximately \$100 million in annual MHSA state administrative funds allocated through the budget process. For the past few years, approximately half of those funds have been dedicated to local assistance, including \$32 million for Triage Grants administered by the OAC, \$15 million for the Reducing Disparities Project run by the Department of Public Health and other crisis services grants made available by the California Health Facilities Financing Authority. The uses of those funds are monitored by the administering departments. The Commission raises an important issue about the need to monitor uses of MHSA state administrative funds for state operations, a much smaller figure than \$100 million, and the OAC has a number of strategies in place to do that, although they could be improved.

I meet monthly with the Deputy Director of Mental Health at the Department of Health Care Services, and she regularly reports to the OAC during our open public meetings. DHCS receives a significant portion of MHSA administrative funds. OAC staff also meet regularly with officials from the Office of Statewide Health Planning and Development, the Department of Veterans Affairs and other state agencies to learn about their work, how they are using MHSA funds and the challenges they face. It also should be noted that the OAC reviews their work, as in the Issue Resolution Process example presented above, during our policy projects and oversight hearings where relevant.

As you noted in your report, the OAC has in the past asked agencies that receive MHSA funds to present on how they are using those funds and to share our findings with the

Department of Finance and the legislative budget committees. We meet regularly with the Department of Finance, the Legislative Analyst's Office, the Senate and Assembly Budget Committees, and the minority fiscal consultants in each house to discuss how MHSA funds are used. Despite the comment in the Commission's draft report, their reviews of departmental uses of MHSA administrative funds often are quite robust. Nevertheless, consistent with the Commission's draft recommendation, the OAC should consider additional opportunities to fortify our review of how those funds are used.

I also want to point that the Commission's draft report does not fully reflect the role of the OAC in supporting the research and evaluation capacity that is in place and that the Commission has highlighted. For the last few years, the OAC has been evaluating the adequacy of the state's data systems and developing strategies to work with what we have as well as opportunities to improve the state's mental health data foundation.

As highlighted in the Commission's draft report, the OAC has funded the planning process for a redesign of the Department of Health Care Services' data system. We also built the data access tool that allows the counties to pull down Full Service Partnership data and transfer those data into their Measurement, Outcomes and Quality Assessment project. The OAC fully supports the use of data, as commented on by Debbie Innes-Gomberg in your draft report, for improving understanding of outcomes and informing local decision-making. However, the OAC is concerned that even those data may not lend themselves to the discrete conclusions cited by the counties. In general, FSP outcome data are self-reported, which generally are less reliable on indicators such as educational outcomes. The OAC has not been able to independently validate the counties' findings on FSP outcomes.

The OAC has been pursuing an independent research and evaluation agenda consistent with our statutory mandate. In late 2012, the OAC completed a major assessment of Full Service Partnership (FSP) programs, including the first systematic effort to estimate the costs of FSP services and the cost savings or cost offsets associated with those programs, including impacts on client utilization of inpatient hospitalizations and skilled nursing care, as well as criminal justice involvement. This study documented significant savings to the public health, mental health, and justice systems associated with FSP participation.

In 2014, the OAC completed an assessment of Early Intervention Program Clusters, which found that a number of existing early intervention strategies appear to yield positive benefits for participants, including Trauma-Focused Cognitive Behavioral Therapy, Cognitive Behavioral Intervention for Trauma in Schools, Prevention and Recovery in Early Psychosis, and others. The evaluation also demonstrated that existing data systems did not adequately allow for robust outcomes evaluation or return-on-investment type evaluations in the Early Intervention domain.

Key findings of this research project helped shape the PEI regulations subsequently promulgated by the OAC in late 2015, including the requirement that every county PEI program provide annual reporting and periodic summative evaluations, utilizing a standardized set of demographic identifiers for program participants and a standardized approach to measuring key outcomes, such as the duration of untreated mental illness.

This year the OAC completed a project to identify, describe, and assess outreach and engagement strategies and services for transition-aged youth (TAY) with mental health needs. Our work identified a variety of essential gaps in county services and in the resources counties need to support both their programs and adequate evaluation and quality

improvement in those programs. We are seeking ways to leverage these research findings by developing technical assistance strategies and materials to support quality improvement in county programs.

This year we also completed a project to test-pilot new analytical strategies for counties to better evaluate their existing non-FSP programs funded through their Community Services and Support program and to better utilize the data they are already collecting. We have just begun a follow-on project to develop and disseminate technical assistance materials to aid county decision-making in assessing whether and how to adopt new suites of evaluation tools for local use.

We would be happy to provide the Commission with copies of these reports, information on the other research we have underway or an overview of our broader research agenda.

I also want to point out that the draft report on page 9 seems to imply that the OAC has not responded to the Commission's recommendations contained in its 2015 report. The June 9, 2015 letter from the OAC to Chairman Nava, stated that the OAC voted to support Recommendations 3 (improve fiscal transparency by updating its website) and 4 (develop a comprehensive, statewide mental health data collection system) from that report. While the draft report acknowledges the OAC's work on both of these recommendations elsewhere, it suggests on page 9 that the OAC has not been responsive.

Our June 9<sup>th</sup> letter to chairman Nava also mentioned that the OAC formed a Task Force to explore Recommendation 1. As a result of the testimony presented at those Task Force meetings, the OAC focused on the root of the issue that Recommendation 1 was trying to address, improving the quality of local plans. As mentioned above, and in my oral and written testimony to the Commission, we are working to strengthen local advocacy, improve the Issue Resolution Process, provide the public with the needed information tools on funding and programs, and bolster the role of local boards and commissions. In short, we are working to fortify the local consultation process, which is consistent with a recommendation in your draft report, which our stakeholder process called for independent of whether the Legislature should empower the OAC to approve Prevention and Early Intervention plans.

I apologize for the rushed nature of this letter, we had very little time to review the draft report.

Again, I want to thank the Little Hoover Commission and your staff for your efforts to transform California's mental health system. I would be happy to have a more detailed discussion with the Commission on what we have already accomplished, the work we have underway and where we are headed. We also would appreciate the opportunity to secure your assistance to make needed reforms happen.

If you have any questions about these comments, or concerns about the work of the OAC, please let me know. I can be reached at 916.445.8696 or [toby.ewing@mhsoac.ca.gov](mailto:toby.ewing@mhsoac.ca.gov).

Respectfully,



Toby Ewing,  
Executive Director

cc: All Commissioners



***Little Hoover Commission 2016 MHSa Report – CBHDA Key Messages  
September 21, 2016***

On Thursday, September 8, 2016 the Little Hoover Commission (LHC) published its latest report, *Promises Still to Keep: A Second Look at the Mental Health Services Act*. The report and supplemental information, including witness testimony, is on the Commission's [website](#).

The follow-up LHC report on MHSa oversight not only recommends **more defined state oversight** but, more pointedly, **a champion that carries a vision of what is possible and expected** as a result of MHSa funding. **CBHDA agrees**.

Mental health programs funded by the MHSa are working and counties **have the data** to prove it. Counties, in partnership with the state, have responded to increased understanding of mental health conditions by deploying models of care that have **improved the lives of Californians** living with mental illness and their families, while **cutting costs for taxpayers**.

CBHDA has led an effort to aggregate outcomes across the state. CBHDA's Measurements, Outcomes, and Quality Assessment (MOQA) initiative adds a way to report on commonly and already collected outcomes at a statewide level.

CBHDA plans to continue our efforts to measure outcomes from Full Service Partnerships by adding Prevention and Early Intervention (PEI) and other Community Services and Supports (CSS) programs. Statewide reporting has not only demonstrated the positive effect of FSP services, it has also helped counties to **strengthen data collection** and reporting processes to **ensure data is accurate** and to **use data to inform best practices** and administrative decisions.

There are notable examples of county MHSa programming outlined in the LHC report, and in the case of Los Angeles County Department of Mental Health, the development and use of a rigorous system that captures outcomes of clients enrolled in FSP programs.

However, much more work needs to be done. While authority and funding have been provided to state oversight agencies for evaluation, we still have no comprehensive statewide report demonstrating the outcomes of the MHSa. CBHDA urges the Administration and the Mental Health Services Oversight and Accountability Commission (MHSOAC) to use its existing authority and funding to comply with the Act's requirement that "adequate research and evaluation regarding the effectiveness of services" is provided.

Demonstrating the impact of prevention, early intervention, and a continuum of services for individuals living with a mental illness is critical. The Commission saw firsthand a number of county programs funded by the MHSa and spoke to consumers of those services. The Commission's recommendations speak to the importance of developing true leadership of the MHSa, including support and accountability structures.



COUNTY OF LOS ANGELES  
**Department of Mental Health**  
550 S. Vermont Avenue  
Los Angeles, California 90020



Sachi A. Hamai  
Interim Chief

Robin Kay, Ph.D.  
Acting Director

## **PRESS RELEASE**

*For Immediate Release*

*October 4, 2016*

CONTACT:  
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### **LACDMH PROGRAMS COMMENDED IN LITTLE HOOVER REPORT**

*Los Angeles County sees MHSA as transformative to public mental health system.*

**Los Angeles, CA** – In the wake of the release of the 2016 Little Hoover Commission Report on spending and efficacy of the Mental Health Services Act (MHSA) in California, the Los Angeles County Department of Mental Health (LACDMH) was noted for our the effective approach to collecting data of public mental health services and for outcome data, made possible as a direct result of MHSA implementation in Los Angeles.

LACDMH created a measurement application for MHSA outcomes and produces a quarterly newsletter highlighting outcomes for those engaged in MHSA-funded programs. The Little Hoover Report noted that LACDMH’s “reporting practices should be a model for other counties that still lack capacity to report outcomes of MHSA-funded programs.”

Los Angeles County has a decade worth of data for some MHSA-funded programs, which it uses to guide decisions about where to refine or expand services countywide. Using money from the Act, Los Angeles County built a data system to capture outcomes of clients enrolled in full-service partnership (FSP) programs. The county has twice expanded the system to capture outcomes from Field Capable Clinical Services (FCSS), as well as Prevention and Early Intervention (PEI) programs. Through its Outcome Measure Application, the county records and monitors clients’ progress and response to services and reviews the impacts that programs have on clients’ welfare.

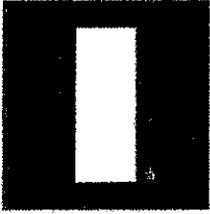
Data from the system shows that clients experience fewer hospitalizations, less homelessness, reduced incarceration and fewer emergency events. Children improve their grades, more adults live independently and some gain employment for the first time. Clients in FCCS programs spend more time engaging in meaningful activities, such as working, volunteering or participating in community activities. PEI clients show dramatic reductions in symptoms; they are less depressed, less anxious, parents report fewer behavior problems and fewer symptoms related to trauma. Reports produced from the data also are shared with providers to encourage them to think about how they use and analyze outcome data in their own programs, county staff said.

The value of the data is “not just about saying that MHSA has made an impact. It’s about making decisions using that data, learning from that data and improving the quality of our services,” said Debbie Innes-Gomberg, LACDMH District Chief, MHSA Implementation and Outcomes Division.

LA County was noted for our eight Service Area Navigation Teams, Integrated Mobile Health Teams and Peer Run Respite programs.

Since the Commission’s last review, The County Behavioral Health Directors’ Association has launched an effort to report outcomes for MHSA funded programs statewide and the Mental Health Services Oversight and Accountability Commission launched an updated website <http://mhsoac.ca.gov/history> which includes some financial elements recommended by the Commission, including a breakdown of the cumulative MHSA revenue reported since the Act passed in 2004. The website also includes a page for county-submitted reports and financial evaluation reports.

###



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**STEINBERG  
INSTITUTE**

**ADVANCING MENTAL HEALTH POLICY & INSPIRING LEADERSHIP**

September 13, 2016

The Honorable Edmund G. Brown, Jr.  
Governor of the State of California  
California State Capitol  
Sacramento, CA 95814

Diana Dooley, Secretary  
California Health and Human Services  
1600 Ninth Street, Room 460  
Sacramento, CA 95814

Jennifer Kent, Director  
California Department of Health Care Services  
1501 Capitol Avenue, MS 4050  
P.O. Box 997413  
Sacramento, CA 95899

Dear Governor Brown, Secretary Dooley, and Director Kent,

Last week the Little Hoover Commission released its report on the Mental Health Services Act. Their second report in eighteen months sends the state a very clear message: the state must provide real leadership and oversight necessary to ensure that the \$2 billion in annual MHSA funding is achieving tangible goals promised to the voters in 2004. California has collected and distributed \$17 billion for mental health services under the MHSA over the past twelve years. This accounts for 24% of all public funding for mental health services in our state.

Consistent outcome based evaluations are possible with the right commitment. In 2015 and 2016 our Institute partnered with the County Behavioral Health Directors Association (CBHDA) to evaluate the Full Service Partnership Programs that provide "whatever it takes" to people who live with a serious mental illness. To date, we have released two evaluative reports which show MHSA programs are working and that we can, in fact, report powerful data when it is available.

What has been missing from this effort, and continues to this day, is the necessary leadership within Department of Health Care Services (DHCS) and the Mental Health Services Oversight and Accountability Commission (MHSOAC) to work together with urgency as partners to solve this problem. Outcome based evaluations that are timely, transparent, and easy to understand must be a cornerstone of how we provide quality mental health care and in how we address existing gaps in that

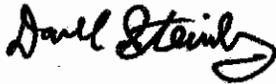
care. It is unfair to dedicated providers and people who desperately need help that the factual and complete story of MHSA is not being told.

The most recent Little Hoover Commission report states that “when looking for accountability to the Mental Health Services Act, it’s difficult to see clearly because a tangled web of organizations with conflicting and overlapping oversight responsibilities is tasked with the job.” We also hear from counties and providers that without clarity from the state and a standardized data reporting system in place, they face notable challenges in collecting data consistently. What has resulted is an unnecessarily fragmented and frustrating system to track and share outcomes from the MHSA at all levels.

There is an opportunity before the state to capitalize on the collective interest and abilities of public and private stakeholders to usher in a new era of how we provide mental health services and show what a well-run mental health system can do to help people. We currently invest \$15 million of MHSA funds annually for staff at DHCS, MHSOAC, and the Mental Health Planning Council. With all the disparate efforts proceeding in silos the end result is not satisfactory.

With twelve years of implementation and a fund that grows on average 8% annually, we are at a point where we can do so much more to track and report out metrics that account for this unique investment from the taxpayers. We look forward to working closely with the Administration, DHCS, MHSOAC, CBHDA and industry experts to establish the leadership necessary for us all to benefit from smart, statewide initiatives and by collectively examining the MHSA to discover ways to improve services. We are eager to meet and discuss this effort further.

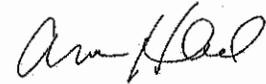
In Partnership,



Darrell Steinberg  
Founder



Maggie Merritt  
Executive Director



Anna Hasselblad  
Director, Public Policy

Cc:

Senate President Pro Tempore Kevin de León  
Assembly Speaker Anthony Rendon  
California State Senate Members  
California State Assembly Members  
Michael Cohen, Director Department of Finance  
Karen Baylor, Deputy Director, Mental Health & Substance Use Disorder Services, Department of Health Care Services  
Donna Campbell, Deputy Legislative Secretary, Office of the Governor  
Craig Cornett, Budget Director and Chief Fiscal Advisor, Office of the President Pro Tempore  
Marjorie Swartz, Policy Consultant, Office of the President Pro Tempore  
Michelle Baass, Consultant, Senate Budget & Fiscal Review Committee, Subcommittee 3  
Andrea Margolis, Consultant, Assembly Budget Subcommittee 1 on Health and Human Services  
Carole D'Elia, Executive Director, Little Hoover Commission  
Toby Ewing, Executive Director, Mental Health Services Oversight & Accountability Commission  
Jane Adcock, Executive Officer, Mental Health Planning Council  
Farrah McDaid-Ting, California State Association of Counties  
Kirsten Barlow, California Behavioral Health Directors Association

MATERIAL  
PREPARED BY: Adcock

DATE MATERIAL  
PREPARED 10/04/16

<b>AGENDA ITEM:</b>	Discussion of Development of Council Brand, Mission, Direction, etc.
<b>ENCLOSURES:</b>	<ul style="list-style-type: none"> <li>• Creating Your Brand</li> <li>• Resume for Renee Taylor, PMP</li> </ul>

**BACKGROUND/DESCRIPTION:**

The Executive Officer obtained the attached powerpoint from a training offered by DHCS and reviewed it with the lens of how the Council could create its own Brand to promote its visibility and relevancy as well as help members understand their role.

While reviewing the steps with that lens, it seemed that to apply this to an organization should result in a Mission Statement rather than a Brand. The Council’s Mission Statement is “*The CMHPC evaluates the mental health system for accessible and effective care. It advocates for an accountable system of responsive services that are strength-based, recovery-oriented, culturally competent, and cost-effective. To achieve these ends, the Council educates the general public, the mental health constituency, and legislators.*”

So that led to questions such as, Is our Mission Statement still applicable? Where do we want to be in 5 years? Are these our priorities and is this how we want to describe the Council’s role/function to the public? Shouldn’t everything we do relate to and support the Council Mission Statement?

It became clear that professional assistance was needed. The EO contacted the office at DHCS who offered the training and was offered the assistance of a consultant they utilize for similar projects: Renee Taylor Consulting, Inc. <http://www.rt-consulting.com>

Renee will be present to help the Committee talk through the needs and identify actions or strategies to achieve them. Below is an excerpt from an email to Renee regarding

what the Council is considering.

*We have a number of things we would like to do such as conduct a retreat with members, possibly establish a brand (or revisit our Mission Stmt) and plan what our vision is for ourselves X number of years from now. Consultants, such as yourself, have many innovative ideas and tools in your toolbox that could help the Council systematically achieve these and other activities that would ultimately lead to increased visibility and relevancy, better cohesion between Council work and its function/role, and provide vision for the future. So initially, with your expertise, we will discuss and explore possible actions to be accomplished over time.*

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



# *Creating Your Personal Brand*



**Chris Armer**  
Department of Health Care Services

## Course Agenda

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- I. Understanding Personal Branding
- II. Developing Your Brand
- III. Communicating Your Brand
- IV. Maintaining Your Brand

## Course Objectives

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- Understand what personal branding is and why it is important to career development.
- Begin the steps of developing your personal brand.
- Learn how to communicate your personal brand.
- Understand the importance of maintaining your personal brand.

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**“When your price is very high, people assume  
that your product must be very good!”**

## **I. UNDERSTANDING PERSONAL BRANDING**

### **What is personal branding?**

- A *personal brand* is another way of talking about your image and reputation.
- Personal branding is the act of developing the strategy and actions to guide your brand.
- Personal branding is really about educating your target audience about your unique value.
- Personal branding is about creating the image that defines your unique value.

*“Personal brand is what people say about you when you leave the room.” – Jeff Bezos*

### **Why is personal branding important?**

- Everyone has a personal brand, whether they want one or not.
- You either direct your own brand or you let others do it for you. Decide to be your own brand manager.
- You’ve got to know how to stand out in today’s job market.

#### **Personal branding myths:**

1. Doing great work = a great reputation
2. My boss will market my brand.
3. Self-promotion is boastful and bad.

### **When should you focus on improving your brand or rebranding?**

- New job or career change
- Change in management, ownership, leadership
- Change in cultural values
- Shift in desired leadership traits
- Shift in technology or business strategy
- Reduction in workforce

## Benefits of Personal Branding

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- Control of your brand
- Respect
- Influencers know you and will make introductions for you or endorse you
- Opportunities will arise
- Career success
- Enjoyable work and life. "Life is better with a great brand."

## The Branding Process

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1. Establish a brand goal, strategy, and message.
2. Give evidence for the brand.
3. Effectively communicate the brand.
4. Cultivate relationships for the brand.

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"Don't dress for the job you have, dress for the job you want. I want a job that let's me kick some butt!"

## II. DEVELOPING YOUR BRAND

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### Assess Your Current Brand

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What am I best at?

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What do others say I'm good at?

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What does my job require me to be good at?

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What skills do I need for a promotion?

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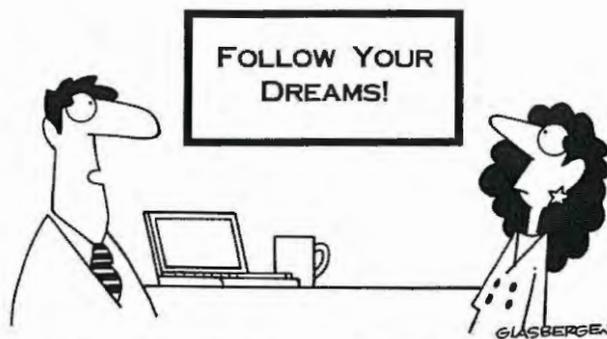
How do I make my team more successful?

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Do my coworkers and managers know what my true strengths are? \_\_\_\_\_

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"It's supposed to inspire, but most employees see it as permission to take a nap."

**Questions that an acquaintance may answer honestly to assist in your assessment:**

1. What do you think my core values are?
2. If you didn't already know what I do for a living, what would you guess?
3. What are three words you'd use to describe me?
4. What is my key skill set? What is my expertise?
5. What are the weaknesses that may hold me back?
6. What is my unique value or expertise that differentiates me?
7. How do I come across to others? What is like to engage with me – professionally and socially?
8. What are the key adjectives that describe my personality?
9. What is a living or inanimate thing that best represents my brand?

**Measure yourself by what matters.**

- You've got to be a great teammate and supportive colleague.
- You've got to be an exceptional expert at something that has real value.
- You've got to always be learning and improving.
- You've got to be obsessed with pragmatic outcomes.

**What is your unique value?**

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If you are too much of a generalist, you won't be known for anything.  
You can't be a superstar at everything.

What do I do or want to do that adds remarkable, measurable, distinguished, distinctive value?

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*"Insist on yourself; never imitate....Every great man is unique." – Ralph Waldo Emerson*



### **Be Aware of Your Weaknesses**

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- Is there anything that greatly diminishes my personal brand?
- Are my weaknesses preventing me from doing my job correctly or excelling on the job?
- Which weaknesses do I need to focus on improving in order to improve at work?

### **Improve Your Strengths**

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Talk to coworkers, managers, and people who have the knowledge you need to succeed.

Dedicate most of your time to improving the skills that you enjoy and do well.

- Focus on motivated skills versus burnout skills. Motivated skills are that make you feel happiest. Burnout skills are those things that you are good at, but you don't receive happiness from doing them.
- What are you doing at your workplace when you feel the happiest?

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- What skills would you relish even if you weren't paid to use them?

Become a subject matter expert.

### **Identify Your Target Audience**

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Your target audience consists of people who are in the best position to help you reach your career goals.

*"Personal branding is not about being famous. It is about being selectively famous." – William Arruda*

Age range? \_\_\_\_\_

Gender \_\_\_\_\_

Career path \_\_\_\_\_

Location/geography \_\_\_\_\_

Who is your target audience?

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## Create Your Brand Message

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### Develop a purpose or mission statement.

1. List two of your unique personal qualities, such as *enthusiasm* and *creativity*.

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2. List one or two ways you enjoy expressing those qualities when interacting with others, such as *to support* and *to inspire*.

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3. Assume the world is perfect right now. What does this world look like? How is everyone interacting with everyone else? What does it feel like? Write your answer as a statement, in the present tense, describing the ultimate condition, the perfect world as you see it and feel it. Remember, a perfect world is a fun place to be. Example: *Everyone is freely expressing their own unique talents. Everyone is working in harmony. Everyone is expressing love.*

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4. Combine the three prior subdivisions of this paragraph into a single statement. Example: *My purpose is to use my creativity and enthusiasm to support and inspire others to freely express their talents in a harmonious and loving way.*

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**Develop a personal brand statement.**

The brand statement:

- Describe what you do

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- For whom you do it

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- How you do it

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- What makes you unique

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The brand statement should:

- Consist of just one sentence
- Be easily understood
- Be recited from memory under stress

Write your personal brand statement.

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### Personal brand statement checklist:

1. Is it inspiring?
2. Is it exciting?
3. Is it clear?
4. Is it engaging?
5. Does it speak to my target audience?
6. Is it consistent with my purpose and vision?
7. Does it reflect my passion and values?
8. Does it make me feel proud?
9. Does it feel comfortable and familiar?
10. Does it evoke times when I have felt most fulfilled and engaged in my life?

## Develop Your Elevator Pitch

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The elevator pitch is a chance to introduce yourself and your unique value.

A guide for a quick elevator pitch:

- (5 seconds) Say your name and what you do
- (30 seconds) Add the context and your value messages
- (60 seconds) Add examples of your evidence.

Sample elevator pitch: "I'm Joe Smith, the director of global procurement [what I do]. Procurement has never been more important than in today's economic environment. To be globally competitive, we must streamline and consolidate purchasing with a balanced approach – one that assess risks and options for global supply [context and value]. We recently completed a global best practices study. We will soon be starting pilot programs at our company based on some interesting practices from leaders in other industries. From the standpoint of our own industry, we found that our company is the gold standard for best practices [evidence]."

Use different value messages for different audiences.



### **III. COMMUNICATE YOUR BRAND**

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*“The only thing worse than being talked about is not being talked about.” – Oscar Wilde*

A key step in successful branding is visibility.

Branding is a matter of substance and style.

Everything you do or choose not to do communicate the value and character of the brand.

Perception is reality in branding.

#### **The C’s of Branding**

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Clarity: be clear about who you are and who you are not.

Consistency: always send the same on-brand message through content and style of your communication.

Constancy: communicate frequently.

#### **Build Strong Relationships**

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In real estate, they say the key to success is “location, location, location.” In business, the key is “relationships, relationships, relationships.”

“There is no such thing as a “self-made” man. We are made up of thousands of others.” – George Burton Adams

Five Rules of Relationship Building in Personal Branding

1. Targeting – be specific about the people you build relationships with. You can’t give focus and energy to all your relationships.
2. Mutualism – Create a win-win for the relationship.
3. Giving – Offer to help without expecting anything in return.
4. Authenticity – Be yourself. Eventually you will be found out.
5. Reconnecting – Maintaining relationships is important.

The more people you know the easier it becomes to open doors to new opportunities.

## Strengthen Your Emotional Attributes

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Rational attributes are your competencies. They are the attributes that you would put in a resume.

Emotional attributes are those qualities that endear you to others. These are the attributes that make someone want to be your cheerleader and give opportunities to you above someone who may share similar rational attributes.

Emotional attributes include qualities such as:

- Loving
- Funny
- Attractive
- Kind
- Caring
- Good listener
- Inspiring
- Warm personality

You build emotional connections by consistently demonstrating your emotional attributes.

## Networking

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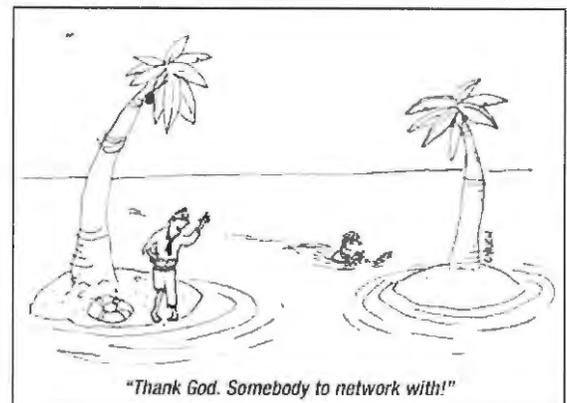
The key to any personal branding campaign is “word-of-mouth” marketing.

The person with the most connections often wins.

It’s not what you know, but who you know, or rather who knows you.

Identify people who can support your career. The best

The 90/10 Rule: Only a small number of individuals will influence 90% of your brand. The goal is to move these influencers to become your supporters, or at least neutralize them if they are detractors.



## Networking Rules

- Don't schmooze.
- Don't gossip.
- Don't be empty-handed.
- Don't treat those under you poorly.
- Be transparent.

Develop cross-generational relationships.

## Be Known As a Giver and Not a Taker

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The #1 rule of networking is to give before you receive.

*"I'll sum up the key to success in one word: generosity." – Keith Ferrazzi, author of "Never Eat Alone."*

You must be willing to give help as much as you are willing to receive it. Who have you helped in their career development?

Ask "how can I help you?" not "how can you help me?"

Consider volunteer opportunities outside of work.

Build social capital.

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**"I'm not getting many visitors to my blog.  
I thought more people would want to  
read about my infected pinky toe!"**

## Build Your Online Brand

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- Google yourself.
- Utilize social media.
- Make deliberate postings that position you the way you want to be seen.
- Consider using your Facebook profile as your personal page and create a fan page for your professional image.
- “Focusing 90% of tweets on business or your area of expertise, and 10% on personal tweets, is probably a good rule of thumb.” – Karen Kang
- Utilize LinkedIn.
- Use a quality photo throughout your social media avenues.
- Consider blogging.
  - Blog = better listing on Google
  - Don’t blog unless you have quality content and the time to consistently maintain the site.



### Guard your online presence.

- There is no longer a wall between your work life and personal life.
- Who you are online can affect your employer. Therefore, managing your online reputation is now an unwritten rule of many job descriptions.
- Don’t badmouth your company, boss, or colleagues.
- Don’t post anything that you wouldn’t want posted on a bulletin board in a public area of your work.

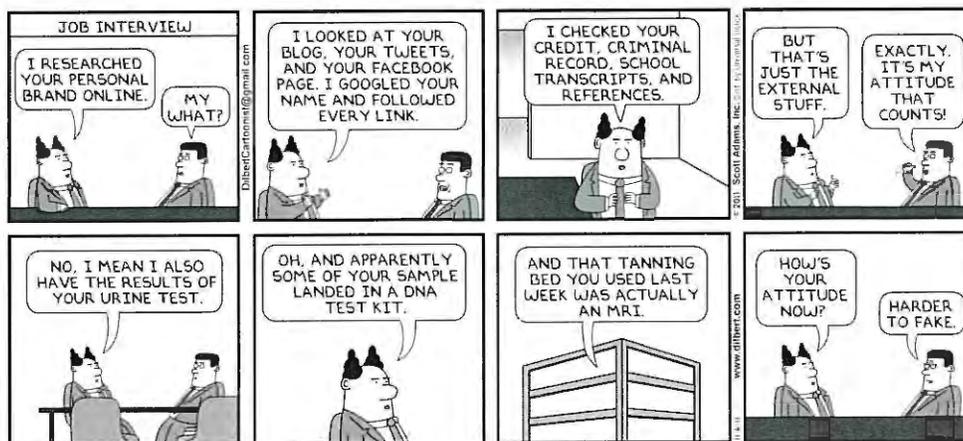
### Beware of the five taboos on social media.

- Politics
- Class
- Race
- Gender
- Religion

### Six Rules of Self-Promotion

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1. Make yourself worthy of being talked about.
2. Be well known for one specific thing.
3. Embrace responsibility.
4. Find ways to expand your role.
5. Make others look good.
6. Get some evangelists.



## **IV. MAINTAINING YOUR BRAND**

You must stay current to stay employable. A quality brand today may be irrelevant in 5-10 years.

You must continually improve and rebrand.

Assess your brand’s performance. Come up with some metrics that define success for you.

### **Why should you rebrand?**

- You’re at a new phase in life and want to be known for something different.
- You want to move up in your company, and need to take control of your reputation.
- You feel you are being held back by the misconceptions of others.
- You’d like to move into a different area of a company and need to market new skills.
- You’re changing careers and need to make a compelling case that your unusual background is an asset, not a liability.

### **Improve your communication skills**

One thing all strong brands have in common is that they are great communicators. Assess your communication skills in the following areas with “5” being the strongest and “1” needing the most improvement.

Listen well. Write well. Present well.

*“If I had to give our young leaders one piece of advice, it would be to work on your writing skills.” – Nancy Altobello, Vice Chair of People at Ernst & Young LLP.*

<b>Writing</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Email</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Presentation</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Telephone</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>In-person</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>Listening</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>

Looking at the communication skills in which you excel, think about creative ways you can increase your visibility. What are some ways you can improve the areas that need improvement?

**Improve your leadership skills**

- Have relationship-building skills
- Have character
- Be dedicated to accomplishing tasks, goals, missions, objectives
- Be open, honest, straightforward
- Think creatively
- Be a problem solver
- Be well organized
- Be a good project manager
- Work well under stress
- Be able to craft and articulate messages to an audience
- Have a relentless work ethic and never-give-up mentality
- Inspire greatness in others
- Be able to ask the right questions, find the right answers, and still be an expert in your own right
- Be humble – don't take credit for everything
- Take personal accountability for the success of your team
- Have good communication skills



## **Some final thoughts**

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- Realize that building a successful brand takes time.
- Be consistent to your new brand.
- Know that your old brand never fully goes away.

*“When you’re finished changing, you’re finished.”*  
- Benjamin Franklin

## **Resources**

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### **Books**

Aruda, William and Dixon, William. *Career Distinction*, 2007.

Canfield, Jack. *The Success Principles*, 2015.

Clark, Dorie. *Reinventing You*, 2013.

Kang, Karen, *Branding Pays*, 2013.

Schwabel, Dan. *Promote Yourself*, 2013.

### **Websites and Articles**

<http://www.fastcompany.com/28905/brand-called-you>

## **Notes**

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## Renée Taylor, PMP

### Summary of Qualifications

Renée Taylor has been a business analyst and consultant for 20 years, and is a nationally known instructor, presenter and consultant in the fields of strategic business and systems planning, enterprise requirements analysis, process reengineering and data modeling. She has performed process re-engineering, feasibility studies, procurement support and requirements analysis for the California Departments of Consumer Affairs, Public Health, Industrial Relations, Health Care Services, Motor Vehicles, Fish and Game, Water Boards, Caltrans, and others.

Renée is a certified Project Manager Professional (PMP) by the Project Management Institute. She served as Quality Assurance Team Leader for *Portfolio Management Standard, 2<sup>nd</sup> ed.*

Since founding RTC in 1997, Renée has trained and managed teams at California agencies on projects involving strategic information systems planning, enterprise architecture and process redesign. She teaches process and data modeling, requirements analysis, and enterprise architecture, and uses templates and guidelines for client deliverables following best practices.

### Employment History

Renée Taylor Consulting Inc., President, 1996 to present.

**Oracle Corporation**, Consulting Director 1995-1996, Marketing Director 1992-1995, Product Manager 1989-1992, Senior Instructor for Oracle UK, London, 1987-1988.

**Logica (Consulting) UK, London**, Senior Consultant, 1986-1987

**CSE Insurance Co., San Francisco**, Senior Analyst/Programmer, 1984-1985

### Recent Project Experience

**CA Department of Health Care Services** (December 2015 – present)

Returned to lead second engagement for enterprise data management and information architecture maturity enhancement using the MITA framework. Created an enterprise-wide Data Management Program, inaugurating roles for data stewards and custodians. Initiated an Information Architecture management board to review and approve data policies and procedures. Performed training in data management, modeling and information architecture principles.

**CA Department of Health Care Services** (March 2014 – Aug. 2015)

Developed enterprise data management strategies for information across the Department, and enterprise data models for provider management, member management, operations management, health care plan management, contractor management, business relationship management, and financial management. Developed a roadmap with implementation steps and timelines for improved data integrity and normalization across future systems. Evaluated data sharing architecture tools and modeling / repository software to support data modeling and architecture. Researched national standards relating to health care data and Medical Information Technical Architecture (MITA), and drafted an Enterprise Data Standards and Management Plan to support standards adherence at DHCS.

**CA Department of Industrial Relations**

(Jan. 2014 – Jan. 2015)

For the Occupational Safety and Health Appeals Board (OSHAB), developed market research findings on software vendor offerings for a new adjudication case management system. Developed a Request for Information (RFI) and a Feasibility Study Report and S1BA document. Drafted solicitation documents; vendor obtained in June 2015, and solution implemented.

**CA Department of Motor Vehicles**

(November 2012 to Nov. 2015)

Developed an RFP for a \$10M contract to replace DMV's statewide field office customer queue management and appointment systems, CCFMAS. Facilitated joint-application-development (JAD) sessions with DMV's Field Office Division and Information Systems Division staff and other stakeholders. Met with DMV deputy directors to gather strategic requirements. Developed the RFP and addenda, evaluation plan and scoring methods. Vendor hired early in 2016.

**CA Department of Industrial Relations**

(September 2013 to Nov. 2013)

Provided guidance and expertise to DIR and a RTC team of consultants to review DIR's Accounts Payable and Budgeting functions, researching benchmarks and best practices at other State agencies, recommending process streamlining/improvement and systems enhancements. Developed two enterprise-wide data models for DIR Accounts Payable and Budgeting units, including detailed narratives, glossary definitions of entities, and all data interrelationships, as well as revised process flows, staffing and workflow improvement.

**CA Department of Health Care Services**

(June 2012 to June 2013)

Developed an IFB for a \$10M contract for services for the claims processing system, CAPMAN. Provided guidance and expertise to DHCS' Office of HIPAA Compliance and the Enterprise Project Planning and Management Branch on how to plan and conduct large IT procurements with DGS. Developed all sections of the IFB; released by DGS on 2/19/13. A vendor was procured successfully in June 2013. Developed the Evaluation Plan and Procedures for evaluation team members and provided direction on scoring. Additionally, developed two Requests for Offer for the ICD-10 vendor services and the PCES system.

**CA Department of Industrial Relations**

(July 2012 to October 2012)

Managed RTC's team of consultants to review Human Resource functions and staffing, provide benchmarks via other State agencies, recommendations for process streamlining/improvement, and systems enhancement. Deliverables included revised process flows, prioritized staffing and workflow improvement suggestions, forward plans, schedules, and Budget Change Proposal.

**CA Department of Industrial Relations**

(Dec. 2011 to May 2012)

For the Office of Information Services, conducted two analyses, one for accounting and one for wage determination business areas. Assessed current IT systems as well as business processes, interviewed staff and management, and researched alternatives. Developed and prioritized recommendations for increase efficiency and productivity. Outlined costs, benefits, and implementation issues. Produced assessment reports and recommendations/forward plan reports for both areas. Provided training on techniques for optimal data analysis and design.

**CA Health & Human Services Agency/Office of Systems Integration** (Sept. to Nov. 2011)

For the Agency, responsible for drafting a formal legislative report to provide approval and funding for a revised Child Welfare Services/Case Management System.

**CA Department of Industrial Relations, Oakland, CA**

(April to August 2011)

For the Agency Director of the DIR and the Executive Officer of the California Commission on Health and Safety and Workers' Compensation, performed studies to evaluate the effectiveness of EAMS and related current computer systems and made recommendations for process and technology improvements to maximize usability and enhance user experience of those systems.

**CA Department of Health Care Services, Sacramento, CA** (Feb. to June 2011)  
Performed requirements analysis for two new systems replacements needed to upgrade health care information protection as required by updates to federal law. Documented system requirements, staff skill requirements and developed vendor solicitation documents (IT MSA Requests for Offer) including statements of work, cost worksheets, terms and conditions, scoring and evaluation plans. Advised on risk mitigation strategies for effective procurement.

**CA Dept. of Finance, F\$CAL, Legislative Data Center, Defense Finance and Accounting Service, Oracle Corporation, Health Net, and others** (Oct. 1996 – Present)  
Performed classroom training for RTC clients on data modeling, process improvement and IT project management. Facilitated custom workshops for teams involved in strategic projects.

**CA Department of Public Health, Richmond CA** (Nov. 2007 to Nov. 2009)  
Served as project manager for a team of RTC consultants performing a feasibility study to replace an accounting/billing system. Created a business case to justify the system replacement, created and confirmed requirements with users, provided an analysis of solutions alternatives and costs for alternative solutions, documenting all findings in FSR form.

**CA Department of Motor Vehicles, Sacramento CA** (May 2007 to January 2008)  
Served as project manager for a team of RTC consultants performing a business organizational assessment of DMV field office operations. Developed recommendations from best practice research into other state DMVs and comparable organizations with field office structures; provided operational and process improvement suggestions.

**CA Department of Fish & Game, Sacramento CA** (April 2007 to December 2007)  
Served as project manager for a team of RTC consultants developing a FSR for replacement of a legacy marine resource management system. Created a business case to justify system replacement, confirmed models of requirements with users, provided an analysis of solutions alternatives and costs for a proposed solution, documented in a feasibility study report.

**CA Department of General Services, Sacramento CA** (June 2007 to Sept. 2007)  
Served as project manager for a project to develop a solicitation document for vendor services and COTS products to consolidate database information across the DGS' procurement division.

**CA Lottery, Sacramento, CA** (September 2006 to March 2007)  
Performed business process analysis, interviewing and creation of an enterprise function hierarchy for all levels of Lottery business functions.

**CA Department of General Services, Sacramento, CA** (April to November 2006)  
Two FSRs & ITPPs - for Procurement Data Consolidation, and eRFx Procurement Solutions  
Served as liaison for two teams of RTC consultants for two FSRs involving strategic acquisitions for the DGS' Procurement Division. Provided strategic assessment of options for both the data consolidation strategy and eRFx solution acquisitions. Created the business cases to justify system replacement, created and confirmed models of requirements with users, provided an analysis of solutions alternatives and costs for proposed and alternative technology solutions. Developed IT Procurement Plans (ITPP) to procure services and tools.

**CA State Water Resources Control Board** – ABTS FSR and RFO (January - July 2006)  
Developed an Automated Budgeting Tracking System FSR for the Department of Administrative Services. Served as project manager, responsible for market research, conducting vendor demonstrations, assessing solution feasibility and documenting alternatives. The FSR was approved (under the client's authority). Subsequently wrote the Request for Offer for the acquisition of vendor services under this procurement.

**CA Department of Health Care Services, SDMC Phase II RFI, ITPP and RFP** (December 2005 to present) Short-Doyle/Medi-Cal Phase II RFP - Served as the acquisition specialist and team manager, creating an RFP calling for replacement of a legacy claims processing system with a HIPAA-compliant solution. Created the ITPP, RFI call to vendors, the RFP, and an Evaluation and Selection Procedures instruction document. The RFP was released in October 2006 and vendor services procured in July 2007. The new system is now in production (2008).

**CA Department of Health Care Services, RFP and ITPP** (April 2005 to May 2006)  
Served as technical project manager for this RFP calling for vendors to further maintain and operate the Children's Medical Services Net (CMS\*Net), including leading requirements gathering sessions, editing RFP content, leading meetings with DGS and DHS on issue resolution and content finalization. Revised an ITPP subsequently approved by DGS. Developed an evaluation plan including score sheets and detailed evaluation methodology. The RFP was released in October 2005 and a vendor successfully retained.

**CA Department of Consumer Affairs** – FSR and ITPP for iLicensing System; (August 2005 – December 2005) - Served as project manager and chief analyst for an online professional licensing portal and integrated application for this FSR, approved by Finance in December 2005, and wrote an approved ITPP.

**CA State Water Resources Control Board** – Business Process Analysis for Budgeting Office (August 2005 to November 2005) - Developed detailed business and systems requirements for a new budgeting system. Confirmed user requirements and investigated potential software solutions and costs. Created process models and data models of requirements.

**CA Department of Industrial Relations** – RFP Assessment (July 2005 to August 2005)  
Performed an independent assessment of the objectivity of a draft RFP for the Workers' Compensation EAMS solution procurement. Interviewed stakeholders, reviewed requirements against vendor product offerings, and documented findings of objectivity. Approved by DGS.

**CA State Water Resources Control Board** – FSR for eWRIMS (Water Rights Information Management System) (April 2005 to January 2006) - Developed detailed business and systems requirements for replacement of current Water Rights information systems. Created a business case to justify system replacement, created and confirmed models of requirements with users, provided an analysis of solutions alternatives and costs for a proposed solution, documenting all findings in a feasibility study report. DOF approved the FSR (2006).

**CA Department of Transportation** – “Common Data Model” for California Transportation Infrastructure Funding System (2004) – Renée served as project manager to determine a new integrated basis for sharing data across three major project management/fund tracking systems across Caltrans divisions. Deliverables included a data model, function hierarchy and new Oracle database to hold data in common to serve legacy and new functional requirements.

**CA Department of Transportation** – IT Systems Inventory Study for Caltrans' Project Management Office –(2003-2004) – Served as overall project manager, interviewing managers across all 800 Caltrans' divisions and organizational units to gather IT systems information, model enterprise business functions, review and agree business functions. The project included designing and implementing a database with forms and reports to support the statewide IT systems inventory information. Performed QA and training of PMO staff and provided ongoing project management support, including identification and resolution of issues and risks.

**CA Department of Fish and Game** – HR/Timesheets Analysis of Requirements Project – (2002-2003) Project manager for RTC team which identified and assessed ERP solutions and workflow solutions for HR functions. Provided FSR sections for a major system replacement. Developed formal UML requirements documentation, including data models, activity diagrams, use cases and use case diagrams showing user requirements and new system functions.

**CA Water Resources Control Board** – Enterprise Data Modeling (Nov.00-Dec 02)  
Managed project to analyze requirements and create an enterprise-wide model of integrated data requirements for a major alternative procurement effort involving the redesign of multiple systems (SWIM II). Facilitated management meetings, risk and issue resolution and quality assurance of deliverables. Provided training to staff in advanced data modeling techniques.

**CA Department of Consumer Affairs** – Enterprise Business Process Analysis (2002-2003) - Renée served as project sponsor and deliverables quality control manager for the DCA's integrated enterprise-wide requirements analysis project, including assessment and gap/fit analysis of ERP COTS solutions for financial, licensing, monitoring and enforcement functions. Subsequently developed for this project an Informal Market Survey & Feasibility Study Report.

**CA Department of Transportation** – Universal Transportation Project Identifier Business Process Study (2001) – Renée led a team of RTC consultants in performing research and interviews with transportation managers and division heads, and proposed web solutions to the lack of a single identifier across systems in use for transportation project tracking & accounting.

**Naval Weapons Defense Center/Science Applied International Corp.** May 2001- Nov. 2002  
RTC project manager for this \$1M engagement for a human resources/accounting system for the Navy. RTC developed a turnkey system including data & process modeling, requirements documentation, user session facilitation, database design and Oracle web data entry forms.

**CA Department of Motor Vehicles (DMV)** – Joint Enterprise Data Integration Strategy – (January 2000- November 2001) - Assessed Oracle Financials (ERP solutions) for gap/fit analysis to emerging enterprise data and functional requirements for the DMV, and trained staff in how to assess ERP/COTS solutions to requirements. Assisted the Strategic Planning and Control unit in developing skills, identifying appropriate work functions and building a team for the newly created data administration function at DMV. Facilitated weekly meetings with 30-40 division representatives to gather agreement on systems requirements. Coached new team in presentation skills, facilitation of interviews and meetings, and in the development of enterprise data models. Drafted the scope of the Data Administration organization in a formal paper presented to DMV deputy directors. Developed a formal work plan, including schedules, objectives, functions, skills development recommendations, tasks and deliverables. Created and delivered training workshops in data modeling and information analysis, the use of Oracle's Designer toolset, and related analysis techniques. Provided ongoing project management.

**CA DMV - Enterprise Business Process Integration Project (Oct 2000 to June 2001)**

Performed process analysis and improvement, extensive user interviewing and development of an enterprise-wide integrated function hierarchy to integrate core processes across Occupational Licensing, Drivers' Licensing and Vehicle Registration areas. Provided training, mentoring, Designer and method expertise to the team. Provided ongoing project management, identification and resolution of risks.

**CA DMV Business Process Analysis, Drivers' Licensing (July 2000-June 2001)**

Performed process analysis, data analysis/modeling, interviewing and process reengineering for the Drivers' Licensing unit. Provided extensive training, project management support.

**CA DMV Business Process Analysis, Vehicle Registration (July 1999-June 2000)**

Performed process analysis, quality assurance of data models, user interviewing and process reengineering for the Vehicle Registration and Drivers' Licensing units. Provided training, project management support, team mentoring, and Oracle Designer and method expertise.

**Xtra International Process Analysis/ERP Vendor Assessment (Nov 96-May 1997)**

San Francisco, CA. Managed a team of consultants and staff for this transportation company to map and model their business processes (including financial and human resources functions) and integrated data requirements prior to evaluation and selection of ERP software. Managed interviews, model development, feedback sessions, documentation and vendor assessments.

## **Other Consulting and Management Experience**

**CA Legislative Data Center, Defense Finance and Accounting Service** and other clients, since 1996. Developed and facilitated workshops for strategic analysis and design projects.

**Oracle University** – Contracting instructor, from 1997 to 2001, provided training at Oracle education sites on Data Modeling and Systems Modeling.

**Oracle Corporation, Vienna: ECHEMA Strategic Consulting Director**, July 1995 – September 1996 - Trained Oracle EMEA staff in project and risk management techniques, resulting in more profitable consulting engagements using Oracle's risk management methods. Developed Oracle's consulting business in East Central Europe/Middle East/Africa. Performed pilot consulting project leadership for key clients and projects involving process reengineering, market assessment, and requirements analysis.

**Oracle Corporation, ECHEMA/Moscow: Director of Marketing, Training & Consulting** - June 1993 – July 1995 – Served as deputy general manager for Oracle's rapidly expanding CIS region, responsible for developing customer services for Russia and the rest of the CIS with emphasis on new markets. Created Oracle CIS consulting and education services departments; hired over 50 staff. Defined and offered project consulting, quality assurance and training on Oracle products and methods. Provided training to strategic partners (HP, IBM, Microsoft, etc.)

**Oracle Corporation, Redwood Shores, CA: Product Marketing Director** – January 1989 – June 1993 - Responsible for creation and communication of product positioning, pricing, bundling and promotion strategies for Oracle's family of CASE products. Managed extensive training programs for both internal Oracle divisions and for external clients, including course content, qualification, certification and assessment of 1000+ product experts in the US. Worked with user groups to prioritize training requirements and product enhancements for US market. Created / implemented lead generation and PR programs using a staff of program managers.

**Oracle UK, London: Senior Consultant and Instructor** - June 1987 – January 1989 -  
Traveled internationally to teach Oracle's methods for systems analysis and design. Oracle UK soon developed systems modeling and design tools based on these methods, leading to a role in specializing in this family of products. Contracted out on client database design assignments.

**Logica Consulting Ltd., London, UK: Senior Consultant** – September 1986 – June 1987 -  
Responsible for systems analysis and database application design (using COBOL) for client British Telecom MIS projects, including systems implementation and production support.

**CSE Insurance Co., San Francisco, CA: Analyst/Programmer** – June 1985 – August 1986 -  
Responsible for systems analysis and application designs (using COBOL, VAX VMS, Easytrieve) for insurance applications, including prototyping and implementing new applications.

## **Education and Certificates**

**Bachelor of Science, Business and Psychology** - (Double Major), Antioch University, San Francisco

**PMP Certification**, Project Management Institute; in good standing