



September 16, 2013

To: Executive Committee
From: Jane Adcock, Executive Officer
Subject: Agenda for Executive Committee Meeting
Wednesday, October 16, 2013 5:30 p.m.
Red Lion Inn-Woodlake
500 Leisure Lane, Sacramento, CA 95815
Room: Edgewater A Conference Room

CHAIRPERSON John Ryan
EXECUTIVE OFFICER Jane Adcock

The Executive Committee meeting will address the following items. All agenda items are subject to action by the Planning Council. The scheduled times on the agenda are estimates and subject to change.

- Advocacy
Evaluation
Inclusion

Table with 3 columns: TIME, AGENDA, TAB. Rows include items like 'Review and approve minutes from the June, July, August 2013 Executive Committee Meetings' and 'Executive Committee Review of draft CMHPC Mandates Work Plan'.

Executive Committee Members

<b>Chair</b>	John Ryan	<b>Health Care Reform</b>	Beverly Abbott
<b>Past Chair</b>	Gail Nickerson	<b>Advocacy</b>	Barbara Mitchell
<b>Chair Elect</b>	Monica Wilson	<b>Patients' Rights</b>	Daphne Shaw
<b>CSI</b>	Patricia Bennett	<b>At Large Consumer</b>	Walter Shwe
<b>CMHDA Liaison</b>	Jaye Vanderhurst	<b>At Large Fam Memb</b>	Karen Hart
<b>CALMHB/C Liaison</b>	Susan Wilson	<b>Executive Officer</b>	Jane Adcock

\_\_\_ INFORMATION

TAB SECTION: 1

X ACTION REQUIRED:

DATE OF MEETING: 10/16/13

Approve minutes from the June 2013  
Executive Committee Meeting

DATE MATERIAL

PREPARED BY: Thompson

PREPARED: 09/17/13

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AGENDA ITEM: Approval of the Minutes of the June 2013 Executive Committee Meeting

ENCLOSURES: • June 2013 Minutes

OTHER MATERIAL RELATED TO ITEM:

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ISSUE:



**Executive Committee Meeting**  
**Meeting Highlights**  
**June 19, 2013**  
**Hilton San Francisco Airport Bayfront**  
**600 Airport Blvd. Burlingame, CA 94010**  
9:30 a.m. to 12:00 p.m.

**Members Present**

Monica, Wilson, PhD, Chair-Elect  
Gail Nickerson, Past Chair  
Adrienne, Cedro-Hament  
Beverly Abbott  
Pat Bennett, PhD  
Daphne Shaw  
Walter Shwe  
Barbara Mitchell

**Staff**

Tracy Thompson  
Jane Adcock, EO  
Michael Gardner  
Andi Murphy

**Review and Approve Minutes from the April 2013 Executive Meeting**

A motion made by Patricia Bennett and seconded by Beverly Abbott: *The April 2013 minutes were approved as written.*

*No Oppositions*

*No Abstentions*

**Executive Officer Report on Staffing, Vacancies and CMHPC Expenditures**

Jane Adcock, Executive Officer, provided an update on staffing and vacancies:

- The DHCS has a temporary hold on recruitment which will be lifted at the end of June.
- There are 4 CMHPC members who have decided to not renew their terms at the end of the year.

Adcock provided an update on the CMHPC Expenditures.

- April 2013 travel claims have not yet been fully submitted and calculated.
- Beverly Abbott: Have we had a chance to explore telephone capabilities for those who would like to call in and listen to the full meetings? *Answer:* Yes a number is posted for the public to call in. They can listen but there is no comment capability.
- Staff will create a list of conferences and poll members.

**Update on Mental Health State Budget FY 2013-14**

Andi Murphy provided an update on State budget 2013-14. Murphy advised that this has been a much better year for mental health and there have not been many cuts.

- Steinberg would like to professionalize the peer support services so they are recognized in billable services.
- Denti-Cal: \$33.8 million (\$16.9 million General Fund) in 2013-14 to restore selected dental services for low-income adults on Medi-Cal. Effective May 1, 2014. Coverage will include: basic exams, fluoride treatments, crowns, root canal therapy, complete dentures and other services.

- **Medi-Cal Expansion:** The state-based approach to Medi-Cal expansion will provide health care access to millions of low-income childless adults. However, a realignment of services from the county to the state level will leave 3-4 million people living in California with no access to health care, and no health care safety net. The budget and accompanying legislation call for the expansion of Medi-Cal starting in January 2014 per federal health care reform. The federal government will pay 100% of the cost for the first 3 years and 90% thereafter.

**County Realignment-** The realignment of county health services will feature drastic changes in the delivery of health services at the county level, traditionally the last line of defense for the safety net. Counties can choose between two funding options to continue serving people who will be left out of health care reform and Medi-Cal expansion.

The first is a formula based on actual county health care costs and revenues for Medi-Cal beneficiaries and the uninsured. The state would keep 80% of savings that occur, and the county would keep the remaining 20% to reinvest in local health care delivery or spend it on public health activities. According to the state budget summary the cap will provide funding about and beyond what is needed to cover the remaining uninsured.

The second redirects 60 percent of a county's health realignment allocation plus "maintenance-of-effort" costs to local human services programs, and the county will retain 40 percent of the funding for providing public health services and to serve the remaining uninsured.

### **Report out from Meeting with Toby Douglas**

Gail Nickerson provided a report. Vanessa Baird and Toby Douglas met with Jane Adcock, Gail Nickerson, John Ryan, and Monica Wilson. Nickerson advised that they discussed the CMHPC mandates and role within the DHCS. There is a new Mental Health Services Division Chief named Brenda Grealish. Monica Wilson reported that Leadership advised Toby Douglas of the CMHPC duty in being an integral part of the Mental Health Services Director's interview and selection process. A letter has been drafted that requests a continuation of the discussion regarding the CMHPC's role within DHCS and why the CMHPC should be considered more than a stakeholder group.

### **Discussion of Council Mandates and Resources Needed to Fulfill Them**

Monica Wilson provided an overview of the CMHPC mandates under WIC 5772. The Bureau of State Audits has drafted their report and has reported that the CMHPC has not fulfilled its mandate to review and report on mental health programs annually. John Ryan would like to use the full meeting in October 2013 to discuss the CMHPC mandates and how we can better fulfill those mandates.

- Patricia Bennett: What do they mean by reviewing programs? What does our mandate mean? Evaluation doesn't have to rest on quantitative data. We need to have an acceptable definition of what that means.

### **CA Association of Local Mental Health Boards and Commissions Report**

Walter Shwe provided an update on the CALMHB/C. There was a frank conversation with Richard Van Horn, chair of MHSOAC, about the Mental Health Boards role within the MHSA and how the

MHSOAC and the CALMHB/C could work together to fulfill the mandates, especially the most recent mandates added to the CALMHB/C. Brian Keefer and the CiMH continue to work the CALMHB/C to come up with training would be the most appropriate for them given the amount of money CiMH is getting to provide support to the CALMHB/C.

### **CA Coalition for Mental Health Report**

Daphne Shaw advised that the CA Coalition has been meeting in Sacramento. Since meeting in Sacramento the Coalition has been getting a lot of input from Senator Steinberg's office. The California Association of Rural Health Clinics (CARHC) was formally inducted as a member of the Coalition as well as the California Association of Mental Health Peer Run Organizations (CAMHPRO). The Coalition created an Ad hoc committee chaired by Joseph Robinson, California Association of Social Rehabilitation Agencies (CASRA), to gather information that would inform Senator Steinberg about the costs of the Community Residential Treatment Continuum. Senator Steinberg has utilized that information. This may be something that the CMHPC may want to look at.

### **Inter-Committee Collaboration**

Jane Adcock advised that sometimes committees may want to collaborate with other committees regarding a certain topic. This will be a standing item on the agenda to allow time for that if needed.

- Patricia Bennett: Inter-Committee Collaboration is a vehicle or opportunity for further engagement regarding fulfilling our mandates. Reviewing the mandates with the full council is helpful but each committee has a work plan. We need to figure out what pieces in the individual work plans connect with what the mandates are and see how can leverage with that with each other.

### **Public Comment**

- Adrienne Cedro-Hament: The Office of the Patient Advocate now has a DVD on Health Care Reform that is very helpful. It is available in 4 different languages.

### **New Business**

- Jane Adcock advised that she is bringing a request to the Exec Committee to establish an Ad Hoc Committee that would look at the Workforce Education and Training 5 year plan that the Office of Statewide Health Planning and Development (OSHPD) is developing. There have been ongoing conversations with Lupe Alonzo Diaz and the CMHPC will be working closely with OSHPD.

A motion made by Beverly Abbott and seconded by Patricia Bennett: *The Executive Committee will identify subject matter experts from the CMHPC and form an Ad Hoc committee to look at the Workforce Education and Training 5-Year Plan and facilitate continual communication with OSHPD.*

*No Objections*

*No Abstentions*

- Jane Adcock: The California Stakeholder Process Coalition has been working on developing recommendations for what should be included in the Counties Performance Contracts. The

Coalition met with DHCS and CMHDA in April and provided their recommendations. The DHCS was clear in its desire to keep the performance contracts streamlined and will not include anything that is outside of state statute. They have provided comments and the only things they are willing to include are those recommendations that parallel what is already in statute regarding stakeholder process. The Coalition would like to continue to work with the DHCS around the areas that are not specific in statute. Those recommendations included counties adopting ongoing evaluation on their stakeholder process, implementing more specificity around dates, times, and locations to operationalize the stakeholder process for input, and the availability of interpreter services.

- The CMHPC has received a letter from a constituent who is a recipient of mental health services and has significant hearing loss. She brings forth the issue that many hearing impaired individuals receiving services experience added trauma and bullying. Her concern is over the lack of understanding by service providers about this issue. She has requested that the CMHPC advocate for better training and understanding for providers. The CMHPC could start by putting together information on Best Practices.
  - Patricia Bennett: There are several counties that have specialized programs and we may want to talk with them.

A motion made by Patricia Bennett and seconded by Gail Nickerson: *The CMHPC will advocate for better training for providers with regards to hearing impaired mental health recipients.*

*No Oppositions*

*No Abstentions*

### **Evaluate the Meeting**

Barbara Mitchell requested that the names of Executive Committee members be listed at the bottom of the agenda.

### **Evaluate Executive Officer**

Closed Session. Monica Wilson indicated that it was time for the Executive Committee to discuss the evaluation of the Executive Officer in 2013. Non-Executive Committee members and staff were asked to leave the room.

*Meeting Adjourned*

*Respectfully Submitted,*

*Tracy Thompson*