Strategic Planning Retreat Summary

San Diego, California
January 19-20, 2011

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Overview

Background

The California Mental Health Planning Council (CMHPC) is mandated by federal and state statute to advocate for children with serious emotional disturbances and adults and older adults with serious mental illness, to provide oversight and accountability for the public mental health system, and to advise the Governor and the Legislature on priority issues and participate in statewide planning.

The CMHPC contracted with the Center for Collaborative Policy, California State University Sacramento to convene a two-day strategic planning workshop January 19-20, 2011. Established in 1992, the Center's mission is to build the capacity of public agencies, stakeholder groups, and the public to use collaborative strategies to improve policy outcomes.

Strategic Planning Process

Strategic planning is the process of identifying an organization's long-term goals and objectives and then determining the best approach for achieving those goals and objectives.

This record of the two-day workshop provides a narrative summary, and is followed by Attachment 1, images of the visual graphics created during the session; Attachment 2, a summary of outcomes; and Attachment 3 provides the results of the assessment conducted prior to the workshop. As appropriate, thumbnail images are included in the narrative as a reference.

A professional graphic facilitator, Emily Shepard, captured feedback real-time during the first day to create visuals that served to deepen participants' experience.

The following outcomes were set for the workshop:

Desired Outcomes:

- Validation or Revision of CMHPC Vision Statement
- Goals for a 5-year planning horizon, taking into account the need for adaptive management given the policy, political, and social trends that will impact the CMHPC's work during that time period
- Establishing Principles for Use in Action Planning & Implementing Goals
- Validation or Revision of CMHPC Committee structure to ensure goals can be implemented successfully
- Agreement on how members will hold each other accountable for success
- As appropriate, revision to other current CMHPC processes

DAY ONE

Welcome

Gail Nickerson, CMHPC Chair, opened the meeting, gave a special welcome to the group's new members, and introduced Sarah Rubin, from the Center for Collaborative Policy, California State University Sacramento. After Sarah provided some background on the Center for Collaborative Policy, she asked graphic facilitator Emily Shepard to introduce herself. Emily emphasized that anything she depicted in her large wall charts was changeable. She asked that participants tell her if there was something they didn't like, as the graphics that resulted from the workshop should "feel like the group."

The outcomes the group would be seeking to accomplish and the two-day agenda proposed to reach those outcomes were reviewed.

Sarah emphasized that the group would need to work very hard during the two-day retreat, as the agenda set was ambitious, but achievable. The statutory charge of the CMHPC is wide-ranging and serious; the current economic climate in California with the state budget crisis overlays the environment in which the group needs to plan. Given the heavy nature of what was ahead, Sarah asked the group to engage in a 'light' icebreaker so she could get to know participants better and so the four new members would also have a chance to get to know their fellow Planning Council members on a more personal level. She asked each person to say their name and to share their dream vacation.

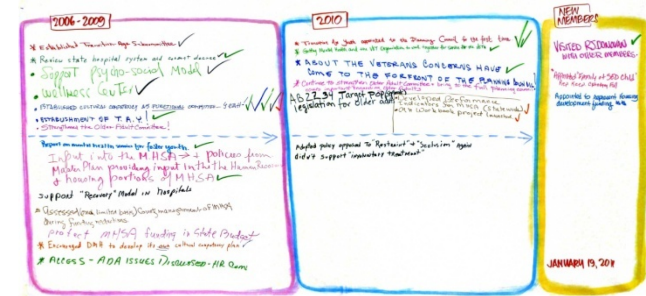
Next, participants were asked if they wanted to set any ground rules to guide how the group would work together.

Ground Rules:

- Find agreement in what everyone says
- Be respectful
- One person speaking at a time
- Participate; say at least one thing a day
- Be committed to our process
- Turn cell phones off or to vibrate

History and Achievements

Members populated a timeline of notable CMHPC milestones and events on large chart paper on the wall. The timeline began in 1993 with the formation of the group and ran through 2011. The timeline served as an educational tool about group history, especially for the new group members, while reminding others of how the group has evolved over time. Important milestones included the initiation of committees, involvement with passage of Proposition 63, releasing the Mental Health Master Plan in 2003, support of the psycho-socio model, and having Transition Age Youth on the Council.



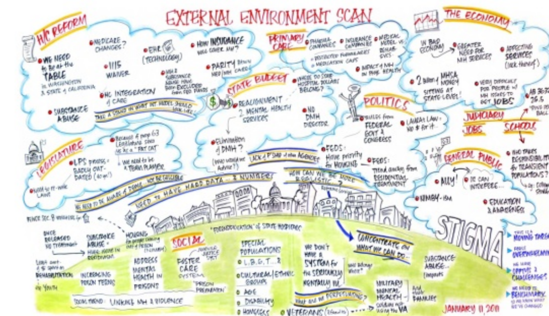
Confirming Context for CMHPC Work

Each member had a copy of the group's current Mission, Vision, and Statutes. Everyone was asked to take a few minutes to re-read and review the foundational documents that guide the group's work. Sarah then asked everyone to work in pairs to share and discuss anything significant that struck them, such as anything they had forgotten or didn't realize before.

Responses included:

- *Our mandates are so broad, the positive is that we can do anything, but the negative is that we risk being unfocused;*
- *The group doesn't have enough staff to fulfill our many mandates;*
- *It is unclear how the Council reports up and to who; and,*
- *It says we get to help pick the new MH director (and that is happening currently)!*

Scan of the External Environment



Sarah started by reviewing some outcomes from the pre-retreat assessment which was done through an online tool. To review the content, please see Attachment 3 at the end of this document.

With the assessment findings in mind, Sarah asked participants to brainstorm a "scan of the external environment." The purpose was for members to think about the trends, forces, and drivers that affect the CMHPC's work, both positively and negatively. These are issues or factors that members cannot control. Sarah also explained that the results of the scan would inform the creation of group goals later in the day.

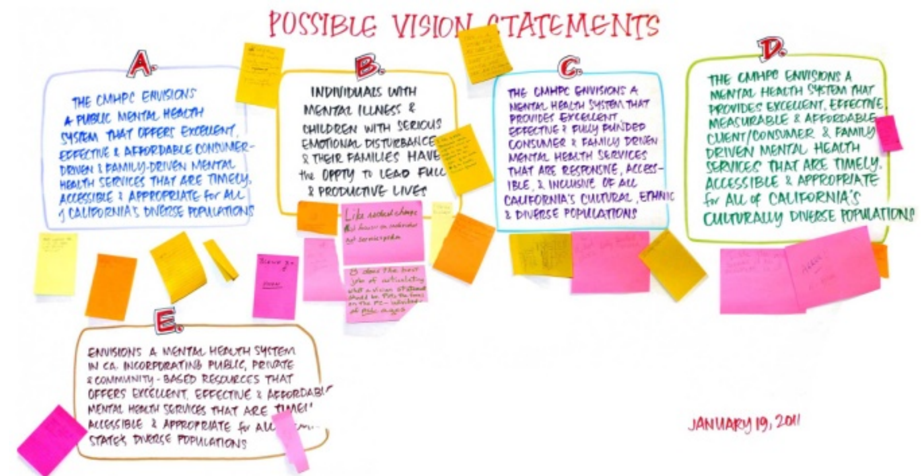
To see the graphic image of this exercise see Attachment 1. The key themes were as follows:

Scan of the External Environment - Themes		
Health Care Reform	Primary Care	State Budget
Politics	Economy	Jobs
Schools	General Public	Legislature
How can we be more realistic	Social	Need to have hard data and numbers
Be aware of 'deals' / don't be gullible (as a committee)	Take a stand on what integrated model should look like	

Vision Statement

Next, members needed to figure out if they were satisfied with their current Vision Statement or if they wanted to revise it. A table level exercise was conducted where participants reviewed the statement and proposed a new version if they desired.

All five tables proposed new vision statements. To view the graphic recording of these please see Attachment 1. Sarah asked members to look at the various proposals throughout the rest of the day and to attach sticky notes with comments on aspects of the suggested revisions. She explained that she would take all the comments and propose a new 'trial balloon' version of the Vision Statement at the beginning of the next day.



Mission Statement

Although it was not planned, group members asked to review the group's Mission Statement. The same table level exercise resulted in five new proposed Mission Statements. Sarah explained that the group would also seek consensus on a new Mission Statement at the top of the next day.

Goal Setting

Sarah began the goal setting discussion by reviewing the outcomes from the assessment, which included:

Issues with wide-ranging support

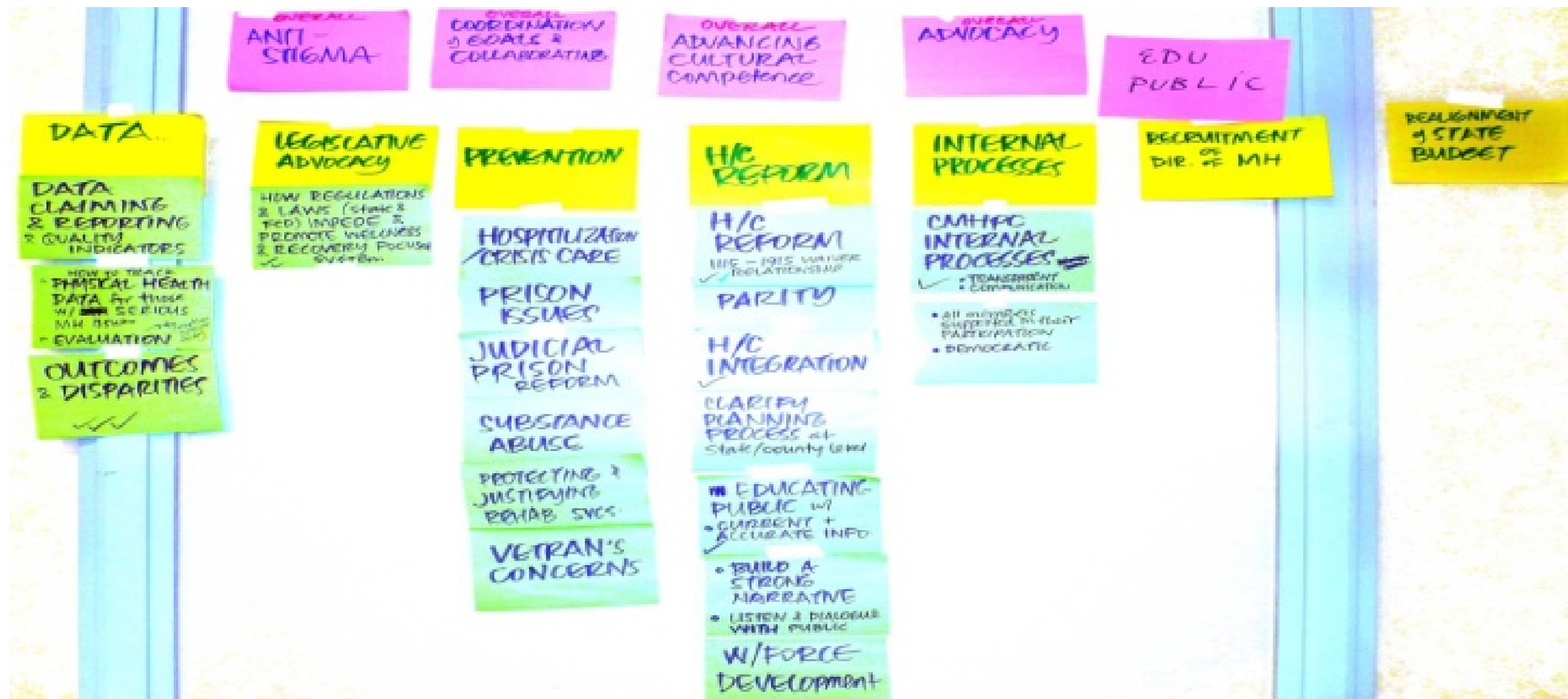
- **Health Care Reform**
- **Advocacy**
- **Addressing Internal CMHPC Processes**
- **Disparities**
- **General Oversight**
- **Committee Related:**
  Children and TAY; Human Resources; Cultural Competency and need to monitor cultural competency issues in all parts of MH system
- **Support**
  White papers/ reports;
  General support to boards and commissions, etc

Issues reported, but with less wide-ranging support

- **Prevention / Maintenance**
- **Exit / transition from system**
- **Judicial / prison**
- **Better coordination of the funding sources**
- **Impact MHSA implementation** (determine specific objectives)

She then asked each participant to share one or two things about the initial list that they thought was critical to include, what was missing, or what should not be included. Emily recorded each idea on a sticky sheet and put them on the wall. After everyone had shared, the sticky notes were organized into similar groups. Sarah explained that the CMHPC should focus on having a total of three to eight goals, as any more would be difficult to successfully implement given the group's limited resources. The group attempted to sort all the suggested goals into this limited number of categories. Seven goal topics resulted, with five overarching themes.

Seven Goal Topics						
Data	Legislative Advocacy	Prevention	HealthCare Reform	Internal Process	Recruitment of Director of	Realignment of State Budget
Overarching Themes (to be included in work of all goals)						
Anti-stigma	Coordination of goals and collaboration	Advancing cultural competence	Advocacy	Educating the Public		



Participants spent the remainder of the day working in small groups. Tables with the seven different goal topics were organized. A modified "Open Space[1]" technique was employed, where members participated at any table they were interested in, for as long or short as they wanted. Three rounds, or noted opportunities, to move tables were called.

Wrap Up – Day One

To wrap up the first day Sarah reminded everyone of their homework: to 'soak' in all the goals, vision, and mission ideas, and to get ready for action planning. Finally, Sarah and Emily asked for brief feedback as to what went well and what could be improved in the session. Many expressed their great appreciation for Emily's graphic recording and articulated how much the images lent to the successful day.

[1] Open Space is an adaptable approach focused on a specific purpose, and begins initially without an agenda so the participants can create the agenda themselves. The guiding principles include whoever comes are the right people; when it starts, it is the right time; whatever happens is the only thing that could have, and; when it is over, it is over. This approach also incorporates the "Law of Two Feet," which encourages participants to find the discussion or place where they are either contributing or learning. For more information, please visit openspaceworld.org

DAY TWO

Welcome Back

Incoming Chair Luis Garcia welcomed members back and said how excited he was to see the group working together so well, the excitement and energy that Emily's graphics brought into the session, and that he looked forward to a productive day.

Day 2 Goal Focusing Exercise

Sarah began the day by asking participants to turn to a neighbor and working in pairs to discuss the two most important things that happened or were discussed during Day One. She then asked each person to report out one of those items to the larger group. The following was captured:

- Our role versus the OAC
- Importance of advocacy
- Many issues and passions of new members is rejuvenating
- Big goals
- Process and range of issues
- Exploring public health system versus the mental health system
- Oversight and the public's view; don't have clarity: oversight versus our role
- Being here! Interfacing, The personal impact of feeling integrated in the group
- Level of engagement and participation
- Improve relationship with DMH
- We are a talented group
- Clarifying vision
- Reviving energy (and consequential) impact to state and nation
- Graphic facilitation
- (radical)Rewrite of mission and vision
- Work together – hear each other
- Nice to be together
- Same vision – different interpretations of same words

Vision and Mission Statements – Seeking Consensus

Sarah asked group members to gather around the Vision and Mission Statement wall charts and conducted a series of straw polls to find out if there was consensus around two main options. The group could not reach consensus. After extensive discussion at the start of the meeting, and again later in the day, the group adopted the statement below as a final draft.

Draft Vision

The CMHPC envisions a mental health system that incorporates public, private, and community-based resources, provides excellent, effective, fully-funded, accountable, client/consumer and family-driven mental health services. The services are responsive, timely, and accessible to all California's cultural, ethnic, and diverse populations, providing the opportunity for individuals to lead full and productive lives.

Extensive and lively discussion was also held in an effort to seek adoption of a revised mission statement. The group adopted the following statement as a final draft

Draft Mission

The CMHPC provides oversight [evaluation] and accountability of the mental health system, advocates for accessible and effective care, educates the public and mental health constituency to support a system that is strength-based, recovery-oriented, culturally competent, and cost effective.

Finalizing 5-Year Goals

Sarah explained that prior to the day's session; she spent time reviewing the goals the group came up with at the end of Day One. The various topics' level of abstraction was quite uneven; the group needed the goals to be at a high level of abstraction for clarity and application across the many committees. To assist the group in moving forward quickly, Sarah proposed new titles for the goals, and in some cases new descriptions. The group reviewed the suggestions, listed below in red, and adopted them. Text in black indicates initial language from Day One.

Suggested Goal Revisions

1. **Legislative & Regulatory Advocacy**
   To propose, advocate and testify on legislation and regulations that are consistent with the Vision and Mission of the CMHPC. (Documenting resulting efforts in a quarterly report.)

2. **Continuous System Improvement Day 1: Systems Change**
   Day 1: Review policies and procedures across systems in order to improve service and program outcomes.
   Suggested: Work for continuous improvement in service and program outcomes through review of policies and procedures across systems, actively advocating on at least four issues per year.

3. **Upgrading CMHPC Internal Processes**

   Day 1: Enhance members' understanding of the roles and responsibilities of the Planning Council, internal decision making process and products produced. Enhance the culture of meetings.

   Suggested: Create a structure that transparently addresses CMHPC internal issues including decision making and member responsibilities. This structure models the collaborative culture the group desires.

   Possible action items (examples):

   - *Staff and member efforts within and around the internal process structure will always value and be open to innovative thinking as well as 'out of the box' solutions.*
   - *CMHPC members commit to understanding their roles & responsibilities in order to work effectively and attentively.*
   - *Decision-making on internal CMHPC processes will be transparent; if unclear, members will seek clarification, even if they are not affected by the decision, for the good of the organization.*

4. **Realignment in State Budget / Funding for Mental Health Services in the State Budget**

   Day 1: 3 items, not in articulated sentences

   Suggested: Identify and implement a strategy for having a powerful voice in State budget realignment policy development. Assess the effect of realignment, reporting to the CMHPC membership at least once a year and to the Legislature, DMH and Local Boards at least every two years.

5. **Data**

   Obtain data from the CA Department of Mental Health, other State Departments, County Health Departments, and other sources to evaluate the public mental health system (making as much information as possible easy for the public to access.)

6. **Recruitment of MH Director (short term goal)**

   Day 1: Be part of the process

   Suggested: Identify and implement a strategy for actively participating in the process that will be used to seek a new Mental Health Director.

7. **Healthcare Reform**

   Day 1: 6 items

Develop a framework for tracking, addressing and responding to the multitude of issues resulting from Federal Healthcare Reform that impact California's mental health system.

With full consensus, the group adopted the following final goals:

CMHPC 2011 – 2016 Goals

1. **Legislative & Regulatory Advocacy**
   To propose, advocate and testify on legislation and regulations that are consistent with the Vision and Mission of the CMHPC documenting resulting efforts in an annual report.

2. **Continuous System Improvement**
   Work for continuous improvement in service and program outcomes through review of policies and procedures across systems, actively advocating on at least four issues per year.

3. **Upgrading CMHPC Internal Processes**
   Create a structure that transparently addresses CMHPC internal issues including decision making and member responsibilities.

   This structure models the collaborative culture the group desires.

4. **Funding for Mental Health Services in the State Budget**
   Identify and implement a strategy for having a powerful voice on mental health funding issues in the State budget process.

5. **Data**
   Obtain data from the CA Department of Mental Health, other State Departments, County Health Departments, and other sources to evaluate the public mental health system making as much information as accessible as possible for the public.

6. **Recruitment of MH Director**
   Identify and implement a strategy for actively participating in the process that will be used to seek a new Mental Health Director.

7. **Healthcare Reform**
   Develop a framework for tracking, addressing and responding to the multitude of issues resulting from Federal Healthcare Reform that impact California's mental health system.

How We Will Hold Each Other Accountable for Success

Members worked at the table level to think about how to ensure their success. The following ideas were recorded:

- Every meeting, have committee activities report *
- Concise reports
- Use work plan as a reporting tool
- And report at each meeting
- Use an issues tracking grid to present at each meeting – updates the progress on each item,
- Create a "parking lot" issues
- Developing concrete work plans with deadlines that a chair or co-chair can monitor with periodic reporting
- Individually/committee/organizational level – need specific measures at each
- Leave time after presentations to identify action steps
- Lead person or co-chairs designated for each action item
- And corresponding staff person
- Goals and objectives should be defined in a way that is measurable
- Also timely
- Use the website as a tool to improve accountability by posting the goal or action item with options for comment and public input, with option to respond from committee chair or co-chair
- Vision, Mission, and Goals visible in the meeting packets or on the wall
- Fully participating members (attending meetings, reviewing/commenting)

**Terminology: Use Chair and Vice Chair*

Principles to Hold in Mind when Action Planning

Members worked as a large group to think through principles to hold in mind as they moved into action planning. The following items were suggested:

- Staff Involvement (for feasibility)

- "Can this be done, or is this done by another organization? If so, is it appropriate to collaborate?"
- Specific, doable, have the resources, and within our scope
- Time-limited: clear start and deadline
- Include emerging issues
- Fewer bigger items – "quality vs. quantity"
- Identify who, what, where, when, and how
- Include process improvement to get back on track (adaptive management)

The group also agreed to hold in mind the "overarching" issues they adopted in conjunction with their goals:

- Educating Public
- Advocacy
- Advancing Cultural Competence
- Stigma
- Coordination of goals

Re-examining the CMHPC 'Bigger Picture'

Before moving into action planning, Sarah asked the group to think about whether there were any Council processes or issues to consider or address to ensure successful goal implementation. She explained that sometimes small internal process issues can divert a group's attention and keep them from efficiently moving forward. After brainstorming issues that needed to be addressed participants worked in small groups to address the issues, again using the Open Space technique. The report out resulted in the following suggestions:

- **Clarity of Accomplishments**
  - We have goals now to allow committees to be goal-focused
  - Accomplishing goals = clarity
  - Communicate to various constituency groups
  - Acknowledge accomplishments with more parties (group celebration)

- **Transparency**
  - The Executive Committee report should be more extensive
    - Planning Council should vote on recommended action items at each meeting
    - Make job description for Exec Committee, full Planning Council
    - Any actions that are done by the Exec Committee between meetings should be immediately reported to Planning Council
  - What does the Leadership group decide on?

- **Culture of Discourse- how we talk to each other**
  - Respectfulness is key
  - Sensitivity training
    - Power and dimensions of privilege
    - Micro aggression
    - Client or consumer/provider
    - Gender
    - Majority/minority
    - Culture/ethnicity
    - Conflict resolution
  - Nurture each other and staff

- **How to deal with issues in the future?**
  - Add to Council agenda
  - Identify where we are, and find way to move forward
  - Talk about issues, understand how we feel
    - Start an internal blog
  - Have short-term committees, including one to address internal issues
    - Can meet a few times to resolve issues initially, then annually for update

CMHPC Committee Structure – Review and Confirm

Given what was discussed in the previous agenda item, the group strongly felt they needed to spend time reviewing and possibly revising their Committee structure. Working within their tables, groups proposed how the committees should be set up. The following five suggestions resulted:

Table 1

- Ad hoc short term committee
- All other committees reflect the goals
- Each committee develops a work plan around goals
- These are submitted for review to the Executive Committee, then
- Approved by full council

Table 2 | Priorities: address goals, improve collaboration

Day 1: System of Care

- 10am -12 noon
  Systems of Car: Collaborative Interaction meeting (C, TAY, A, OA)

Lunch

- 1pm – 3pm
  - SOC Subcommittee meetings
- 3pm – 5pm
  - Cultural Competence

Day 2 Functional Committees

- QI/QA: Data/HCR/Realignment
- Human Resources: DMH Directors, integration/HCR
- Policy/Sys: HCR, Leg Analysis, System Change

Day 3 General Meeting

- 8:30 am – 12:30 pm
  (Shortened General Meeting)

Table 3

Four Committees

1) Policy
   a. Funding
   b. Legislation
   c. Health Care Reform

2) Systems Change

3) Data

4) Mandates
   a. Workforce training
   b. Human Resources
   c. Short term committee on internal processes

Structure of Meetings

1) Whole Group together to start

2) Breakout into Committees

3) Whole Group Closes

Need more time for Committees between quarterly meetings

Table 4

Three Committee Time Slots

1) Wed, 10 am – 12 noon SOC
   a. Older adult
   b. Adult
   c. Children

2) Wed, 1:30 – 3:30 pm
   a. TAY
   b. Cultural Competence
   c. Systems of Change

3) Thurs, 10 am – 12noon

a. Policy (health care)
b. QI (data)
c. HR

Executive Committee

a. Director recruitment
b. Legislative advocacy

c. Budget

Ad Hoc short term task force

a. Internal processes

Table 5

Short Term Task Forces

1) MH Director
2) Budget
3) Health Care
4) Data
5) System improvement
6) Internal processes
7) Legislative

Over Arching Concerns

1) Age SOC
2) CC
3) HR

Action Planning

The group used the Open Space technique to meet for the balance of the afternoon to do action planning on their seven goals. CMHPC staff members recorded notes at each table. The items listed below reflect what staff members recorded.

Goal 1 | Legislative & Regulatory Advocacy

Goal: To propose, advocate, and testify on legislation and regulations that are consistent with the mission and vision statement of the California Mental Health Planning Council.

- A Planning Council staff member who analyzes bills and makes recommendations for the Planning Council. This staff member would also identify existing legislation that the Planning Council would like to take a position on and possibly testify on.
- Identify potential issues that do not already exist in statute that the Planning Council would like to sponsor in a bill. Look for potential partners and determine the Planning Council's goal.
- Prioritize the most important issues to bring to the Planning Council regarding legislation.
- Prioritize the most important issues to bring to committees regarding legislation, which will then be brought to the full Planning Council.

- Subscribe to a service that informs the Planning Council on regulations that relate to our mission and vision. Task for committees: identify issues they would like to be aware of and comment on.
- Survey other organizations regarding legislation/statutes.
- Invite and provide a local legislator a thirty minute slot in the meeting to speak with Planning Council members. Specify what the Planning Council in interested in hearing about and provide legislator with feedback.
- Invite the local Board of Supervisors to each meeting.
- It would be beneficial for the committee's to review the legislative platform on an ongoing basis and to propose additions and corrections.

Goal 2 | Continuous System Improvement

Goal: Work for continuous improvement in service and program outcomes through reviews of policies and procedures across systems, actively advocating for at least four issues per year.

1) Advocate for state hospital funding and placements to be reassigned to community-based care.

   a. Define the situation and identify current alternatives
   b. Promote crisis residential facilities and other alternative systems of care
   c. Promote enhanced networks of community care that leverage each others' resources
   d. Propose modifications to codes that inhibit or impede fully realized community care systems
   e. Seek out and publish best practices in order to educate and encourage communities to offer alternatives to hospitalization
   f. Develop a plan of collaboration between state agencies and local county resources to start allocating lower levels of care for non-violent or mentally ill prisoners.

2) Advocate for prisons housing SMI prisoners to prioritize mental health services over "corrective" incarceration.

   a. COMBINED WITH ITEM 1.

3) Advocate for mental health professionals to be substance abuse and addiction-competent as a requirement for graduation/certification/licensure.

   a. REFER TO HUMAN RESOURCES

4) Advocate/promote a statewide system of mental health Diversion courts that is integrated with alcohol/drug courts.

a. Compile a sample of diversion drug courts into summarized analysis of positive components and distribute results to local jurisdictions and the Judiciary Council.

5) Advocacy should be "product developed", marketed, and collaboratively presented through partnership with other advocacy groups.

a. THIS IS AN UMBRELLA ITEM AND SHOULD BE PART OF ALL THE WORK PLAN STEPS.

6) Advocate for Veterans' Services to be retained and enhanced at all levels of government.

a. Support Legislation that preserves and enhances Veterans services
b. Keep public awareness strong

7) Endorse best practices/promising practices through a Planning Council "Seal of Approval" that is established through a developed criteria and highlights providers who use those practices.

a. Research qualitative and quantitative data and literature
b. Present to Planning Council in order to develop/decide on criteria for worthiness of "Seal of Approval".

8) Recognizing that systems change represents a cross-section of ALL systems, (DSS, DMH, CDCR, Medi-Cal Regulations etc.), research which agency (ies) policies assist or impede Wellness & Recovery principles and models.

a. Research parolees, mental health services, and housing laws.
b. Articulate and communicate consumer employment and licensure issues
c. Identify and partner with a legislative ally who will support and carry legislation to modify licensure, employment or housing laws that work against wellness, recovery, and empowerment.

9) Investigate current penal suicide prevention programs for more effective and cost-efficient processes.

a. Review literature from other states and federal level programs
b. Perform a cost/benefit comparison between existing and alternative systems.

Goal 3 | Upgrading CMHPC Internal Processes

Goal: Create a structure that transparently addresses CMHPC internal issues including decision making and member responsibilities. This structure models the collaborative culture the group desires

Action 1: Ensure that e-mails regarding travel procedures are sent in a timely manner.

Action 2: Create an informative document that is sent quarterly to CMHPC members detailing any DMH and CMHPC administrative changes related to staffing, travel procedures, reimbursement, and meeting attendance. In addition, update CMHPC on staff responsibilities, projects, and responsibilities.

Action 3: Develop and distribute a CMHPC Decision Tree. The Decision Tree will diagram how and when administrative and policy decisions are made by the CMHPC Executive Committee and appointed leadership. In addition, the Decision Tree will explain and depict how CMHPC full council, committee, workgroup chairs, and activity leads are elected or appointed; how all agenda items are decided upon, committee actions are moved; and CMHPC action is taken on emerging issues and those in-process.

Action 4: Create and maintain an open transparent decision making process where all CMHPC members are given the opportunity at quarterly meetings to comment on and vote on all committee related and planning council actions.

Action 5: Circulate the credentials and qualifications of CMHPC members, especially during times of committee appointments.

***Action 6*:** Each committee will select its own chair and leadership for nomination and approval by the full CMHPC. All nominations will be brought to the full CMHPC at the quarterly meeting for vote and approval.

Action 7: Orient new members prior to coming to the full planning council meeting. The orientation must address all the actions and issues addresses under Goal 3.

Action 8: Periodically orient CMHPC to the internal processes of the CMHPC

Action 9: Ensure that every member is engaged in the discussions, presentations, activities, and outputs of the CMHPC. It should be up to each individual member to engage themselves in the activities of the CMHPC; the CMHPC must play a significant role in encouraging and maintaining the participation of its members.

Action 10: Each member must take on the responsibility of mentoring, it not just the responsibility of the assigned mentor.

Goal 4 | Funding for Mental Health Services in the State Budget

1) California Mental Health Planning Council should be included in discussions on Realignment (RA).

a) Contact those in charge of RA and ask to have the PC included.
b) Try to find position papers on RA.
c) See if CMHDA, OAC, or CalMHSA have positions on RA.

2) The Planning Council should be more connected with counties.

3) The Planning Council should assess periodically the effect of RA and other important changes in the State's mental health system and in the adequacy and utilization of funding and report its findings to the Legislature, the State DMH, and local boards as appropriate.
a) Consideration of concerns should be heard by involved parties.
b) The PC should determine how often these assessments should take place.

4) Look at the adequacy of funding and how funding is utilized and report back to all.

5) The PC should address suicide prevention as a priority budget item because it encompasses the entire age span.

6) Prison Mental Health funding should not be part of the DMH budget.

7) Prioritize Mental Health needs prior to any cuts in budget.

8) Check for changes occurring nationwide in Mental Health that may benefit California budget reductions.

9) The PC should establish a benchmark of services.
a) Preservation of MHSA should be a priority.
b) No 'supplantation' of funds.
c) Better definition of 'the intent of the act'.

Goal 5 | Data

1) Identify and support the development of methods for line staff and service recipients to know in real time the relevance and effectiveness of services provided and received

2) Obtain data on prioritized set of performance indicators from CMHPC's set of performance indicator for evaluating the public mental health system

3) Periodically update the prioritized set of performance indicators as data is produced on them

4) Post reports on performance indicators on CMHPC website

5) Collaborate with the EQRO on data on Medi-Cal managed care mental health plans

Goal 6 | Recruitment of MH Director

No specific action steps developed.

Goal 7 | Healthcare Reform (HCR)

Goal: Develop a framework for tracking, addressing and responding to the multitude of issues resulting from Federal Healthcare Reform that impact California's mental health system.

Action Steps:

1) Collect materials to educate on HCR and synthesize into a briefing paper.
   a. Invite DHCS to present their HCR plan at April PC meeting
   b. Formulate questions we would like DHCS to answer in their presentation

2) Have a seat (ask Ann if we have a seat) at DCHS table and their process.
   a. Ask them how can the community can be involved/ informed of their process

3) Find out what counties are doing.
   a. Policy & Systems committee's (Andi) paper on county HCR plans
   b. Want to know what counties are doing in their stakeholder process
   c. Need consumer input, what opportunities counties are providing for people to get involved
   d. Ask for Cliff Allenby's help in how MH can participate in meaningful way

4) Collect an array of models for healthcare integration including SAMSHA and WHO models.

5) Compose a brief summary on 19-15b & 11-15 waivers.
   a. Be there when uninsured & waivers are planned out
   b. Have internal expertise on PC

6) Stay abreast of the effect realignment will have on the waivers.
   a. Be informed about realignment potential impact
   b. Track budget process
   c. Collaborate with CMHDA

7) Be knowledgeable of the funding going to FHQC (Kaiser Website).
   a. Herb Schultz is a resource person working on coalition with MH
   b. Coalition has taskforce working on HCR

8) Come up with guiding principles to advocate for MH roll out of HCR.

Wrap Up & Adjourn

The action planning took the group to the end of the day. Ann Arneill-Py confirmed that she and staff would follow up to seek to finalize the Mission and Vision Statements with the following volunteers: George, Monica, Gail, Joe, Pat, Susan, Carmen. Further, staff planned to follow up on figuring out a new committee structure with the following volunteers: George, Marissa, Walter, Barbara, Steve, Patricia, Luis, Kathleen, Karen. The session wrapped up with each participants sharing one word that reflected their feeling or thoughts on the two-day strategic planning session. Sarah, Gail and Luis reminded members that at their April meeting all the Committees would work to create a one-year action plan. Gail and Luis reiterated their thanks to all the participants and facilitators for the hard work over the two inspiring days.

CMHPC – STRATEGIC PLANNING RETREAT

JANUARY 19-20, 2011
SAN DIEGO, CA

AGENDA

DAY 1

Time	Item
8:30	WELCOME & INTRODUCTIONS
8:45	MHPC TIMELINE: History & Achievements
9:20	CONFIRMING CONTEXT for MHPC WORK
9:40	SCAN of EXTERNAL ENVIRONMENT
10:30	BREAK
10:45	VISION STATEMENT
11:45	LUNCH
1:15	INTRODUCE AFTERNOON WORK
1:20	GOAL SETTING: Part 1
1:50	BREAK
2:05	GOAL SETTING: Part 2 / BREAK ~ 3:30pm
4:15	WRAP UP, PREVIEW of TOMORROW
4:30	ADJOURN

DAY 2

Time	Item
8:30	WELCOME, RECAP DAY 1 & REVIEW DAY 2 GOALS
8:45	GOAL FOCUSING EXERCISE
9:10	FINALIZING 5 YR. GOALS
10:00	BREAK
10:15	ESTABLISHING PRINCIPLES FOR USE IN ACTION PLANNING & IMPLEMENTING GOALS
11:30	RE-EXAMINING the MHPC "BIGGER PICTURE" * Are there other Council processes or issues to consider or address to ensure successful goal implementation?
12:15	LUNCH
1:30	MHPC COMMITTEE STRUCTURE -- REVIEW and CONFIRM
1:45	ACTION PLANNING / SHORT BREAKS at: ~ 2pm, 3pm
4:15	PRE-PLANNING for SPRING SESSION
4:45	WRAP-UP
5:00	ADJOURN

MISSION, VISION & STATUTORY REQUIREMENTS

Report outs

NOTICED
How BROAD
our Mandate is!
CAN DO ANYTHING!
RISK = BEING UNFOCUSED

What POWER do we have?
What is the LIMITATION of our COUNCIL?

IN VISION:
Is it PUBLIC **AND** PRIVATE?

FEDERAL MANDATE:
Does apply to ALL dollars?

FYI:
Quality Improvement Committee included in:
C-2, j, f

n:
is something we have Never been able to do...

What's Missing:
OVERALL STATE of MENTAL HEALTH in California
→ We could do this!

OPPTY TO PARTICIPATE!
STATUTORY # i
selecting mental health director for STATE

UNDER d:
DON'T FEEL WE HAVE ENOUGH STAFF TO DO THAT
(& RESOURCES)

L: gov. BROWN Realignment?

STATE 11-15 waiver -
COULD INVOLVE A BROADER VISION

RECOMMENDATION
REVIEW in JAN. of EACH YEAR
(to Be focused!)

b, d, g, k:
unclear HOW council reports up... & to WHO

JANUARY 19, 2011

EXTERNAL ENVIRONMENT SCAN

H/C REFORM

- WE NEED to Be at the TABLE in WASHINGTON & STATE of CALIFORNIA
- SUBSTANCE ABUSE
- MEDICARE CHANGES?
- 1115 WAIVER
- HC INTEGRATION of CARE
- EHR (TECHNOLOGY)
- MH & SUBSTANCE ABUSE Have Been EXCLUDED from FED. FUNDS
- HOW INSURANCE WILL COVER MH?
- PARITY Btwn MED/MH CARE!

TAKE A STAND ON WHAT INT. MODEL SHOULD LOOK LIKE!

PRIMARY CARE

- PHARMA COMPANIES
- INSURANCE COMPANIES
  - RESTRICTED FORMULARIES
  - MEDICATION CAPS
- MEDICAL MODEL VS. REHAB. SVCS.
- IMPACT of MH ON PHYS. HEALTH

THE ECONOMY

- IN BAD ECONOMY → GREATER NEED FOR MH SERVICES
- AFFECTING SERVICES (lack thereof)
- 2 Billion of MHSA MONEY SITTING AT STATE LEVEL!
- VERY DIFFICULT FOR PEOPLE w/ MH ISSUES TO GET JOBS
- AB 3632 & 26.5 "PING PONG BALL"

JUDICIARY

JOBS

SCHOOLS

- WHO TAKES RESPONSIBILITY for TRANSIENT POPULATIONS? → eg: College Students

STATE BUDGET

- WHERE DO STATE HOSPITAL DOLLARS BELONG?
- REALIGNMENT 2 MENTAL HEALTH SERVICES
- NO DMH DIRECTOR
- Elimination of DMH? (WHO would we Advise?)

LACK of P'SHIP w/ other AGENCIES

POLITICS

- RULES from FEDERAL GOVT. & CONGRESS
- LAURA'S LAW = NO $ for it...
- FEDS: Have priority for HOUSING
- FEDS: Trend away from RESIDENTIAL TREATMENT

HOW CAN WE BE MORE REALISTIC...?

Reframe services

LEGISLATURE

- Because of prop 63 Legislature sees us as a "FAT CAT"
  - We need to be a TEAM PLAYER
- LPS process = BADLY OUT-DATED (40 yrs!)
- Need to re-write LAWS

WE NEED TO BE AWARE OF DEALS... NOT BE GULLIBLE

NEED TO HAVE HARD DATA... & NUMBERS

GENERAL PUBLIC

- ALLY! ↔ OR CAN INTERFERE...
- NIMBY-ISM
- EDUCATION & AWARENESS

STIGMA

- THIS IS A MOVING TARGET
- FEELS OVERWHELMING
- WE HAVE OPPTYS & CHALLENGES
- WE NEED TO BENCHMARK SO WE KNOW WHAT WE'VE CHANGED

CONCENTRATE ON WHAT WE CAN DO...

SOCIAL

FEWER SEC. 8 VOUCHERS for HOUSING

HOUSING for people coming out of PRISON (NIMBY)

"FORENSIFICATION" of STATE HOSPITALS

ONCE RELEASED NO Treatment → SUBSTANCE ABUSE = HUGE ISSUE IN RECIDIVISM.

Least amt. of $ spent on REHABILITATION esp. YOUTH

INCREASING PRISON TERMS

ADDRESS MENTAL HEALTH IN PRISONS

FOSTER CARE SYSTEM "PRISON PREPARATION" — JUVENILE JUSTICE SYST.

SPECIAL POPULATIONS
- L, B, G, T .... &
- CULTURAL/ETHNIC GROUPS
- AGE
- DISABILITY
- HOMELESS
- VETERANS (& families) → soldiers not using the VA

We DON'T Have a SYSTEM for the SERIOUSLY MENTALLY ILL — WHO Belongs Where?

What are we PERPETUATING?

SUBSTANCE ABUSE... (impacts

MILITARY MENTAL HEALTH — And their FAMILIES

SOCIAL TREND: LINKING MH & VIOLENCE

JANUARY 11, 2011

POSSIBLE VISION STATEMENTS

A.

THE CMHPC ENVISIONS A PUBLIC MENTAL HEALTH SYSTEM THAT OFFERS EXCELLENT, EFFECTIVE & AFFORDABLE CONSUMER-DRIVEN & FAMILY-DRIVEN MENTAL HEALTH SERVICES THAT ARE TIMELY, ACCESSIBLE & APPROPRIATE for ALL of CALIFORNIA'S DIVERSE POPULATIONS

B.

INDIVIDUALS WITH MENTAL ILLNESS & CHILDREN WITH SERIOUS EMOTIONAL DISTURBANCE & THEIR FAMILIES HAVE the OPPTY TO LEAD FULL & PRODUCTIVE LIVES

Like radical change that focuses on individuals not service system

B does the best job of articulating what a vision statement should be. Puts the focus on the PC - individuals of ALL ages

Blend B + E Vision

C.

THE CMHPC ENVISIONS A MENTAL HEALTH SYSTEM THAT PROVIDES EXCELLENT, EFFECTIVE & FULLY FUNDED CONSUMER & FAMILY DRIVEN MENTAL HEALTH SERVICES THAT ARE RESPONSIVE, ACCESSIBLE, & INCLUSIVE OF ALL CALIFORNIA'S CULTURAL, ETHNIC & DIVERSE POPULATIONS

D.

THE CMHPC ENVISIONS A MENTAL HEALTH SYSTEM THAT PROVIDES EXCELLENT, EFFECTIVE, MEASURABLE & AFFORDABLE CLIENT/CONSUMER & FAMILY DRIVEN MENTAL HEALTH SERVICES THAT ARE TIMELY, ACCESSIBLE & APPROPRIATE for ALL of CALIFORNIA'S CULTURALLY DIVERSE POPULATIONS

AGREE

E.

ENVISIONS A MENTAL HEALTH SYSTEM IN CA. INCORPORATING PUBLIC, PRIVATE & COMMUNITY-BASED RESOURCES THAT OFFERS EXCELLENT, EFFECTIVE & AFFORDABL MENTAL HEALTH SERVICES THAT ARE TIMEL ACCESSIBLE & APPROPRIATE for ALL STATE'S DIVERSE POPULATIONS

JANUARY 19, 2011

POSSIBLE MISSION STATEMENTS

1.

THE CMHPC, A MULTICULTURAL CONSUMER, FAMILY, PROVIDER & ADVOCATE ORGANIZATION:

- REVIEWS & ASSESSES & MAKES RECOMMENDATIONS REGARDING ALL COMPONENTS OF CA's MENTAL HEALTH SYSTEM
- ADVOCATES FOR ACCESSIBLE, TIMELY, APPROPRIATE & EFFECTIVE SERVICES WHICH ARE CULTURALLY COMPETENT, AGE & GENDER APPROPRIATE, STRENGTHS-BASED & RECOVERY ORIENTED
- EDUCATES THE PUBLIC, GOVERNOR & LEGISLATURE ABOUT THE CURRENT NEEDS, ISSUES & TRENDS IN MENTAL HEALTH TREATMENT SVCS

2.

THE CMHPC, A MULTICULTURAL CONSUMER, FAMILY, PROVIDER & ADVOCATE ORGANIZATION:

- PROVIDES OVERSIGHT TO THE DMH of the STATE'S MH SYSTEM
- SAME
- ADVOCATES ABOUT THE CURRENT NEEDS FOR MH SERVICES, & WAYS TO MEET THESE NEEDS

3.

THE CMHPC:

- PROVIDES OVERSIGHT TO THE DMH REGARDING ACCESSIBILITY, AVAILABILITY ACCOUNTABILITY & QUALITY OF THE STATE'S MH SYSTEM
- ADVOCATES FOR ACCESSIBLE, TIMELY, APPROPRIATE & EFFECTIVE SERVICES – INCLUDING FOR THE UNSERVED & UNDERSERVED — WHICH ARE CULTURALLY COMPETENT, AGE & GENDER APPROPRIATE STRENGTHS-BASED & RECOVERY ORIENTED
- EDUCATES the PUBLIC & THE MH CONSTITUENCY ABOUT THE CURRENT NEEDS FOR PUBLIC MH SERVICES & WAYS TO MEET THOSE NEEDS

4.

THE CMHPC PROVIDES OVERSIGHT of the MENTAL HEALTH SYSTEM, ADVOCATES for ACCESSIBLE & EFFECTIVE CARE, EDUCATES the PUBLIC & MENTAL HEALTH CONSTITUENCY TO SUPPORT A SYSTEM THAT IS STRENGTH-BASED, RECOVERY-ORIENTED & COST-EFFECTIVE

5.

- PROVIDES OVERSIGHT & ADVISES THE DMH ON ISSUES of ACCESSIBILITY, AVAILABILITY & ACCOUNTABILITY of the STATE'S MH SYSTEM.
- ADVOCATES for ACCESSIBLE, TIMELY, APPROPRIATE, EFFECTIVE & MEASURABLE SERVICES
- EDUCATES THE PUBLIC, GOVERNOR & LEGISLATURE & THE MH CONSTITUENCY ABOUT THE CURRENT NEEDS FOR PUBLIC MH SERVICES & WAYS TO MEET THOSE NEEDS.

JANUARY 19, 2011

OVERALL
ANTI-STIGMA

OVERALL
COORDINATION of GOALS & COLLABORATING

OVERALL
ADVANCING CULTURAL Competence

OVERALL
ADVOCACY

EDU PUBLIC

DATA...

DATA CLAIMING & REPORTING & QUALITY INDICATORS

- HOW TO TRACK PHYSICAL HEALTH DATA for those w/ SERIOUS MH Issues
- EVALUATION

OUTCOMES & DISPARITIES

✓✓✓

LEGISLATIVE ADVOCACY

HOW REGULATIONS & LAWS (State & FED) IMPEDE & PROMOTE WELLNESS & RECOVERY Focused System ✓

PREVENTION

HOSPITILIZATION /CRISIS CARE

PRISON ISSUES

JUDICIAL PRISON REFORM

SUBSTANCE ABUSE

PROTECTING & JUSTIFYING REHAB SVCS.

VETRAN'S CONCERNS

H/C REFORM

H/C REFORM
1115 – 1915 WAIVER RELATIONSHIP ✓✓

PARITY

H/C INTEGRATION ✓

CLARIFY PLANNING PROCESS at State/county level

EDUCATING PUBLIC w/
- CURRENT + ACCURATE INFO. ✓
- BUILD A STRONG NARRATIVE
- LISTEN & DIALOGUE WITH PUBLIC

W/FORCE DEVELOPMENT

INTERNAL PROCESSES

CMHPC INTERNAL PROCESSES
- TRANSPARENT
- COMMUNICATION ✓

- All members supported in their PARTICIPATION
- DEMOCRATIC

RECRUITMENT OF DIR. OF MH

REALIGNMENT of STATE BUDGET

GOALS

LEGISLATIVE & REGULATORY ADVOCACY

TO PROPOSE, ADVOCATE & TESTIFY ON LEGISLATION & REGULATIONS THAT ARE CONSISTENT WITH THE VISION & MISSION STATEMENT of the CMHPC

SYSTEMS CHANGE

1. ADVOCATE FOR STATE HOSPITAL FUNDING TO BE REASSIGNED TO COMMUNITY BASED CARE.
2. ADVOCATE FOR PRISONS HOUSING SMI PRISONERS TO PRIORITIZE MH SVCS. OVER "CORRECTIVE" INCARCERATION
3. ADVOCATE FOR MH PROFESSIONALS TO BE SUBSTANCE ABUSE & ADDICTION COMPETENT - as requirement for License/CERTIF. & GRADUATION
4. PROMOTE STATEWIDE SYSTEM of MH DIVERSION COURTS - INTEGRATED WITH ALCOHOL/DRUG COURTS
5. ADVOCACY SHOULD BE "product developed" & "MARKETED" & COLLABORATIVELY PRESENTED THRU P'SHIP W/ OTHER ADVOCACY GROUPS
6. ADVOCATE FOR VETERANS SVCS TO BE RETAINED & ENHANCED AT ALL LEVELS of GOVT.

CMHPC INTERNAL PROCESSES

1. ENHANCE MEMBERS' UNDERSTANDING OF THE ROLES & RESPONSIBILITIES OF THE PLANNING COUNCIL, INTERNAL DECISION MAKING PROCESS & THE PRODUCTS WE PRODUCE.
2. ENHANCE THE CULTURE OF OUR MTGS - How we engage each other

REALIGNMENT IN STATE BUDGET

1. PC MEMBER AT DISCUSSION ON RA
2. PC MORE CONNECTED WITH COUNTIES
3. ASSESS PERIODICALLY THE EFFECT OF RA & OTHER IMPT. CHANGES IN THE STATE'S MH SYSTEM & IN THE ADEQUACY & UTILIZATION of FUNDING & REPORT ITS FINDINGS TO THE LEGISLATURE, THE STATE DHH, & LOCAL BOARDS AS APPROPRIATE

7. ENDORSEMENT OF BEST PRACTICES / PROMISING PRACTICES THRU A DEVELOPED CRITERIA & HIGHLIGHTING PROVIDERS WHO USE THOSE PRACTICES.

DATA

OBTAIN DATA FROM STATE DEPT of MH, OTHER STATE DEPTS, & COUNTY MH DEPTS TO EVALUATE THE PUBLIC MH SYSTEM

RECRUITMENT of MH DIRECTOR

BE PART of the PROCESS!

HEALTHCARE REFORM

1. UNDERSTAND HC REFORM SO WE CAN EDUCATE THE PUBLIC
2. BRING TO LIGHT THE PROCESSES IN COUNTIES SO THAT ADVOCATES CAN PARTICIPATE IN & AFFECT LOCAL PROCESSES; TO HAVE PC SEAT ON DHCS PLANNING TASK FORCE
3. DEVELOP CRITERIA FOR INTEGRATED HEALTHCARE & MH WHICH ENSURES QUALITY MH SVCS, PARTICULARLY FOR THE SMI & INCLUDING SUBSTANCE ABUSE SERVICE
4. TRACK THE IMPACT OF HCR ON UNINSURED & THE MH BENEFITS THEY WILL RECEIVE
5. LOOK AT OPPTYS FOR COMMUNITY CARE SUCH AS SCHOOL BASED, NURSE RUN CLINICS & HC CENTERS & SUPPORT/ADVOCATE TO INCREASE THESE SERVICES
6. UNDERSTAND THE EFFECT "REALIGNMENT 2" & WAIVERS WILL HAVE ON SUCCESS OR FAILURE OF HC REFORM

JANUARY 19, 2011

INTRODUCTIONS & DREAM VACATION
MALDIVES ISLAND SAIL & SWIM
CANADA
VIETNAM CAMBODIA, THAILAND
CRUISE SHIP... around the world!
SKY RANCH IDAHO... & all over the USA in Private Plane
Time at the VATICAN
Back to EUROPE Esp. PARIS!
AUSTRALIA HAWAII... YOU NAME IT!
ANTARTICA
SLOW DRIVE along CALIF. COAST
Go Home to GUAM For my 50th HIGH SCHOOL
HIKING PACIFIC CREST TRAIL... with someone ELSE carrying my stuff
TRAVEL IN A GROUP...
ALASKA for a few weeks
MAUI Without my cell phone
2 YRS OFF... VISIT EVERY CONTINENT
Go Back to GALAPAGOS w/ medicine for seasickness
DESERT ISLAND... that has childcare
CHILD CARE
Tiny NOOK on PALAU ISLAND STAY FOREVER
ITALY
Go to AFRICA
SIERRA LEONE then ST. LUCIA
HORSEBACK RIDE across IRELAND!
SOUTH PACIFIC
BALI
SRI LANKA Study there for 6 MONTHS
THAILAND & EGYPT
VISIT JAPAN
MONTH IN EACH N+S ISLAND NEW ZEALAND
COSTA RICA
ROAD TRIP AROUND PERIMETER of USA
BACK to IRELAND
DON'T HAVE ONE... (I should get one)
GREECE
RENT HOUSE SOUTH of FRANCE
ANTIGUA
GROUND RULES
FIND AGREEMENT IN WHAT EVERYONE SAYS
BE RESPECTFUL
ONE PERSON SPEAKING AT A TIME
PARTICIPATE: SAY AT LEAST 1 THING/DAY
COMMITTMENT TO OUR PROCESS
TURN OFF CELL PHONE OR ON VIBRATE
JANUARY 19, 2011

Attachment 2

CMHPC January 2011 Retreat- Outcomes

Vision

DRAFT VISION STATEMENT:

The CMHPC envisions a mental health system that incorporates public, private, and community-based resources, provides excellent, effective, fully-funded, accountable, client/consumer and family-driven mental health services. The services are responsive, timely, and accessible to all California's cultural, ethnic, and diverse populations, providing the opportunity for individuals to lead full and productive lives.

Mission

DRAFT MISSION STATEMENT:

The CMHPC provides oversight [evaluation] and accountability of the mental health system, advocates for accessible and effective care, educates the public and mental health constituency to support a system that is strength-based, recovery-oriented, culturally competent, and cost effective.

Follow Up

Ad hoc Vision/Mission Work Group: George, Monica, Gail, Joe, Pat, Susan, Carmen. Staff will follow up to convene.

Committee Structure

Five different approaches to getting the Council's work done through committees were suggested.

Follow Up

Ad hoc Committee Structure Work Group: George, Marissa, Walter, Barbara, Steve, Patricia, Luis, Kathleen, Karen.

Goals

1) **Legislative & Regulatory Advocacy**

   To propose, advocate and testify on legislation and regulations that are consistent with the Vision and Mission of the CMHPC documenting resulting efforts in an annual report.

2) **Continuous System Improvement**

   Work for continuous improvement in service and program outcomes through review of policies and procedures across systems, actively advocating on at least four issues per year.

3) Upgrading CMHPC Internal Processes

Create a structure that transparently addresses CMHPC internal issues including decision making and member responsibilities. This structure models the collaborative culture the group desires.

4) Funding for Mental Health Services in the State Budget

Identify and implement a strategy for having a powerful voice on mental health funding issues in the State budget process.

5) Data

Obtain data from the CA Department of Mental Health, other State Departments, County Health Departments, and other sources to evaluate the public mental health system making as much information as accessible as possible for the public.

6) Recruitment of MH Director

Identify and implement a strategy for actively participating in the process that will be used to seek a new Mental Health Director.

7) Healthcare Reform

Develop a framework for tracking, addressing and responding to the multitude of issues resulting from Federal Healthcare Reform that impact California's mental health system.

How we hold each other accountable for success

- Every meeting, have committee activities report ***
  - Concise reports
  - Use work plan as a reporting tool
  - And report at each meeting
  - Use an issues tracking grid to present at each meeting – updates the progress on each item,
  - Create a "parking lot" issues
- Developing concrete work plans with deadlines that a chair or co-chair can monitor with periodic reporting
- Individually/committee/organizational level – need specific measures at each
- Leave time after presentations to identify action steps
- Lead person or co-chairs designated for each action item
  - And corresponding staff person
- Goals and objectives should be defined in a way that is measurable
  - Also timely
- Use the website as a tool to improve accountability by posting the goal or action item with options for comment and public input, with option to respond from committee chair or co-chair
- Vision, Mission, and Goals visible in the meeting packets or on the wall

- Fully participating members (attending meetings, reviewing/commenting)

***Terminology: Use Chair and Vice Chair

Principles to hold in mind when Action Planning

- Staff Involvement (for feasibility)
- "Can this be done, or is this done by another organization? If so, is it appropriate to collaborate?"
- Specific, doable, have the resources, and within our scope
- Time-limited: clear start and deadline
- Include emerging issues
- Fewer bigger items – "quality vs. quantity"
- Identify who, what, where, when, and how
- Include process improvement to get back on track (adaptive management)

Hold in mind "Overarching" Issues:

- Educating Public
- Advocacy
- Advancing Cultural Competence
- Stigma
- Coordination of goals

Report-Out: How to Address/Resolve Issues

- **Clarity of Accomplishments**
  - We have goals now to allow committees to be goal-focused
  - Accomplishing goals = clarity
  - Communicate to various constituency groups
  - Acknowledge accomplishments with more parties (group celebration)
- **Transparency**
  - Exec committee report should be more extensive
    - Planning Council should vote on recommended action items at each meeting
    - Make job description for Exec Committee, full Planning Council
    - Any actions that are done by the Exec Committee between meetings should be immediately reported to Planning Council
  - What does the Leadership group decide on?
- **Culture of Discourse- how we talk to each other**
  - Respectfulness is key
  - Sensitivity training
    - Power and dimensions of privilege
    - Micro aggression
    - Client or consumer/provider

        - Gender
        - Majority/minority
        - Culture/ethnicity
        - Conflict resolution
    - Nurture each other and staff

- **How to deal with issues in the future?**
    - Add to Council agenda
    - Identify where we are, and find way to move forward
    - Talk about issues, understand how we feel
        - Start an internal blog
    - Have short-term committees, including one to address internal issues
        - Can meet a few times to resolve issues initially, then annually for updates

California Mental Health Planning Council
Overview of Assessment Results | Conducted Prior to January, 2011 Strategic Planning Retreat

7 phone interviews, 18 online survey responses

Most Significant External Influences

<table>
<tr><td>Politics; Legislature; Governor</td><td>State budget</td><td>Economics, Funding, Recession
MH seeming like fat cat; doormat</td></tr>
<tr><td colspan="3">Health Care Reform</td></tr>
<tr><td colspan="3">State Rules and Regulations
Overlapping oversight and accountability roles
Legislative definition of the Council's role
Advisory role of Council in conflict with advocacy role
Power actually lies with the counties not DMH</td></tr>
<tr><td colspan="3">Consumers doing their own advocacy</td></tr>
</table>

Vision

7 of 17 respondents think the Vision statement could be updated.

What changes are needed?

Specific Suggestions

- Culturally appropriate services, built to empower wellness through the diverse strengths within communities
- Add: engaging consumer, family and stakeholder comments about the public mental system in order to provide oversight and advocate for improvements to transform the system to address needs
- Emphasis on consumer-centered care
- Protecting funding streams or costs for programs
- In addition to "recovery" would like to see some language about "empowerment"

Other Comments

- The Vision statement is good but our actions are not functionally reflective of the vision and mission
- Does the Planning Council have that much influence on the public sector?
- Strengthen advocacy activities
- The Planning Council's Older Adult committee is having an "uphill climb" do to a lack of support for Older Adults
- It is in carrying out tasks that we lose our independence and strive to get along

Goals

Wide ranging support/ concern	
• Health Care Reform • Advocacy • Addressing Internal CMHPC Processes • Disparities • General Oversight	• Committee Related: • Children and TAY; Human Resources; Cultural Competency and need to monitor cultural competency issues in all parts of MH system • Support • White papers/ reports; • General support to boards and commissions, etc
Not as wide-ranging	
• Prevention / Maintenance • Exit / transition from system • Judicial / prison	• Better coordination of the funding sources • Impact MHSA implementation (determine specific objectives)

In what areas might the Planning Council accomplish more?

- Simply fulfill the mission of the Council
- Support the CA Association of Local Mental Health Boards
- More action coming out of Committees
- Do more with stakeholder comment received at Council meetings
- Gain more respect to become on equal footing with the Mental Health Services Oversight and Accountability Commission so we can be taken more seriously as an entity
- Provide a quarterly report to the Mental Health Services Oversight and Accountability Commission to strengthen connection between groups
- Increase Council involvement in all MHSA funding components
- Greater oversight of MHSA Issue Resolution Process
- Greater advocacy for specific best practices
- Leadership in areas such as disparities
- Influence DMH to show more support for Older Adults issues
- Incorporate an anti-discriminatory, anti-racism framework into the Council's current understanding of cultural competency.
- More involvement in lobbying and advocating towards the legislature to prevent future budget cuts to the mental health system
- Direct leadership training the area of Statewide Public Mental Health systems
- Prison reform/ Judicial reform
- Incorporate more community based organizations into the membership
- Clarity on goals and outcomes so progress can be clearly measured

In what areas do you see the Planning Council as most effective?

Research/ Recommendations/ Sharing Information

- In making recommendations about areas of concern
- Raising questions and investigating data to assist in our understanding and recommendations for action
- Concrete work products

Advocacy

- Strong, focused consumer driven advocacy
- Advocating for underrepresented groups
- Informed advocacy, collaboration, research
- MHPC has been effective in influencing MHSA policy development and implementation efforts

Committees/ Subcommittees

- In the subcommittee groups where the real work is done
- Human Resources
- Workforce and Training Committees

Other

- Representing a diverse and needy service population
- The participation from the visitors who set in main council sessions is refreshing
- Obtaining input from consumers, family members and other stakeholders on key and critical issues impacting mental health services
- It is effective supporting the DMH with other state departments

Providing Input about Program Development

- Providing input on local and state level program development and implementation: program visits, program reviews, program presentations
- Focus on issues that are current: MHSA, prison reform, veteran affairs. Focus on special populations: older adults, transition aged youth
- Mental Health Board and Commission input into SAMHSA Block Grant
- Advising the Department of Mental Health

Way Group is Organized and Run

- The style of meeting offers each member a voice and I enjoy the presenters' insights
- Climate of cooperation in most committees
- I think the Council is effective in its selection of quality people who serve; all voices respected
- Some members have amazing amounts of knowledge and expertise. This makes the activities of the Council very effective
- The leadership in Ann is another valued asset of the Council

- Meetings are very well run - agendas are clear and are followed

When you reflect on the past work of the CMHPC what makes you most proud?

General

- The balance of consumer, provider, and family member input
- The ability to impact policy specific to prop 63 and health disparities
- Proud to be chosen to serve
- Contribution to development of measurement tool for MHSA
- Work on MHSA performance outcome indicators
- Block grant reviews
- Executive director very effective
- Model of successful discourse
- How we have built trust and alliances
- Working as a group for the best interest of clients and families and building a better mental health system

Advocacy

- Any advocacy action by the MHPC Committees and full Council
- Taking positions on legislation/ providing letters of support
- Formal letters engage us in the process and trim down our option into a stance
- That this organization exists that can and does make opinions, suggestions and acts as a "watchdog," for the Department of Mental Health decision-making process

Reports

- Development of various reports on mental health policy and practice issues
- "California Mental Health Master Plan: A Vision for California" /fantastic document but should be updated
- Research papers
- Policy document: "Transition-Age Youth With Emotional and Behavioral Disabilities: Moving Toward Self Sufficiency "

Committee oriented

- The work of the Human Resources Committee and the emphasis on cultural competence
- The Adult System of Care's crisis residential paper
- Human resources -- publicizing the needs for HR resources
- That we now have a committee dedicated to cultural competency
- State wide leadership of Mental Health workforce development
- The work on Medi-Cal consolidation and human resources
- I have been on the Human Resources committee since 2000 and more has been accomplished in that committee than any other committee the Planning Council has!

The Council has to balance three sometimes competing imperatives:

~ fulfilling statutory requirements, ~ responding to other important issues that emerge, and the ~ limited resources the Council has (such as staff). Generally, how do you think the Council does in balancing this situation? What do you suggest the Council do better in the future?

General feeling is that it is a challenging balance. Others said they didn't know. Key comments include

Staffing: Praise / Structural Challenge

- In these challenging times staff has continued to excel in spite of varying demands and budget constants
- California is lucky to have a large staff (as other states do not have staff or as many staff)
- Staff doing a superb job
- Superb performance but need more staff
- A highly efficient and accomplished Executive Director
- Since Council is staffed by DMH employees they act as a barrier or filter between the Council and legislature

Member participation

- Some Council members contribute practically nothing, while 20% are responsible for the effectiveness of the Council
- All members should be required to participate or they should not be on the Council

Overall

- The Council doesn't really do "oversight" of the system, we are advisory; if that was the case then the MHSAOC would be duplication. But because we don't do oversight, Prop 63 planned the creation of the MHSAOC
- Targeted agendas and more policy focused action items

Other Issues Like to See Addressed

- Organizational reform with prisons, AODP, MHSA, mental hospitals, medical, social services. Why should the county government have sole access to MH managed Care?
- Specific policy statements regarding services to underserved and disparate populations of the state
- Open positions on the Council and adequacy of stakeholder representation