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## **CalMHSa Executive Committee Meeting Minutes from November 18, 2013**

Teleconference start time: 3:00 p.m.

### **MEMBERS PRESENT:**

Wayne Clark, PhD, Monterey County  
Maureen Bauman, LCSW, Placer County  
CaSonya Thomas, MPA, CHC, San Bernardino County,  
William Arroyo, MD, Los Angeles County, Los Angeles Region  
Mary Hale Orange County, Southern Region  
Karen Stockton, PhD, MSW, Modoc County, Superior Region

### **MEMBERS ABSENT:**

Scott Gruendl, MPA, Glenn County, Superior Region  
Michael Kennedy, MFT, Sonoma County, Bay Area Region  
Jo Robinson, San Francisco City & County, Bay Area Region  
Vic Singh, San Joaquin County, Central Region  
Rita Austin, LCSW, Tuolumne County, Central Region  
Marvin Southard, DSW, Los Angeles County, Los Angeles Region  
Alfredo Aguirre, San Diego County, Southern Region  
Anne Robin, MFT, Butte County, Superior Region

### **STAFF:**

John Chaquica, CalMHSa Executive Director  
Stephanie Welch, CalMHSa Senior Program Manager  
Doug Alliston, Murphy, Campbell, Alliston & Quinn, PLC  
Sarah Brichler, CalMHSa Program Manager  
Laura Li, CalMHSa JPA Administrative Manager  
Michelle Yang, CalMHSa Executive Assistant  
Bianca Vidales, CalMHSa Executive Assistant

### **OTHERS:**

Don Kingdon, California Mental Health Directors Association (CMHDA)  
Kim Ganade-Torres, San Francisco City and County  
Michele Violett, Nevada County  
Autumn Valero, California Institute for Mental Health (CiMH)  
Stacie Hiramoto, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO)

**1. CALL TO ORDER**

Wayne Clark, PhD, Monterey County, CalMHSA President, Executive Committee Chair, called the meeting to order.

**2. ROLL CALL AND INTRODUCTIONS**

Laura Li, CalMHSA, called roll and a quorum was not established at 3:02 p.m. Ms. Li asked for introductions by members of the public, at all posted locations as well as on the phone. Staff continued to monitor any late comers while the Executive Committee proceeded with conversation and any items not requiring action. President Clark asked for members of the public and staff to introduce themselves.

**3. INSTRUCTIONS FOR PUBLIC COMMENT AND STAKEHOLDER INPUT**

Doug Alliston, Legal Counsel, reviewed the meeting process. The Chair will take comment from members first. Once members have commented, he will open the subject up for public comment by call-in location followed by comment by those calling in from unposted locations. Roll call of Committee members at posted locations will be taken on substantive matters.

**4. APPROVAL OF AGENDA AS POSTED (OR AMENDED)**

President Clark entertained a motion to approve the agenda as posted.

**Action:**        *A motion was made to approve the agenda as posted.*

*No action taken due to the lack of a quorum.*

*Public comment was heard from the following individual(s):*

*None*

**5. APPROVAL OF CONSENT CALENDAR**

President Clark entertained a motion to approve the consent calendar as posted.

**Action:**        *A motion was made to approve the consent calendar as posted.*

*No action taken due to the lack of a quorum.*

*Public comment was heard from the following individual(s):*

*None*

**6. ADMINISTRATIVE MATTERS**

**A. Member Input on Quorum**

John Chaquica, CalMHSA Executive Director, briefly discussed how reaching a quorum of the Board of Directors and the Executive Committee has continued to be difficult. At the October Board Meeting, staff recommended to present

options for consideration. Mr. Chaquica and staff surveyed Board members and have received useful feedback.

The members present supported reducing the Executive Committee back to nine (9) members (not counting the tenth slot for Past President, which currently is not applicable). In addition, they supported the addition of a tenth at-large member drawn from the roster of CMHDA officers. Maintaining ten members will prevent Friday agenda review calls from involving a quorum of the Executive Committee.

Executive members discussed options that have been presented to directors at the Board and CalMHSA staff calls. Some members raised great concern of the commitment for some counties. Staff has continued to receive member feedback and will include this item in the December Board Meeting.

**Action:**            ***Discussion for recommendation at the December 12, 2013 CalMHSA Board of Directors Meeting to make changes to the current Executive Committee structure and continued review of options for the Board of Directors meetings***

***No action taken due to the lack of a quorum.***

*Public comment was heard from the following individual(s):*

*None*

## **7. PROGRAM MATTERS**

### **A. Funding Each Mind Matters for Local Impact**

Stephanie Welch, CalMHSA Senior Program Manager, provided an update of The Each Mind Matters (EMM) Campaign. The EMM campaign has been receiving increasing attention, including increased number of website visits. Feedback and impact has been used throughout counties and Higher Education partners to integrate EMM into state, regional, and local level efforts in order to unify structure for California's mental health movement and stigma reduction activities.. CalMHSA Program Partners and the SDR Consortium in collaboration with Runyon Saltzman & Einhorn – have developed an EMM enhancement plan which would serve to fill the gap in technical assistance for localization, as well as provide an investment in sustaining the EMM campaign on the local, statewide, and possibly national levels. The plan activities include advancing resources that assist counties, offering training assistance, strengthening the dissemination efforts for all PEI statewide projects, and refine the EMM message platform to resonate with the public.

The Executive Committee members supported endorsement of additional EMM funding to move to all counties. The plan will be funded with already approved funds from the December 2012 work plan update.

*Public comment was heard from the following individual(s):*

*None*

## **B. Department Of State Hospitals Update**

### ***2013-2014 MOU***

At the October 10, 2013 Board meeting, CalMHSA staff reported there remained only one item to complete for the 2013-14 MOU, the definition of levels of care and medical necessity. Once complete, the workgroup will have achieved one of its critical missions, which was to have a joint MOU with participating counties through CalMHSA.

On October 22, 2013, some workgroup members, county clinicians, Department of State Hospital (DSH), and State Hospital directors proposed no definitions and suggested going to a blended rate while providing a more general description of services. Mr. Chaquica explained DHS's rationale behind the blended rate, which would eliminate the need to define levels of care. The workgroup met on November 6, 2013 to discuss next steps, with a follow up meeting with DSH on December 4, 2013. The workgroup concluded that a blended rate was not acceptable and would like to meet again with the DSH to resolve this issue.

*Public comment was heard from the following individual(s):*

*None*

## **C. Phase One Sustainability Plan**

Ms. Welch presented this item in behalf of Ann Collentine, CalMHSA Program Director. She reminded the Committee that Board members had requested a CalMHSA Taskforce be formed to develop a Sustainability Plan by December 2013. The goal of the Task Force is to provide guidance on the programmatic elements of a PEI Statewide Project Sustainability Plan and vet milestones related to this plan prior to presentation to the full Board. An update on Taskforce activities and milestones has been presented at every CalMHSA Board meetings, Executive Committee meetings, Advisory Committee meetings and Finance Committee meetings since June so that Board members and the public were allowed time to provide input on sustainability planning. Since then, the Taskforce came up with criteria for rating projects and development of a phase two on August 15, 2013. The Board adopted the recommended criteria for rating projects to sustain. On October 10, 2013, the CalMHSA Board adopted for a two phase planning strategy for sustaining current CalMHSA PEI Statewide Projects and for developing a plan for future statewide projects. In response to feedback from the Board members, and stakeholders, CalMHSA staff determined that a strategy for both a short-term sustainability plan and a long-term sustainability plan needed to be developed. Taskforce members endorsed

the concept of a two phase planning strategy and requested that a Two Phase Plan be brought to the full CalMHSA Board for discussion and action in December. Staff recommended that the Phase One Plan continue the CalMHSA Statewide Prevention and Early Intervention Implementation Work Plan for one additional fiscal year, from July 1, 2014 – June 30, 2015 but with a reduced annual budget. Continuation and/or reduction of program activities will be based upon rating criteria adopted by the CalMHSA Board in August 2013.

#### **D. New Behavioral Health Billing System Feasibility Study Update**

Sarah Brichler, CalMHSA Program Manager, gave the Committee an update regarding the current status of the new billing system feasibility study in which the Department of Health Care Services (DHCS) had determined the need to explore options to transition from Short-Doyle 2 (SD2) to a new billing system. Counties have taken action on this topic through both CMHDA and CalMHSA. During the May 9, 2013 CMHDA All Directors Meeting, members voted to approve the IT Committee's CMHDA/DHCS Short-Doyle 3 Feasibility Study Partnership Proposal. CalMHSA staff received authorization to work with CMHDA and DHCS to implement the Feasibility study at the July 25, 2013 CalMHSA Executive Committee Meeting. During the August 15, 2013 CalMHSA Board Meeting, the allocation methodology outlined in MHS Information Notice 13-15 was approved as the methodology to be used in determining each county's share of the estimated \$300,000 cost for the feasibility study. CalMHSA invoiced counties for their estimated share of cost, should they wish to participate. Financial participation is not mandatory; however, if full participation is not achieved, counties may need to increase their level of funding. Staff calculated a possible range for the share of cost.

CMHDA and CalMHSA jointly sponsored conference calls in which counties may receive updates on the feasibility study and discuss any questions or concerns regarding the process. The next call will be held on Monday, December 2<sup>nd</sup>. Ms. Brichler requested any questions and/or comments be directed to her regarding this study.

Don Kingdon, CMHDA Deputy Director, discussed possible short and long term solutions that counties may fund through the feasibility study, in collaboration with DHCS. Possible considerations include moving to a quarterly claims process and implementation of protocols that support more timely reconciliation and settlement. Other opportunities include county collaboration with DHCS in the Medicaid Information Technology Architecture (MITA) planning process, to support shared goals of interoperability and integration with other systems.

*Public comment was heard from the following individual(s):*

*None*

## **8. GENERAL DISCUSSION**

**A. Report From CalMHSA President – Wayne Clark**

President Clark outlined the benefits of attending the American Public Health Association (APHA) conference in Boston, Massachusetts earlier in the month. President Clark encouraged all members to view the presentations posted on the website, expressing the opportunity was great, as it was an opportunity to have CalMHSA recognized not only nationally but internationally. President Clark also shared his experience regarding his and Ms. Welch’s attendance of the symposium held at the Carter Center in Atlanta, Georgia after the APHA conference.

*Public comment was heard from the following individual(s):*

*None*

**B. Report From CalMHSA Executive Director- John Chaquica**

John Chaquica, CalMHSA Executive Director, requested the Committee’s approval for CalMHSA to co-host, with CiMH, the 2015 International Stigma and Discrimination Reduction (SDR) Conference with the World Psychiatric Association (WPA) and delegate authority to the Executive Committee to consider funding appropriation to support the conference. Staff is working with CiMH to develop a conference budget timeline. Staff will review the preliminary budget from the Canada conference and anticipates having more detailed information within the next 30 days. Mr. Chaquica stated that CalMHSA does not yet know the risk amount or the number of participants and attendees, but will be building on relationships and sponsorships regarding this conference. Staff is enthusiastic of playing a part in developing this conference to be held in California for the first time, as it will help further enforce implementations of mental health services and awareness. Due to the urgency to begin planning, staff seeks authorization for consideration of appropriating funding.

*Public comment was heard from the following individual(s):*

*None*

**9. CLOSING COMMENTS**

**A. Committee**

*Public comment was heard from the following individual(s):*

*None*

**B. Staff**

*Public comment was heard from the following individual(s):*

*None*

**10. ADJOURNMENT**

Hearing no further comments, the meeting was adjourned at 4:20 p.m.