

**MEMO**

**TO: CalMHSa Executive Committee**

**FROM: Allan Rawland, President, CalMHSa**

**RE: STRATEGIC PLANNING SESSIONS "NEXT STEPS"**

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Attached for your review is each synopsis prepared by Eric Douglas, LRI, from the two Strategic Planning sessions recently held. One from the Stakeholder Strategic Planning session on March 10, 2011 and the other from the Board Strategic Planning session of March 11, 2011. Both of these events had great discussions and established momentum going forward. CalMHSa has achieved a great deal, but there is much still to accomplish. Your input and participation is critical in guiding to our future success. I look forward to discussing the next steps together.

Both of these will be reviewed with the full Board on April 14, 2011. Included in the discussion will be an update on the process for assembling a Formation Committee for the development of Stakeholder participation. Additionally we will update you from the discussions from the Executive Committee on April 1, 2011 where we will specifically address priorities for CalMHSa and an expanded role.

Furthermore, Mr. Douglas's consultation proposal, for scope of work relative to furthering the above, will be presented for consideration and action at the April full Board meeting.

I look forward to working with all of you and our stakeholders in CalMHSa's next steps.

Respectfully,



Allan Rawland, MSW, ACSW  
President, CalMHSa

**California Mental Health Services Authority**  
**March 10, 2011**  
**Stakeholder Planning Session**  
**Meeting Synopsis**  
**Facilitator: Eric Douglas, LRI**

**I. Meeting Goals**

- Discuss the development of a meaningful process for stakeholder engagement that gives real voice to stakeholders in developing priorities for CalMHSA
- Discuss what constitutes success for CalMHSA in the next year

**II. Characteristics of Effective Stakeholder Engagement**

- True partnership between CalMHSA and stakeholders
- Collaborative process involving stakeholders and board members
- Meaningful capture of input from stakeholders, not just meeting minutes
- Proactive education of stakeholders
- Proactive outreach to stakeholders to assure they are included
- Multiple channels of education – webinars, meetings, etc.
- Meaningful facilitation and engagement of all stakeholders
- Inclusionary travel policy enabling stakeholders to attend
- Facilitate collaborations and relationship building among stakeholders

**III. Discussion of Advisory Board**

- Board member representation
- All major issues go through Advisory Board then to the CalMHSA Board
- Advisory Board addresses issues of policy, programs, and the process of policy development(not administration of the JPA)
- Flexible structure with ability to structure subcommittees as needed, include specific groups as needed
- Consider having elected representatives – representing different stakeholder focuses
- Consider state level representatives and/or county representatives (as relevant)
- Consider regional model, following CMHDA, etc.
- Many groups don't work, given fast timeline
- Consensus: The group prefers the model of having one Advisory Board that effectively brings all work together vs. multiple committees

**IV. Concerns**

- Membership needs to be open to all different viewpoints –not chosen simply to rubber stamp
- Open agenda-setting process that enables stakeholders to set agenda items
- Stakeholder presence needs to be at the table throughout the process
- Stakeholders need to be empowered to weigh in as Board committee members are
- Board committees need to be informed by stakeholders in a meaningful way
- There needs to be skilled facilitation and leadership to help assure Advisory Board helps and doesn't hold back the speed of the process
- There needs to be consistency with MHSA guidelines, policies in the stakeholder engagement process

- Concerned about potential conflict between Advisory Board and review panels/workgroups; it should not duplicate or compete with RFP/RFA review panels and work groups
- Attitude and appearance matters – avoid language that appears to exclude
- Stay in keeping with the spirit of the Brown Act, but use it as a floor for discussions, not a ceiling
- Be mindful that some of the populations covered don't function on county basis, e.g. schools

#### **V. Advisory Board Next Steps**

- Communicate this input to the Board
- Form a committee to develop a recommendation for the Board
- Model what we're looking for in the process
- Keep asking: Who isn't at the table?

#### **VI. What Constitutes Success for CalMHSA in the Next Year?**

- Accomplishment and mutual trust and feeling of collaboration
- Fewer complaints that schools are not accommodating students with mental health issues
- Measureable
- More diversity on Board
- Transparency
- Prioritize reducing disparities
- Impact on mental health awareness within communities
- Better, more open dialogue with regard to concepts, ideas, lessons learned
- Implementation of programs with stakeholders engaged in implementation
- Stakeholders coming back together with more participation –feedback/input heard and influenced decisions
- Successful and effective coordination of all programs, true social marketing
- Statewide program benefit to older adults
- Strong partnerships – CalMHSA and stakeholders
- Broad community collaboration
- Creation and coordination of successful structure – rolling out programs
- Continued dialogue – at the local level
- Implementation of effective programs, meet needs, spirit of MHSA
- Allow self-determination
- Self-advocacy
- Other funding so programs are sustainable
- Accountability of state, stakeholders
- Capture the three visions established by CalMHSA
- Mental health community feels they have full participation
- Credibility
- Successful implementation with coordination across all programs
- Program outcomes with real impact, e.g. reduced number of suicides

**California Mental Health Services Authority**  
**March 11, 2011**  
**Board of Directors Planning Retreat**  
**Meeting Synopsis**  
**Facilitator: Eric Douglas, LRI**

**I. Introductions**

- Member introductions
- Meeting goals and ground rules

**II. President's Remarks – Alan Rawland**

- Strategic view today: our past, present and future
- CalMHSA can exert major influence over mental health/behavioral health policy over the next few years
- Health care reform has “left the station”: we will be important players
- Review of formation history of CalMHSA (see separate presentation)
- CalMHSA's current purpose is to implement the three statewide projects

**III. Executive Director's Remarks – John Chaquica**

- Review of current status of JPA (see separate presentation)
- Stakeholder process resulted in our list of values, which we heard stressed again in the stakeholder meeting yesterday
- JPA agreement is foundational to CalMHSA
- Under JPA agreement, Board members are accountable to their counties, and counties have ability to withdraw
- Bylaws are the second governing set of documents
- Board decision-making authority is laid out in bylaws
- Executive committee role is also defined in the bylaws
- Assets bound to the JPA by the Board become assets of the JPA
- Today 33 members; soon to be 35 members
- Main focus of the JPA is the fulfillment of the contract with DMH and the three projects
- Once the funds are assigned, the assumption we make is that those counties are committed to participate in all three projects – and their related programs – for the full term of the contracts
- New IT database will help manage our projects and capture the data that contractors are required to capture as part of their projects
- Also a good tool for Board members, so that each member will have their own file cabinet for their materials
- Ed Walker: Describes project implementation structure and timeline for RFPs for the three initiatives
- Once RFPs are awarded, we'll shift to contract monitoring
- Role of CiMH: We want to keep our structure as lean as we can. To expand our capacity, we've contracted with CiMH in all facets of implementation.
- We'll be evaluating CiMH on the basis of quality and timeliness in achieving specific project objectives

**IV. Update on Stakeholder Engagement Process**

- Eric summarizes the notes from yesterday's discussion with stakeholders
- Stakeholders in attendance validate his summary

- Point is made that stakeholders aren't likely to get seats on the Board of the JPA
- This stakeholder advisory board is very important to the success of the JPA

## V. Cliff Allenby Presentation

- Increasing focus on mental health outcomes
- There will be significant layoffs at DMH
- Medi-Cal functions will move to Dept. of Health Care Services
- Details of layoffs are not done; but that process will happen
- Realignment is occurring with multiple departments; still a work in progress
- Counties should be thinking about how to ensure that competing interests don't chew up the money designated for mental health

Q: What functions could the JPA perform in the future?

A: The JPA will mainly have to work with the counties. What's disappearing is the state approval process for the state plans. That will be done at the county level. Cash flow will shift, so that monies flow from FTB to controller to counties.

Q: Could you see the JPA acting in role of overseeing and assuring intent of law?

A: Yes, so long as you add value.

Q: Does the state have any role once the function has devolved to the counties? If so, what is it?

A: The role will not be to approve plans. There may be a role to look at information and data flow.

Q: How do you see the role of state leadership in mental health evolving?

A: Parity is an important question. It's yet to be worked out what constitutes parity of medical and mental health. Some programs being done at county level may move to the state.

## VI. Strategic Priorities for CalMHSA

Process note: Small groups are asked to work on priorities and then report out. The following synopsis is organized by themes and lists specifics from the small groups.

Priorities:

- Execute on CalMHSA's work plan
- Ensure robust stakeholder process
  - Ensure an effective stakeholder process and assure that stakeholder involvement is robust statewide – including in contract monitoring and review
  - Support the continued involvement of consumers and peer-run programs in MHSA statewide
  - Develop framework for meaningful involvement of consumers and family members and other stakeholders within government codes that establish JPAs
  - Ensure strong advisory board with representatives from counties
  - Inform local Boards of Supervisors and local stakeholders on MHSA and mental health issues as changes at the state level are clarified (like CMHDA)
- Focus on policy vs. advocacy
- Use technology effectively to record and organize stakeholder input
  - Technology needs to address remote access by stakeholders

- Clarify role of CalMHSA
  - We need to define the purpose of CalMHSA in light of realignment
  - Identify what potential leadership role(s) the JPA might play in relationship to the realignment process and other changes; prioritize functions, role, responsibilities in the new world order; and continue to be ready to take on new growth responsibilities while staying lean and mean
  - Be devilish in the details of realignment with the shifting of functions and responsibilities to counties
  - Don't overreach on policy front vs. fiscal role
  - JPA will need a framework to address realignment issues at local level
  - Create framework for dealing with other agencies – state/local
  - Establish relationship with HCSA to develop parity implementation
  - Establish relationship to CSAC as sister JPA
  - JPA needs a broad advocacy group to support counties' interests
  - Provide fiscal/admin services to groups of counties for a wide variety of purchase goods/products – faster, better, cheaper
  - How do we differentiate from other groups; how to collaborate with CMHDA
  
- Distinguish between goals and strategies – short/long range
  - Prioritize JPA's values and add action statements to substantiate those values
  
- Be nimble and responsive in changing landscape
  - Be responsive to rapidly changing human service landscape – flexible, effective, strategic
  - Ensure CalMHSA continues with a lean, mean, admin machine that continues to add value – faster, better, smarter
  - Develop strategies to handle risk; risk pool
  
- Statewide leadership
  - Implement, evaluate the effectiveness and accountability of, and monitor the current and new statewide projects
  - Balance small/medium/large county needs while effectively and successfully implementing three pilot PEI statewide projects to establish CalMHSA/JPA credibility
  - Leadership for integration of primary care
  
- Miscellaneous
  - Address MHSA housing dollars?
  - What is the regional structure that makes sense for CalMHSA?
  - Need materials for directors to communicate effectively with county Boards of Supervisors regarding CalMHSA role and mental health activities
  
- Questions
  - What is the difference between CalMHSA and CMHDA?
  - What is the difference between statewide and local stakeholders?
    - How to build effective communication bridges between statewide and local stakeholders?

## VII. Capacity Priorities

Process note: Small groups are asked to work on needed capacities for CalMHSA and then report out. The following synopsis is organized by themes and lists specific from the groups.

Capacities:

- Monitoring and oversight
  - Develop capacity to monitor contract compliance and fiscal for three statewide projects
  - Method to measure outcomes of statewide projects and communicate the outcomes
- Communication
  - Ability to convene meetings statewide without travel (telecommuting, webinars, etc.); virtual meetings
- Consistent messaging
  - Clear, consistent, uniform messaging regarding JPA actions
  - Consistent communication from CalMHSA to Boards of Supervisors
  - Standard presentations, standard forms
  - Standard operating principles for meetings of the Board
- Standard processes for engaging Boards of Supervisors in decision making with repeatable elements
- Evaluate opportunities, manage risk and build capacity
  - Capacity to assess what we should strategically take on as a JPA
  - Keep pace with the changing landscape in mental health and changing/evolving role of CalMHSA
  - Develop capacity in health information exchange, electronic health records
  - As JPA responsibilities increase, determine necessary infrastructure and risks
  - Develop capacity to analyze new risks and opportunities for counties in timely manner
  - Strong fiscal management (managing risk)
  - Develop capacity for program evaluation and coordination with other bodies
  - Capacity to work with and understand non-mental health entities, i.e. UC's, CSU's, K-12, media agencies, etc.
- Questions
  - How are we going to help the counties? What is CalMHSA role?
  - Capacity to look at membership (e.g. change)?
    - Additional realignment roles
    - Proactive in protecting firewall
  - Potential of Boards of Supervisors members or CAOs sitting on board?
    - Conflicts with CSAC?
    - Be proactive in helping Boards of Supervisors determine
  - What subcommittee structure will we need to do oversight of programs?

## VIII. Reflections – Important Themes

- What are implications of proposed realignment for the JPA?
- What are potential roles for CalMHSA?
- We need to know our role and purpose with supervising entities
  - MFT contract
  - Education

- Admin
- CalSWEC
- California Housing Authority
- We need a consistent message
  - Condensed PowerPoint for Boards of Supervisors, next steps
  - Agreed upon protocols for communication
- Need to understand the legal boundaries of what CalMHSA Board members can do in other settings (e.g. CHMDA)

## **IX. What Is CalMHSA's Role in Light of Realignment?**

Process note: Eric identifies CalMHSA's evolving role in light of realignment as its most fundamental strategic question. He asks small groups to brainstorm potential roles for CalMHSA.

Responses:

- Represent counties for implementation of federal health care reform
- With the input of stakeholders, perform some of the tasks/roles no longer being done by DMH (oversight)
- Don't want to just be in the audience ... we want to drive the bus
- State authority for administering and financing local county mental health programs
- Be a voice for mental health in California
- Mezzanine level of government – to use PEI TTACB funding
- Work to preserve the purpose and intent of the Mental Health Services Act so its funding does not get "chewed up" (per Dr. Allenby) by competing programs and agencies
- Statewide mental health contract management
- Be fiscal intermediary for reinsurance

## **X. Next Steps**

- Develop a unified vision for CalMHSA and its role (assign a task force or committee to work on this)
- Clarify CalMHSA's role vs. CMHDA's role
- Synthesize and prioritize these ideas
- Be poised to act on final decisions from State
- Clarify potential legal conflicts
  - Doug to send memo to Board members re: JPA/CMHDA within 2 weeks
- Sort priorities by alignment with MHSA – steps, ideas
- Look at implications of moving from one funding stream to multiple funding streams
- Obtain copy of Allenby matrix