

Board of Directors Meeting

AGENDA

April 14, 2011

2:45 p.m. – 5:00 p.m.



**Call-In Information: 1-877-339-2412,
Conference Code: 8850044352 (Listen in only)**

Meeting Locations:

Courtyard Marriott Sacramento – Cal Expo
1782 Tribute Road
Sacramento, CA 95815
916-929-7900

California Mental Health Service Authority
(CalMHSA)
Board of Directors Meeting
Agenda

Thursday, April 14, 2011

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In compliance with the Americans with Disabilities Act, if you are a disabled person and you need a disability-related modification or accommodation to participate in this meeting, please contact Laura Li at (916) 669-4098 (telephone) or (916) 859-4805 (facsimile). Requests must be made as early as possible, and at least one full business day before the start of the meeting.

Materials relating to an item on this agenda submitted to this Board after distribution of the agenda packet are available for public inspection at 3043 Gold Canal Drive, Suite 200, Rancho Cordova, CA, 95670, during normal business hours.

1. CALL TO ORDER

2. ROLL CALL AND INTRODUCTIONS

- 3. INSTRUCTIONS FOR PUBLIC COMMENT AND STAKEHOLDER INPUT** - The Board welcomes and encourages public participation in its meetings. This time is reserved for members of the public (including Stakeholders) to address the Board concerning matters on the Agenda. Items not on the agenda are reserved for the end of the meeting. Comments will be limited to three minutes per person and twenty minutes total.

For Agenda items, public comment will be invited at the time those items are addressed. Each interested party is to complete the Public Comment Card and provide it to CalMHSA staff prior to start of item. When it appears there are several members of the public wishing to address the Board on a specific item, at the outset of the item, the Board President may announce the maximum amount of time that will be allowed for presentation of testimony on that item. Comment cards will be retained as a matter of public record.

4. APPROVAL OF AGENDA AS POSTED (OR AMENDED)

5. CONSENT CALENDAR - If the Board would like to discuss any item listed, it may be pulled from the Consent Calendar

- A. Minutes from the March 11, 2011 Board of Directors Meeting 2
- B. CalMHSA Outreach 10
- C. CalMHSA Membership Roster 11

Recommendation: Staff recommends the Board formally consider approval of the Consent Calendar.

6. FINANCIAL MATTERS

- A. Report from Finance Ad Hoc Committee 12
- Recommendation: Information only.**

7. PROGRAM MATTERS

- A. Report from Implementation Ad Hoc Committee – Wayne Clark 13
- Recommendation: Discussion and/or action should action be deemed appropriate.**

- B. California Institute for Mental Health (CiMH) – Technical Assistance and Capacity Building Update 23
- Recommendation: Discussion and/or action should action be deemed appropriate.**

- C. Workforce Education & Training – Administration of Funds 32
- Recommendation: Discussion and/or action should action be deemed appropriate.**

8. ADMINISTRATIVE MATTERS

- A. Central Region Representative Appointment 37
- Recommendation: President’s appointment of Brad Luz, Sutter/Yuba Counties to complete the term of Denise Hunt as Central Region Representative.**

9. GENERAL DISCUSSION

- A. Strategic Planning Session Follow-up 38
Recommendations:
1. **Approval of contract with Leading Resources, Inc. for Eric Douglas' services in relation to the Formation Committee.**
2. **Discussion and/or action should action be deemed appropriate.**
- B. Report from CalMHSA Executive Director – John Chaquica 58
Recommendation: Discussion and/or action should action be deemed appropriate.

10. PUBLIC COMMENTS

A. Public Comments Non-Agenda Items

This time is reserved for members of the public to address the Board relative to matters of CalMHSA not on the agenda. No action may be taken on non-agenda items unless authorized by law. Comments will be limited to three minutes per person and twenty minutes in total. The Board may also limit public comment time regarding agenda items, if necessary, due to a lengthy agenda.

11. NEW BUSINESS - General Discussion Regarding any New Business Topics for Future Meetings

12. CLOSING COMMENTS - This time is reserved for comments by Board members and staff to identify matters for future Board business.

- A. Board
- B. Staff

13. ADJOURNMENT

CONSENT CALENDAR
Agenda Item 5

SUBJECT: Consent Calendar

BACKGROUND AND STATUS:

The Consent Calendar consists of items that require approval or acceptance but are self-explanatory and require no discussion. If the Board would like to discuss any item listed, it may be pulled from the Consent Calendar.

- A. Minutes from the March 11, 2011 Board of Directors Meeting
- B. CalMHSA Outreach
- C. CalMHSA Membership Roster

RECOMMENDATION:

Staff recommends the Board formally consider approval of the Consent Calendar.

REFERENCE MATERIALS ATTACHED:

- Minutes from the March 11, 2011 Board of Directors Meeting
- Categorized County Outreach
- Current CalMHSA Membership Roster

MINUTES

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY (CalMHSA)

BOARD OF DIRECTORS MEETING – REGULAR MEETING

Sacramento, California
March 11, 2011

Meeting Start at 3:00 p.m.

MEMBERS PRESENT

Allan Rawland, MSW, ACSW, CalMHSA President, San Bernardino County

Wayne Clark, PhD, CalMHSA Vice-President, Monterey County

Maureen Baumann, LCSW, Secretary, Placer County

Karen Baylor, PhD, MFT, CalMHSA Treasurer, San Luis Obispo County

William Arroyo, MD, Los Angeles Region Representative, Los Angeles County (alternate)

Mark Refowitz, MSW, Southern Region Representative, Orange County

Michael Kennedy, MFT, Bay Area Region Representative, Sonoma County

Anne Robin, MFT, Butte County

William Cornelius, PhD, Colusa County

Neda West, El Dorado County

Karen Markland, Fresno County (alternate)

Kristy Kelly, MFT, Lake County

Karen Stockton, PhD, MSW, Modoc County

Karen Ventimiglia, San Diego County

Sandra M. Santana-Mora, MA, San Mateo County

Michelle Callejas, MFT, Sacramento County

Arden Carr, Siskiyou County (alternate)

Madelyn Schlaepfer, PhD, Stanislaus County (alternate)

Brad Luz, PhD, Sutter/Yuba County

Susan Kelly, LMFT, Ventura County

Joan Beesley, Yolo County (alternate)

NON-VOTING ALTERNATE

None

MEMBERS ABSENT

Scott Gruendl, Superior Region Representative, MPA, Glenn County

Donna M. Wigand, LCSW, Contra Costa County

Michael Horn, MFT, Imperial County

James A. Waterman, PhD, Kern County

Janice Melton, LCSW, Madera County

Bruce Gurganus, MFT, Marin County

Stacey Cryer, Mendocino County

Jerry Wengerd, LCSW, Riverside County

Kathleen Minioza, San Francisco City and County

Nancy Pena, PhD, Santa Clara County

Leslie Tremaine, EdD, Santa Cruz County

Jayleen Richards, MPA, HSA, Solano County (alternate)

Noel J. O'Neill, MFT, Trinity County

STAFF PRESENT

John Chaquica, CPA, MBA, ARM, CalMHSA Executive Director

Edward Walker, LCSW, CalMHSA Program Director

Kim Santin, CPA, CalMHSA Finance and Administration Director

Laura Li, CalMHSA Program Executive Assistant

Maya Maas, CalMHSA Executive Assistant

Doug Alliston, Legal Counsel, Murphy Campbell Guthrie & Alliston

MEMBERS OF THE PUBLIC

Eric Douglas, Leading Resources, Inc

Peggy Lopez, California Network of Mental Health Consumers

1. CALL TO ORDER

3:00 p.m. The CalMHSA Board Meeting was called to order.

2. ROLL CALL AND INTRODUCTIONS

President Rawland asked the clerk to call the roll.

Laura Li, CalMHSA staff, called roll of the board and confirmed a quorum.

3. INSTRUCTIONS FOR PUBLIC COMMENT AND STAKEHOLDER INPUT

Ms. Li was asked to review the instructions for public comment to include the process of public comment cards. It was also mentioned public comment and stakeholder input on non-agenda items would be taking place at the end of the meeting.

4. APPROVAL OF AGENDA AS POSTED

President Rawland asked if there were any amendments to the existing agenda. With no amendments made, he entertained a motion to approve the agenda as posted.

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

Motion – Mark Refowitz, Orange County

Second – Ann Robin, Butte County

Motion carried unanimously.

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

None

5. CONSENT CALENDAR

President Rawland acknowledged the consent calendar and asked for comment from Board members or staff. With no comments, he entertained a motion to approve the consent calendar.

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

Motion – Mark Refowitz, Orange County

Second – Karen Baylor, San Luis Obispo County

Motion carried unanimously.

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

None

6. NEW COUNTY MEMBERSHIP

John Chaquica, CalMHSA Executive Director, indicated El Dorado and San Mateo Counties were before them seeking membership approval. This brings CalMHSA's membership to 35 counties, 34 members.

Action: A motion was made to approve El Dorado and San Mateo Counties' membership to CalMHSA.

Motion – Mark Refowitz, Orange County

Second – Karen Baylor, San Luis Obispo County

Motion carried unanimously.

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

None

7. FINANCIAL MATTERS

A. Financial Statement

Kim Santin, CalMHSA Finance and Administration Director, presented the balance sheet. She noted the meeting expenditures include the purchase of the board members' iPads and encouraged their use. Ms. Santin indicated staff is waiting for clarification from DMH on how the funds will be distributed in relation to the Steinberg bill.

President Rawland added his encouragement in the use of the iPads. He then entertained the motion to accept the financial statement and report.

Action: A motion was made to accept the financial statement and report.

Motion – Karen Baylor, San Luis Obispo County

Second – Arden Carr, Siskiyou County

Motion carried unanimously.

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

None

8. PROGRAM MATTERS

A. Report from Implementation Ad Hoc Committee Chair – *Dr. Wayne Clark*

Dr. Clark stated activities of the Ad Hoc Committee have slowed down as all the RFPs/RFAs have been finished. However, CalMHSA's work has not. Work has been assigned to CiMH under its contract with George Hills, which includes recruiting the RFP review panels which will be formed over the next month.

The Committee met on February 14th to discuss the status of the RFPs/RFAs. Letters of intent have been received for SP and SDR. The SMHI RFA was sole sourced to the three higher educational systems, the California County Superintendents Educational Services Association (CCSESA), and the California Community College District. The next Committee meeting with stakeholders will take place on March 21st. The Committee has also been working with CiMH and staff to develop the evaluation process, which is funded separately.

Mr. Walker, Program Director, provided more information on the RFP/RFA process and timeline. All program recommendations are scheduled to come to the board in April and May, June at the outside.

Dr. Clark acknowledged CiMH's work on the RFP process thus far.

President Rawland noted that the item does not call for action and asked if there was any comment. No comments were made.

Public comment was heard from the following individual(s):
None

9. CalMHSA – GENERAL DISCUSSION

A. CalMHSA Officers and Executive Committee Election

Mr. Chaquica noted that the officer's and two regional representatives' first two year term are drawing to a close at the end of June. Today the President will appoint a Nominating Committee who will gather nominations by the May meeting. The Committee will present the slate of new officers for the full board to take action on at the June meeting.

Karen Baylor, San Luis Obispo County, asked for clarification on Denise Hunt's, Stanislaus County, Central Regional Representative position as Ms. Hunt is retiring this month. The Central Region will nominate a new representative who will be appointed by the president to finish Ms. Hunt's term, at the April 14, 2011 meeting.

President Rawland appointed himself as the chair of the Nominating Committee, as he will not be running again, and asked those interested in serving on this committee to raise their hands. President Rawland proceeded by confirming the Nominating Committee consisting of the following board members:

Allan Rawland, San Bernardino County
Michael Kennedy, Sonoma County
William Arroyo, Los Angeles County
Meloney Roy, Ventura County
William Cornelius, Colusa County

Acton: A motion to approve the nominating committee.

Motion – Karen Baylor, PhD, LMFT, San Luis Obispo County
Second – Mark Refowitz, MSW, Orange County

Motion passed unanimously.

Public comment was heard from the following individual(s):
None

B. Strategic Planning Review

Mr. Chaquica outlined the items to address in regard to today's strategic planning session:

1. Eric Douglas and his staff at Leading Resources, Inc. will synthesize and prioritize the notes from the board of directors' strategic planning session.
2. The criteria of a Formation Advisory Committee involving the stakeholders and Board to the next steps.
3. Affirming discussion today that the Executive Committee is the right body to address and discuss the Next Steps for CalMHSA.
4. Opportune time for board members to reflect on whether this was a successful and effective process and to provide any suggestions for the future.

Dr. Clark made the motion for the board to approve the formation of an Formation Committee, made up of board members and stakeholders, who will bring a recommendation back to the board. Mr. Douglas will act as facilitator. The Committee's goal for recommendation will be 60 days from now.

Peggy Lopez, California Network of Mental Health Clients volunteered to serve on the committee. Staff will poll the board and work to gather names.

Ms. Robin and Neda West, El Dorado County, volunteered to serve on the Formation Committee. If more volunteers do not come forward, staff will poll the board.

Action 1: A motion for the board to approve the formation of an Advisory Council Formation Committee, made up of board members and stakeholders, who will bring a recommendation back to the board.

***Motion – Mark Refowitz, MSW, Orange County
Second – Maureen Bauman, LCSW, Placer County***

Motion passed unanimously.

President Rawland entertained the motion to have the Executive Committee be responsible for the deliberation of CalMHSA's Next Steps.

Action 2: A motion to have the Executive Committee be responsible for the deliberation of CalMHSA's Next Steps.

***Motion – Wayne Clark, PhD, Monterey County
Second – Karen Baylor, PhD, LMFT, San Luis Obispo County***

Motion passed unanimously.

Public comment was heard from the following individual(s):
None

C. Report from CalMHSA Executive Director – John Chaquica

Mr. Chaquica had nothing to report at this time.

10. PUBLIC COMMENTS

Public comment was heard from the following individual(s):
None

11. NEW BUSINESS

Karen Stockton, Modoc County, asked that the topic of Technical Assistance monies being made available for stakeholder use be placed on the April 14th

agenda. Mr. Chaquica provided a brief update on the topic. Staff has conducted a poll of board members for interest and direction; however, it was determined that a teleconference for discussion of use and options available was needed.

President Rawland asked to revisit the consumer and family travel policy.

Public comment was heard from the following individual(s):
None

12. CLOSING COMMENTS & ADJOURNMENT

President Rawland asking for closing comments of which there were none.

Hearing no further comments, a motion was made to adjourn at 3:50 p.m.

Motion – Wayne Clark, Monterey County

Second – Anne Robin, MFT, Butte County

Motion passed unanimously.

Respectfully submitted,

Ms. Maureen Bauman, LCSW, MPA
Secretary, CalMHSA

Date

SUMMARY OF COUNTY OUTREACH

April 7, 2011

LIST A

(Chance of becoming a member, have indicated interest and moving forward)

Amador, Humboldt, Kings, Merced, Napa, Santa Barbara, Shasta and Tri-City

LIST B

(Have expressed interest but not sure what to do, internal discussions necessary)

City of Berkeley and Calaveras

LIST C

(Don't know, have many questions)

Alameda, Alpine, Del Norte, Lassen, Mariposa, Nevada, San Benito, San Joaquin, ,
Tehama, Tulare, Tuolumne

LIST D

(Have opted out)

Inyo, Mono, Plumas

MEMBER CITIES & COUNTIES

Butte, Colusa, Contra Costa, El Dorado, Fresno, Glenn, Imperial, Kern, Lake, Los Angeles, Madera, Marin, Mendocino, Modoc , Monterey, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Luis Obispo, San Mateo, Santa Clara, Santa Cruz, Siskiyou, Solano, Sonoma, Stanislaus, Sutter, Trinity, Yuba, Ventura & Yolo

Current Membership Roster

(34 members, 35 counties)

- San Bernardino County (July 9, 2009)
- Solano County (July 9, 2009)
- Colusa County (July 9, 2009)
- Monterey County (July 9, 2009)
- San Luis Obispo County (July 9, 2009)
- Stanislaus County (July 9, 2009)
- Sutter/Yuba County (August 13, 2009)
- Butte County (Nov. 13, 2009)
- Placer County (January 14, 2010)
- Sacramento County (March 12, 2010)
- Glenn County (April 7, 2010)
- Trinity County (April 15, 2010)
- Sonoma County (May 13, 2010)
- Modoc County (May 13, 2010)
- Santa Cruz County (June 10, 2010)
- Los Angeles County (June 10, 2010)
- Marin County (August 12, 2010)
- Orange County (August 12, 2010)
- Yolo County (August 12, 2010)
- Contra Costa County (Oct. 14, 2010)
- Fresno County (Oct. 14, 2010)
- Imperial County (Oct. 14, 2010)
- Kern County (Oct. 14, 2010)
- Lake County (Oct. 14, 2010)
- Riverside County (Oct. 14, 2010)
- Santa Clara County (Oct. 14, 2010)
- Siskiyou County (Oct. 14, 2010)
- Ventura County (Oct. 14, 2010)
- Madera County (Nov.12, 2010)
- Mendocino County (Dec. 9, 2010)
- San Diego County (Feb. 10, 2011)
- San Francisco City & County (Feb. 10, 2011)
- El Dorado County (March 11, 2011)
- San Mateo County (March 11, 2011)

CalMHSA's Regional Representatives

Superior Region – Scott Gruendl, MPA, Glenn County

Central Region – *Vacant*

Bay Area Region – Michael Kennedy, MFT, Sonoma County

Southern Region – Mark Refowitz, MSW, Orange County

Los Angeles Region – William Arroyo, MD, Los Angeles County

FINANCIAL MATTERS

Agenda Item 6.A.

SUBJECT: Report from Finance Ad Hoc Committee

BACKGROUND AND STATUS:

The Finance Ad Hoc Committee Members are:

- Mr. Allan Rawland, Chair
- Dr. Wayne Clark
- Dr. Bill Arroyo
- Mr. Scott Gruendl
- Mr. Tom Sherry

The committee met by conference call on April 6th to discuss the following Agenda:

1. Draft Budget for year ended June 30, 2012 – a preliminary budget was presented and discussed with the committee. This budget has been developed according to the budget submitted in the implementation plan and the addendum to the implementation plan. The Budget will be presented to the Board of Directors at its May 6, 2011 meeting for adoption as required by the governing documents.
2. Insurance Update – CalMHSA insurance brokers are exploring increased limits for Directors and Officers Liability coverage. Additionally, staff has met with CSAC-EIA regarding participation in their program with limits to \$25 million with a \$10,000 deductible and premium approximately \$20,000. Staff will continue to work with the broker and CSAC-EIA to determine the optimal solution for CalMHSA.
3. Cash Management – Treasury and investment management function for CalMHSA was discussed with the committee and will evaluate this further at the next meeting.

Mr. Allan Rawland will report the discussion of the committee at the April 14, 2011 Board Meeting.

RECOMMENDATION:

Information only.

REFERENCE MATERIALS ATTACHED:

- None

PROGRAM MATTERS

Agenda Item 7.A.

SUBJECT: Report from Implementation Ad Hoc Committee – Wayne Clark

BACKGROUND AND STATUS:

During each Board meeting, Dr. Wayne Clark, Implementation Ad Hoc Committee Chair, will provide an oral report on the status of the Implementation Work Plan and related activities.

The Implementation Work Plan

On January 27, 2011 President- Allan Rawland, Vice President – Wayne Clark, Treasurer- Karen Baylor, Executive Director – John Chaquica and Program Director- Edward Walker were in attendance at the MHSOAC Commissioner’s meeting to answer questions of the Commissioners and public relative to the Plan. The Plan was approved by unanimous vote of the MHSOAC members (see attached Press Release).

The MHSOAC action was in three parts: 1) Approval of funds up to amounts assigned - \$123 million; 2) Authority to approve up to budget amount when additional assignments received - \$129 million; and 3) CalMHSA to report on a semi-annual basis. Lastly, based on the public comment, the Commissioners requested CalMHSA review and address the process to ensure the stakeholders have a meaningful voice.

Request for Proposals (RFP) – for Execution of the Plans Deliverables to MHSOAC on the Program/Fiscal Progress

On January 28, 2011 CalMHSA staff released the first RFP for Suicide Prevention followed by a Proposers’ Conference scheduled for February 4, 2011. The Proposers’ conference was made available to parties interested via teleconference, webinar and in person.

In development of the RFPs for Suicide Prevention and Stigma and Discrimination Reduction, competitive proposals are expected as 15 were received for Suicide and 16 for Stigma and Discrimination. Implementation of the Student Mental Health Initiative (SMHI) presents a different set of circumstances for the Higher Education programs, K-12 Statewide program and the K-12 Regional program. A timeline is attached detailing sequencing of releases, presentation to CalMHSA Board and contract approval.

Consistent with CalMHSA Procurement Policy, Section 8, IAHC recommended to the Board that we request applications from the three higher education systems: University of California, California State University, California Community Colleges named in the Plan (pages 61-62), the Department of Education and each of the Superintendents’ Regions (pages 65-67).

Next Steps

Dr. Clark and Mr. Walker will address the timeline and next steps and answer questions of the Board.

RECOMMENDATION:

Discussion and/or action should action be deemed appropriate.

REFERENCE MATERIALS ATTACHED:

- Ad Hoc Committee Meeting Notes, March 21, 2010
- Press Release
- Timeline



CalMHSa Implementation Ad Hoc Committee

Teleconference Notes from March 21, 2011

Teleconference start time: 4:00 p.m.

ROLL CALL:

MEMBERS:

Maureen Bauman, LCSW, Placer County
William Arroyo, MD, Los Angeles County
Karen Baylor, PhD, LMFT, San Luis Obispo County
Michelle Callejas, MFT, Sacramento County

STAFF:

Edward Walker
Kim Santin, CalMHSa
Laura Li, CalMHSa

OTHERS:

Doretha Williams Flournoy, CIMH
Stacie Hiramoto, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO)
Delphine Brody, CA Network of Mental Health Clients
Lin Benjamin, California Department of Aging
Enrica Bertoldo, MHSOAC
Viviana Criado, California Elder Mental Health and Aging Coalition (CEMHAC)
Heather Stokes, Living Works Education
Eve Meyer

1. Roll Call:

Maureen Bauman, LCSW, Placer County called roll of the members present followed by public/stakeholders. A review of the meeting process was also given.

2. Update on Stigma & Discrimination RFP/ SMHI RFAs

Ms. Bauman asked Mr. Edward Walker to give an update as to current status of the SDR RFP and SMHI RFAs.

Mr. Walker proceeded by stating the SDR RFP had been released with Letters of Intent (LOI) due on March 8, 2011, followed by proposals due on March 30, 2011.

Additionally, the SMHI RFAs were released and all five Letters of Intent had been received with applications due on April 14, 2011.

Stakeholder comments were heard from the following individuals:

None

3. Suicide Prevention RFP Update

Mr. Walker indicated proposals had been received and gave the number of submissions by program within Suicide Prevention. He added there were no submissions for program 5, Suicide Prevention Evaluation and Accountability Program (SPEAP). Discussions will be held about how to proceed given there was no response to the RFP for SPEAP, program 5.

Ms. Bauman and Mr. Walker asked stakeholders for their input as to their recommendations for how to proceed with program #5 with a couple of individuals commenting.

Questions were raised as to whether or not a list of proposers would be posted on the CalMHSA website to which Mr. Walker indicated they would have to confer with legal counsel.

Additionally, it was asked what the next steps would be for Suicide Prevention to which Doretha Williams-Flournoy addressed as follows:

- They currently had 19 reviewers with a wide range of expertise
- Review panels were divided based on program area and selected based on their area of expertise
- These are diverse panels for a comprehensive review, which will start with orientation on March 22nd
- Review panels are expected to review for approx. 4 weeks completing reviews the end of April.

Stakeholder comments were heard from the following individuals:

Viviana Criado, California Elder Mental Health and Aging Coalition (CEMHAC)

Heather Stokes, Living Works Education

Lin Benjamin, California Department of Aging

4. Stakeholder Participation Follow-up

Mr. Walker asked stakeholders if they had any comments relative to the Strategic Planning Sessions that had taken place March 10 & 11th.

It was asked if Mr. Walker could recap the outcomes from the Board Member Strategic Planning session as some individuals were not able to participate, which he did.

In addition, the question was raised as to the Formation Committee, if individuals had been appointed. Mr. Walker indicated this committee had not been formed as of yet but the process and started.

Stakeholder comments were heard from the following individuals:
Stacie Hiramoto, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), Delphine Brody, CA Network of Mental Health Clients, Lin Benjamin, California Department of Aging.

5. Schedule of Next Meetings

The members discussed next meeting dates and were set as follows:

- April 18, 2011 @ 4:00pm
- May 16, 2011 @ 4:00pm

Stakeholder comments were heard from the following individuals:
None

6. Meeting Wrap Up and Adjournment

Ms. Bauman thanked everyone for their participation hearing no further comment the meeting was adjourned at 4:28pm.



FOR IMMEDIATE RELEASE

Contact: Mady Gorrell, CalMHSA
650-464-6496
mady.gorrell@georgehills.com

Statewide Prevention and Early Intervention Implementation (PEI) Work Plan from California Mental Health Services Authority (CalMHSA) Approved by California Mental Health Services Oversight and Accountability Commission (MHSOAC)

SACRAMENTO, CA (February 2, 2011) – The California Mental Health Services Authority (CalMHSA), the relatively new joint powers authority (JPA) of California counties focused on the efficient delivery of California mental health projects and programs, announced today that the California Mental Health Services Oversight and Accountability Commission (MHSOAC) approved CalMHSA’s Statewide Prevention and Early Intervention (PEI) Implementation Work Plan (Plan). The Plan describes how CalMHSA will implement nearly \$130 million in Mental Health Service Act Funds to prevent suicides, reduce stigma and discrimination, and improve student mental health.

Approval of CalMHSA’s Plan by MHSOAC marks another milestone for the growing JPA which was formed in July 2009 by a small core of counties seeing greater efficiency in acting jointly and pooling expenditures for specified statewide and regional projects. (CalMHSA now has 31 of California’s 58 counties as members.) The Plan outlines the recommended actions selected from MHSOAC’s three Strategic Plans, and is built on a three-year foundation of extensive statewide stakeholder input, and solicits focused strategies to educate the public, health care providers, educators, families and individuals about understanding suicide risk factors, and the many barriers to help seeking and the acceptance of support of persons with mental illness. Statewide initiatives include local and regional strategies, tailored to California’s cultural, geographic diversity, and programs that will have impact across the age spectrum.

Prevention efforts contained in CalMHSA’s recently approved Plan are capable of results similar to public health efforts that reduced tobacco use and prevented the spread of HIV infection. “The Plan to prevent suicides, reduce stigma and discrimination, and improve student mental health will have a significant impact on the mental health of California residents now and for generations to come,” says CalMHSA Board Vice President Wayne Clark, PhD. “Like the tobacco prevention campaign, the effect of CalMHSA’s programs could be a 30–50% reduction in health consequences over the next 10–20 years.”

With MHSOAC’s approval of the CalMHSA’s Plan, Requests for Proposal (RFPs) will be released over the first quarter of 2011, containing detailed scopes of work and budget information for each designated program. Three expert review panels comprised of subject matter experts will rank the bidders best equipped to carry out the collective vision of the Mental Health Services Act, the Department of Mental Health, MHSOAC, the stakeholders and CalMHSA. During program implementation, a rigorous program

specific and statewide evaluation will be initiated to ensure programs fulfill the MHSA's goals and objectives. Each program will comply with data requests for the statewide evaluation of all CalMHSA-administered programs. Program specific and statewide evaluation will advance understanding of effective methods to provide desired outcomes.

“The unique role of CalMHSA is to do things faster, better, and smarter”, says Vice President Clark. CalMHSA Board President, Allan Rawland, ACSW, MSW notes, “CalMHSA's commitment to its basic tenets stated in our Vision/Mission Statements and supporting values will continually support our collaboration with our members, DMH , MHSOAC, and stakeholders to deliver our members mental health services funds outlined under Proposition 63 more efficiently and with greater outreach.”

About CalMHSA

The California Mental Health Services Authority (CalMHSA) is joint powers authority (JPA) of California counties and is focused on the efficient delivery of California Mental Health Projects. Member counties jointly develop, fund, and implement mental health services, projects, and educational programs at the state, regional, and local levels. Central to CalMHSA's vision is the promotion of systems and services arising from community mental health initiatives while respecting the California MHSA values: community collaboration and cultural competence; client-driven mental health system for children, transition age youth, adults and older adults; family-driven system of care for children and youth; wellness focus, including recovery and resilience, and integrated mental health system service experiences and interactions. Counties interested in joining CalMHSA should contact John E. Chaquica CPA, MBA, ARM, CalMHSA Executive Director, President, George Hills Company, Inc. at 3043 Gold Canal Drive, Suite 200, Rancho Cordova, CA 95670-6394. He can also be reached via phone at 916.859.4824, and by email at john.chaquica@georgehills.com. For more information go to <http://www.calmhisa.org>.

About CDMH

The California Department of Mental Health (CDMH), entrusted with leadership of the California mental health system, ensures through partnerships the availability and accessibility of effective, efficient, culturally competent services. This is accomplished by advocacy, education, innovation, outreach, understanding, oversight, monitoring, quality improvement, and the provision of direct services. CDMH employs more than 12,000 employees in eight locations throughout the state, including its headquarters in Sacramento, five hospital facilities, and two acute care facilities within the Department of Corrections and Rehabilitation. As a state public agency, CDMH has worked hard to transform and improve the state's mental health systems of care by working with the mental health constituency to develop a system of partnerships and coordinated interagency efforts. For more information go to <http://www.dmh.ca.gov>.

About MHSOAC

With the passage of Proposition 63 in November 2004, the Mental Health Services Oversight and Accountability Commission was established to oversee specific parts of the Mental Health Services Act including Prevention and Early Intervention Programs, Innovative Programs, Human Resources, Education and Training Programs and sections of the Adult and Older Adult System of Care Act and Children's Mental Health Services Act. The Commission has primary responsibility for Prevention and Early Intervention and Innovative Programs including issuing Guidelines and approving county plans for those two program areas. For more information on MHSOAC go to <http://www.dmh.ca.gov/MHSOAC>.

###



"A George Hills Company Administered JPA"

California Mental Health Services Authority Implementation Ad Hoc Committee

Please Note: In order to facilitate timely communication and seamless review process, MHSOAC requests that we use the standard terms familiar to staff and Commissioners: (1) work plan instead of strategic plan (concerned that the three published Statewide PEI Strategic Plans would be confused with CalMHSA implementation plan); (2) program instead of component for the phased implementation of the three Strategic Plans.

TIMELINE

- August 19: Ad hoc workgroup convenes with Stakeholder participation
- August 31: last date for submission of stakeholder input;
- September 3: Ad hoc workgroup convenes with Stakeholder participation to review CalMHSA staff summary, and categorization of stakeholder input, summary report published
- September 10: Board meeting: review summary report findings and implementation timeline (see #2 below)
- September meetings of Ad hoc committee established to review:
 - Outlines for RFP, RFQ, RFA, scope of work,
 - Procedures for establishing review panels and review criteria
 - Drafts of proposed Work Plan
- October 7: Board agenda and draft Work Plan posted for 30-day public comment
- October 14: Board meeting: draft Work Plan reviewed
 - Ad hoc committee workgroup activities presented

- October 18: Ad hoc workgroup convenes with Stakeholder participation to review CalMHSA work plan
- November 1: Ad hoc workgroup convenes with Stakeholder participation to review CalMHSA work plan
- November 4: Board agenda and implementation plan input posted
- November 12: Board meeting in Napa, Ca:
 - **FINAL WORK PLAN** presented for approval
 - Overarching implementation approach that describes key implementation phases and tools to be used (i.e., RFP/RFO/RFA/Non-competitive).
 - Analogous to a CSS or PEI plan approval with sequence and segments described that are implemented subsequent to plan approval
- November 15: MHSOAC submission for staff analysis; DMH submission for review
- **January 27**: MHSOAC meeting reviews for approval

Work Plan implemented in three phases

- January **28**: **Phase One**: release program plan for suicide prevention RFP/RFO/RFA due **45** days
 - **March 17**: Review Panel convenes; recommends selection
 - **April 7**: Board agenda posted.
 - **April 14**: present selection for Board approval
 - **May 5**: contract negotiations concluded and contract finalized; implementation begins
- **February 14**: **Phase Two**: release program plan for stigma RFP/RFO/RFA due **45** days
 - **March 31**: Review Panel convenes; recommends selection
 - **April 7**: Board agenda posted.
 - **April 14**: present selection for Board approval
 - **May 5**: contract negotiations concluded and contract finalized; implementation begins

- February 28: **Phase Three**: release program plan for student mental health initiative RFP/RFQ/RFA due 45 days
 - April 18: Review Panel convenes; recommends selection
 - April 28: Board agenda posted.
 - May 5: selection for Board approval
 - May 26: contract negotiations concluded and contract finalized: implementation begins

Work Plan Implementation

- key structural features:
 - Statewide with regional/local relevance
 - Regional/local with statewide relevance
 - Funding proportionality across the three strategic plans
- Implementation tools by program plan:
 - RFP/RFQ/RFA/Non-competitive:
 - Scope of work
 - Scoring rubric
 - Review panel composition

Evaluation

- Implementation overall by program plan
 - Specify that participation in statewide evaluation required of all proposals.
- By component of implementation phases (i.e., for SP statewide media campaign concurrent with one or more regional county collaboratives)
- Statewide evaluation RFP/RFQ/RFA:
 - Projected for February – March 2011
 - Date TBD: Review Panel convenes; recommends selection
 - Date TBD: Board Agenda posted
 - Date TBD: Selection for Board approval
 - Date TBD: Contract negotiations concluded and contract finalized; implementation begins

PROGRAM MATTERS
Agenda Item 7.B.

SUBJECT: California Institute for Mental Health (CiMH) – Technical Assistance and Capacity Building Update

BACKGROUND AND STATUS:

The CalMHSA Technical Assistance and Capacity Building Evaluation Project is a Statewide initiative that provides an array of evaluation training and support services that will strengthen Counties and their community partners' ability to implement a PEI component plan. The project proposes JPA Counties work together within a Learning Collaborative framework that will allow Counties to create and share a common framework for PEI evaluation, learn from each other in peer-to-peer activities, strengthen individual County efforts, and create and disseminate information, particularly lessons learned, to other California entities evaluation PEI projects. CalMHSA has contracted with CiMH for these services.

Interest has been raised regarding the creation of a second Statewide PEI Training Technical Assistance and Capacity Building project for those members who joined the JPA after the initial project was launched. CiMH/GHC staff conducted a survey of interested board members, and it was deemed additional information and solicitation of interested is needed. As a result CiMH will do so with each region and report back to the Board.

RECOMMENDATIONS:

Discussion and/or action should action be deemed appropriate.

REFERENCE MATERIALS ATTACHED:

- CiMH Status Report

Report to: Board of Directors
California Mental Health Services Authority

From: Sandra Naylor Goodwin, PhD, President & CEO
Lynne Marsenich, LCSW, Project Lead
California Institute for Mental Health

Re: JPA Progress Report - March 2011
Evaluation Capacity Building

Date: April 4, 2011

The January 2011 progress report is attached and should be read prior to the current report.

We proposed providing technical assistance in the form of two webinars (for each cohort) and one collaborative meeting for each cohort. All activities were to be completed by the end of April 2011. We asked counties to contribute examples that could be integrated into the technical assistance, as well as, provide for peer-to-peer.

While counties expressed interest in the proposed technical assistance activities, the demands managing work in light of the state budget problems, were causing more stress than benefit. Specifically, lead staff from more than 50% of the counties indicated they could not manage the time to participate in the second meeting and could not guarantee participation on the webinars.

After polling each of the counties in both cohorts, a decision was made to change the technical assistance model from peer-to-peer collaborations to individual technical assistance with one final meeting of all counties in Sacramento at the end of June 2011. This strategy was enthusiastically endorsed by all who responded. The meeting in June will include broad based participation will focus on the statewide utility of the CDC evaluation framework. Each county will present at least at least one aspect of their PEI evaluation projects.

Budget: Inception through March 31, 2011
Expenditures: \$46,838.72

**Report to: Board of Directors
California Mental Health Services Authority**

**From: Sandra Naylor Goodwin, PhD, President & CEO
Lynne Marsenich, LCSW, Project Lead
California Institute for Mental Health**

**Re: JPA Progress Report - January 2011
Evaluation Capacity Building**

Initial learning collaborative meetings were held in November and December, 2010. The cohort one meeting included participants from Placer, Sutter-Yuba, Colusa and Butte. The cohort two meeting in Monterey include participants from Solano, San Bernardino, San Luis Obispo, Stanislaus and Monterey counties. The purpose of the meeting was to ensure that everyone is using the same framework and terms for evaluation and to begin discussion about how to apply the framework to PEI evaluation with diverse programs. In addition, there was ample opportunity for people to share ideas with each other.

After reviewing the feedback and ideas generated in the first learning collaborative we have designed two webinars to respond to the needs and interests of the participating counties. The webinar dates, time and content are as follows:

Date: Monday February 28, 2011 – 1:00 – 3:00 PM

Topics: Describing your program; deciding on your evaluation questions, designing your evaluation, data collection and data analysis

- We will be “talking” with you about strategies for engaging diverse stakeholders throughout these stages of your evaluation
- We will demonstrate how logic models are used throughout the evaluation process – not just at the beginning
- We will discuss various evaluation designs focusing upon how the questions you seek to answer inform the design you choose
- Ensuring that the outcomes you choose are relevant to your stakeholders

Date: Monday March 14, 2011 – 1:00 – 3:00 PM

Topics: Justifying your conclusions and sharing the lessons learned

- Using evaluation data to improve program quality
- Using data to create a culture of learning in your organizations
- Engaging diverse stakeholders to help you interpret and disseminate your findings
- Developing “reports” for diverse audiences

We will record each of the webinars so that they are available to anyone unable to attend. In addition, they may be used for “training” purposes in county departments or with community partners. We will partner with at least one county to help present this information – either in terms of what is planned or what has already been done – their experiences and examples make the content come alive.

At the conclusion of each webinar we will ask that a short survey be completed so that we have a better understanding of ongoing technical assistance needs.

The next learning collaborative meetings are planned for March 21, 2011 in Sacramento and April 18th or 25th in San Bernardino. The agenda will be based upon participant’s key questions in response to the webinars.

**OPTIONS FOR EXPANDING
TECHNICAL ASSISTANCE SUPPORT FOR COUNTIES
THROUGH CaIMHSA**

Option 1:

New counties may join the existing evaluation and capacity building project.

Scope of work for new counties includes:

1. Individualized assessment of need and planning of goals and key objectives
2. Individualized TA provided based on results of the planning phase
3. Most TA meetings will be done via one on one webinars and face to face meetings only when needed.
4. Based upon need and progress, the new counties will join the statewide effort by participating in the statewide meetings.

Option 2:

For counties who do not need evaluation support or have additional needs CiMH will:

1. Conduct a survey of counties regarding their needs.
2. Distribute survey questions to the directors for vetting with key staff prior to the meeting.
3. CiMH will schedule a discussion of their needs that will occur during the central, bay area, southern and small county regional director's meetings.
4. Once this strategy has been approved CiMH will proceed with disseminating the questions and requesting a slot on the agenda of the regional county director's meetings.

**Exhibit A – REVISIONS TO EXISTING EVALUATION SCOPE OF WORK
(No Budget revisions required)**

**CalMHSA
Statewide Training, Technical Assistance and Capacity
Building Project**

**Component A – The CalMHSA PEI Learning
Collaborative**

GENERAL OVERVIEW

The CalMHSA Technical Assistance and Capacity Building Evaluation Project is a statewide initiative that provides an array of evaluation training and support service that will strengthen counties and their community partners' ability to implement a PEI component plan. The project proposes that JPA counties work together within a Learning Collaborative framework that will allow counties to create and share a common framework for PEI evaluation, learn from each other in peer-to-peer activities, strengthen individual county efforts, and create and disseminate information, particularly lessons learned, to other California entities evaluating PEI projects.

Component A: *The CalMHSA PEI Evaluation Learning Collaborative* – JPA Counties will participate in a joint PEI Project Evaluation process that results in a common framework sharing approaches that support local evaluation and disseminates state level information regarding PEI Evaluation.

The CalMHSA PEI Evaluation Learning Collaborative is a project that is available to all CalMHSA counties that have well developed PEI evaluation efforts, as well as those that are developing specialized PEI evaluation projects. The CalMHSA PEI Evaluation Learning Collaborative will facilitate an effective exchange of knowledge and the integration of new ideas and behaviors, that will result in a common evaluation framework utilized across this set of California counties.

DELIVERABLES & ACTIVITIES

Deliverable #1 – Approximate completion date: October 30, 2010 **(Completed)**

Provide individualized assessment via onsite visits. The purpose of this session is to:

- Review existing PEI evaluation projects
- Identify new PEI evaluation projects
- Clarify evaluation needs for each county
- Develop a training approach and content that will have statewide relevance while simultaneously addressing local need

Milestones

- Site visits to collect information regarding county resources and needs for use in the development of the learning collaborative content and activities
- Development of targeted capacity building and technical assistance plans for each cohort and/or county

Assumptions

Individual county evaluation assessments are conducted on site with designated management and evaluation staff, as well as county partners as identified by the county director of his/her designee. Information collected will be used to identify need and to formulate an evaluation technical assistance plan specifically for each county. Directors will be contacted via telephone prior to site visit to clarify assessment purpose and process, as well as to assist in the identification and scheduling of appropriate staff. CiMH staff and consultants will travel to the designated site to conduct the assessment. Follow-up contact may be needed when information is not available during the site visit.

Deliverable #2 – Approximate completion date: January 31, 2010 **(Completed)**

#2 Learning Collaborative Group 1 – First Session: Convene Learning

Collaborative meeting with county PEI project evaluation teams. The purpose of this session is to:

- Describe the overall technical assistance project
- Describe common evaluation framework for prevention: i.e. engaging stakeholders, defining outcomes, gathering credible evidence – baselines, measurement, data collection, data analysis, conclusions, reports, dissemination of findings
- Identify county PEI evaluation projects
- Organize ongoing cohorts or individual technical assistance for more specific training

#2 Learning Collaborative Group 2 – First Session: Convene Learning

Collaborative meeting with county PEI project evaluation teams. The purpose of this session is to:

- Describe the overall technical assistance project
- Describe common evaluation framework for prevention: i.e. engaging stakeholders, defining outcomes, gathering credible evidence – baselines, measurement, data collection, data analysis, conclusions, reports, dissemination of findings
- Identify county PEI evaluation projects
- Organize ongoing cohorts or individual technical assistance for more specific training

Milestones

- Integrate county site visit results for overall assessment of CalMHSA's current evaluation training and technical assistance needs
- Development of evaluation training curriculum based upon assessment results inclusive of training materials
- Organize logistics for the first session
- Conduct 1 day learning collaborative meeting
- Development of protocols for assessing training effectiveness and content

Assumptions

The following counties will participate in **Component A: The CalMHS A PEI Evaluation Learning Collaborative**: San Bernardino, San Luis Obispo, Butte, Colusa, Monterey, Placer, Solano, Stanislaus and Sutter-Yuba. Counties will develop teams of key stakeholders who will participate in project activities. Team members may include agency administrators who oversee PEI and/or program evaluation, evaluators/researchers, community members, and stakeholders involved in program development and/or evaluation and any other necessary representatives as identified. The training content will be determined based upon needs identified during county assessments. Follow-up questions will be addressed via telephone or email.

Deliverables #3 and #5 (REVISED)

#3 and #5 Learning Collaborative PEI Evaluation Project Plans – Individual Technical Assistance and Plan Development. The purpose of this session is to:

- Offer each county 1-2 webinars, as needed, to review and share and/or finalize specific PEI evaluation projects utilizing the framework and approaches agreed upon the first session
- Highlight county staff with expertise in evaluation that will provide future support after the project is completed

Milestones

- Review progress toward project goals
- Organize individualized training materials in consultation with each site
- Conduct 1-2 webinars, as needed, with each county

Assumptions

Designated staff from each JPA county participates in the learning collaborative and individual training and technical assistance activities. The training content will be determined based on the evaluation needs of each county. Follow-up questions will be addressed via telephone or email.

Deliverable #4 – Approximate completion date: July 31, 2011 (REVISED)

#4 Learning Collaborative Group 1 – Third Session: This is the final learning collaborative meeting. The purpose of this session is to allow participating counties the opportunity to:

- Review steps toward project implementation and/or planning
- Report project outcomes
- Ascertain lessons learned
- Describe best practices
- Highlight specific projects and unique findings

Milestones

- Review individual counties progress toward project goals
- Organize evaluation training activities and materials based upon reported progress
- Organize logistics for the third session
- Conduct 1 day learning collaborative meeting

- Development of protocols for assessing training effectiveness and content

Assumptions

Designated staff from all JPA counties will participate in the learning collaborative. The training content will be based upon project updates. Follow-up questions will be addressed via telephone or email.

Deliverable #6 – Approximate completion date: August 31, 2011 **(On Target)**

Dissemination of Results: CiMH will collect, analyze and report information generated during the learning collaborative project. This deliverable is a document that will:

- Describe the impact of this project, a statewide effort
- Highlight best practices in PEI evaluation and lessons learned
- Showcase models suitable for replication
- Document CalMHSA's first collaborative effort

Milestones

- Aggregate and site specific PEI evaluation reports
- Statewide project report written inclusive of description of model projects, lessons learned, and recommendations
- Formal report to the CalMHSA

Assumptions

CiMH will generate a report based upon information collected via data and activities of participating counties during the learning collaborative project. County participants will have a role in describing the results and approving the final draft. The report will be presented in writing and verbally to CalMHSA upon completion.

PROGRAM MATTERS
Agenda Item 7.C.

SUBJECT: Workforce Education & Training – Administration of Funds

BACKGROUND AND STATUS:

In March Contra Costa County initiated conversations with CalMHSA staff as it relates to the administration of Workforce Education & Training (WET) funds.

On Tuesday, October 29, 2011 CalMHSA staff had a conference call with Contra Costa County's Ethnic Services & Training Coordinator, Imo Momoh, to discuss their needs for program administration of funds.

The CCMH Loan Repayment and Scholarship Program Bachelors and Masters' Level Program allows 10 full-time permanent CCMH employees (5 in the Bachelors Level and 5 in the Masters' Level), pursuing a degree in the Mental Health field, to receive a scholarship up to \$15,000. Funds are to be disbursed within 3 years of initial request by Contra Costa County, or unless otherwise noted.

The total funding for this program is \$135,000, which is to be disbursed through instructions from Contra Costa County to CalMHSA.

Included is the Draft Participation Agreement that further describes the roles and responsibilities of both Contra Costa County and CalMHSA.

RECOMMENDATIONS:

Discussion and/or action should action be deemed appropriate.

REFERENCE MATERIALS ATTACHED:

- Draft Participation Agreement

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY
PARTICIPATION AGREEMENT
COVER SHEET

1. Contra Costa County ("Participant") desires to participate in the Program identified below.

Name of Program: **WET Program- CCMH Loan Repayment & Scholarship Program Bachelors and Masters' Level Program**

2. California Mental Health Services Authority ("CalMHSA") and Participant acknowledge that the Program will be governed by CalMHSA's Joint Powers Agreement and its Bylaws, and by the MOU through which non-Members participate. The following exhibits are intended to clarify how the provisions of those documents will be applied to this particular Program.

- X Exhibit A Program Description and Funding
- X Exhibit B General Terms and Conditions
- Exhibit C Special Terms and Conditions (optional)

3. The term of the Program is See Exhibit A through _____.

4. Authorized Signatures:

CalMHSA

Signed: _____ Name (Printed): John E. Chaquica

Title: Executive Director Date: April 15, 2011

Participant: Contra Costa County

Signed: _____ Name (Printed): _____

Title: _____ Date: _____

PARTICIPATION AGREEMENT
Exhibit B – General Terms and Conditions

I. Definitions

Throughout this Participation Agreement, the following terms are defined as follows:

- A. CalMHSA - California Mental Health Services Authority, a Joint Powers Authority created to jointly develop and fund mental health services and education programs for its Member Counties and Partner Counties.
- B. Member – refers to a County (or JPA of two or more Counties) that has joined CalMHSA and executed the CalMHSA Joint Powers Agreement.
- C. Mental Health Services Act (MHSA) – Initially known as Proposition 63 in the November 2004 election, which added sections to the Welfare and Institutions Code providing for, among other things, PEI Programs.
- D. Participant– County participating in the Program either as Member of CalMHSA or as Partner under a Memorandum of Understanding with CalMHSA.
- E. Program – The program identified in the Cover Sheet.

II. Responsibilities

- A. Responsibilities of CalMHSA:
 - 1. Act as fiscal and administrative agent for Participant in the Program.
 - 2. Management of funds received consistent with the requirements of any applicable laws, regulations, guidelines and/or contractual obligations.
 - Process W-9 and 1099 forms
 - Maintain and account for funds
 - Process and release checks to students per instructions
 - Provide accounting and reporting for funds
 - Retain records including those necessary for audit
 - Maintain confidentiality of student records
 - 3. Provide regular fiscal reports to Participants and/or other public agencies with a right to such reports.
 - 4. Compliance with CalMHSA's Joint Powers Agreement and Bylaws.
- B. Responsibilities of Participant:
 - 1. Timely transfer of funds assessed for the Program.
 - 2. Make all determinations regarding student eligibility for and award of program benefits in compliance with applicable law

3. Identify student recipients and provide check distribution instructions to CalMHSA
4. Provide pertinent identification information for all student recipients
5. Identification of a representative authorized to act for Participant and receive notices on behalf of Participant.
6. Cooperate by providing CalMHSA with requested information and assistance in order to fulfill the purpose of the Program.
7. Timely and complete submission in response to requests for information and items needed.
8. Compliance with applicable laws, regulations, guidelines, contractual agreements, joint powers agreements and bylaws.

III. Duration and Term

- A. The term of the Program is as shown in Exhibit A. The Program may be extended or terminated early depending on the availability of funds.
- B. Participant may withdraw from the Program upon six months written notice. Notice shall be deemed served on the date of mailing.

IV. Withdrawal, Cancellation and Termination

- A. The withdrawal of the Participant from the Program shall not automatically terminate its responsibility for its share of the expenses and liabilities of the Program.
- B. Upon cancellation, termination or other conclusion of the Program, any funds remaining undisbursed after CalMHSA satisfies all obligations arising from the administration of the Program shall be distributed to Participant.

V. Fiscal Provisions

- A. Funding required from the Participants will not exceed the amount stated in the Cover Sheet.

PARTICIPATION AGREEMENT
Exhibit A – Program Description and Funding

- I. **Name of Program** – CCMH Loan Repayment and Scholarship Program Bachelors and Masters' Level Program

- II. **Term of Program** – CCC to fill in

- III. **Program Objectives and Overview**- Award scholarship to five (5) CCMH staff for Masters level degree; and five (5) CCMH staff for Bachelors degree. Staff must be a full-time permanent CCMH employee pursuing a degree in the Mental Health field. A two year service commitment after degree is earned. Staff would then receive 50% of award after each year of service. Staff can be awarded an amount up to \$15,000. Priority consideration will be given to applicants best suited to meet cultural and linguistic needs and demands of Mental Health consumers.

- IV. **Administrative Expenses for Program**- 15% in total. CalMHSA portion up to 5%.

ADMINISTRATIVE MATTERS

Agenda Item 8.A.

SUBJECT: Central Region Representative Appointment

BACKGROUND AND STATUS:

The current Central Regional Representative, Denise Hunt of Stanislaus County, has recently retired. A member of the Central Region shall be nominated and approved to finish out Ms. Hunt's term, which ends on June 30, 2011.

Regional representatives are asked to actively participate in full Board Meetings, via telephone or in person, as well as Executive Committee Meetings. On occasion, regional representatives are asked to request information from or distribute information provided by CalMHSA staff to other directors in their regions, typically via email. As well, regional representatives have been asked once or twice in the past to provide outreach to non-member counties regarding membership.

6.1.3 Duties - The Executive Committee shall have the same authority as that of the Board except for those authorities specifically reserved unto the Board in Article 4.1.3.

6.1.4 Attendance - Attendance of Executive Committee members is essential to conducting the business of the Authority. An Executive Committee member missing a maximum of two meetings in a fiscal year, shall be subject to review by the Board or Executive Committee concerning forfeiture of his/her membership on the Executive Committee.

Staff polled members of the Central Region to determine interest in filling the position. Brad Luz, who represents Sutter and Yuba Counties, has expressed interest in representing the region on the Executive Committee for the remainder of Ms. Hunt's term.

RECOMMENDATION:

President's appointment of Brad Luz, Sutter/Yuba Counties to complete the term of Denise Hunt as Central Region Representative.

REFERENCE MATERIALS ATTACHED:

- None

GENERAL DISCUSSION

Agenda Item 9.A.

SUBJECT: Strategic Planning Session Follow-up

BACKGROUND AND STATUS:

On March 10th and 11th 2011 CalMHSA held Strategic Planning Sessions (SPS), which were professionally facilitated by Eric Douglas, Leading Resources, Inc (LRI). Attached to this agenda item are the synopses of both of these events.

Stakeholders SPS

The first SPS was conducted on March 10, 2011 with interested stakeholders of CalMHSA. The purpose of this session was to allow stakeholders an opportunity to provide input for the boards' consideration the next day in their SPS, but most importantly to clarify how and what process/structure is best to ensure that the stakeholders have a meaningful voice in the future.

The session included attendance of President Rawland, Vice President Clark, Treasurer Baylor, staff and stakeholders identified on the attached list. Page two of the synopsis contains notes on next steps. These next steps were discussed the next day and the CalMHSA board provided direction to staff to work with LRI to lead a process to develop the appropriate model to facilitate a meaningful voice for stakeholders. Since then President Rawland and staff have worked with Mr. Douglas in developing a contract to accomplish this. The contract is attached for board approval and submitted for Sole Source approval (per policy section attached). Due to the prior involvement, Mr. Douglas' professional expertise is critical to moving this forward.

The next steps in moving this forward and part of this meeting's discussion are as follows:

1. President Rawland, Vice President Clark, and Executive Director Chaquica are to meet with MHSOAC to discern CalMHSA's approach is meeting with their intent, as directed at Plan approval on January 27, 2011
2. Approval of LRI Contract

3. Establish a Formation Committee. Participation from CalMHSA will include President Rawland, Vice President Clark, Secretary Bauman and Southern California Regional Representative Arroyo
4. Discuss and appoint stakeholders who wish to be involved on the committee
5. Convene a first meeting (telephonic), as facilitated by Mr. Douglas
6. The first meeting will dictate next steps and process moving forward

CalMHSA Board of Directions SPS

On March 11, 2011 we conducted the CalMHSA board of directors SPS (see Board meeting minutes for list of members in attendance). The day was deemed very informative and productive. It included a State of Authority, presentation from Director Allenby, and a facilitated discussion of strategic priorities for CalMHSA. As noted in the synopsis, the following objectives were reiterated:

1. Focus on implementing the Plan
2. Keep momentum going with Stakeholder involvement
3. Clarify CalMHSA purpose and role
 - a. Note: A greater role for CalMHSA is desired, but priorities and scope will be critical
4. Develop specific goals and strategies

The board requested the Executive Committee to meet and identify next steps and a timeline, based on input at SPS, and report to the board at this meeting.

The Executive Committee met on April 1, 2011 and following was decided:

1. Due to uncertainty with California's budget and lack of clarity as to impact of AB 100, a specific set of priorities and timeline is premature
2. Continue discussions with Director Allenby
3. Continue discussions with CSAC
4. Mr. Alliston to discuss CalMHSA purpose and scope, based on JPA Agreement

5. Discuss approaches and process to reach out to non-member counties for CalMHSA membership or participation

Today's discussion points in follow up from the Board of Directors SPS are:

1. Provide feedback to Executive Committee regarding current
2. President Rawland and Vice President Clark to report on meeting with MHSOAC and Director Allenby
3. Executive Director Chaquica to report from meeting with CSAC Legislative Representative Kelly Brooks
4. Counsel Alliston to provide input on interpretation of the CalMHSA JPA Agreement for purpose and role
5. Provide direction as to approach and process to reach out to non-member counties
6. Further effort in follow-up from SPS—staff proposes a draft of strategies for 2011–12 in response to our long goals established last year of:
 - a. JPA Administration—shall be fully operational with all key positions filled, that the structure shall provide the leadership, delivery of service, quality of controls and accountability of operation
 - b. Funding—to secure CalMHSA funding for all 58 counties and to develop alternative funding sources
 - c. Project Development and Implementation—establish process and protocols for successful plan submission, implementation/project management, and evaluation methodologies
 - d. Accountability—develop necessary quality control procedures surrounding fiscal and administrative operations and establish benchmarks for evaluation of results

RECOMMENDATIONS:

1. Approval of contract under sole source provisions with Leading Resources, Inc. for Eric Douglas' services in relation to the Formation Committee
2. Discussion and/or action should action be deemed appropriate

REFERENCE MATERIALS ATTACHED:

- Synopsis for Stakeholder and Board SPS
- Stakeholder SPS and Staff Attendee List
- Leading Resources, In. Proposal
- Procurement Policy Language on Sole Source
- Executive Committee Meeting Minutes, April 1, 2011

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



California Mental Health Services Authority

3043 Gold Canal Drive, Suite 200

Rancho Cordova, CA 95670

Office: 916.859.4800

Fax: 916.859.4805

www.calmhsa.org

STAKEHOLDER STRATEGIC PLANNING SESSION ATTENDEE LIST

(March 10, 2011)

STAFF:

John Chaquica, Executive Director

Edward Walker, Program Director

Kim Santin, Finance Director

Laura Li, Staff

Maya Maas, Staff

*Doug Alliston, Legal Counsel, Murphy Campbell Guthrie & Alliston

Stakeholder Participation List:

Doretha Williams-Flournoy, CA Institute for Mental Health (CiMH)

Rusty Selix, Mental Health Association of California

Amber Burkan, CA Youth Empowerment Network (CAYEN)

CaSonya Thomas, San Bernardino County Dept. of Behavioral Health

Stacie Hiramoto, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO)

Betsy Sheldon, CA Community Colleges, Chancellor's Office

Monica Nepomuceno, CA Department of Education

Kathleen Derby, NAMI California

David Kopperud, CA Department of Education

Joseph Robinson, CASARA

Enrica Bertoldo, Mental Health Services Oversight and Accountability Commission (MHSOAC)

Lin Benjamin, CA Department of Aging

Cielo Avalos, CA Department of Mental Health

Delphine Brody, CA Network of Mental Health Clients

Ansara Lewis, Los Angeles County



Leading Resources Inc.®

For leaders and leading organizations

1812 J Street Suite 2
Sacramento, CA 95811

Tel 916.325.1190
Fax 916.325.1195

www.leadingresources.com

March 24, 2011

Allan Rawland, Board Chair
John Chaquica, Executive Director
California Mental Health Services Authority
3043 Gold Canal Drive, Suite 200
Rancho Cordova, CA 95670

Dear Allan and John:

Based on our discussions, here is a revised proposal for facilitating stakeholder engagement work for CalMHSA. On behalf of my colleagues at LRI, we look forward to working with you.

I. Proposed Scope of Work

The goal of this engagement is to facilitate an effective stakeholder input process for CalMHSA. Here is a proposed scope of work, with details of activities and estimated consulting hours.

Step:	Activity:	Details:	Principal	Senior	Staff
1.	Plan stakeholder input process	Work with Board chair, executive director and others to strategize about effective stakeholder engagement. Assure quality communication with stakeholders; coordinate schedules.	Estimate: 10 hours	Estimate: 2 hours	Estimate: 2 hours
2.	Facilitate stakeholder engagement meetings	Plan for and facilitate six stakeholder meetings to update them on JPA activities and solicit feedback. Prepare agendas and materials; develop synopses. Assumes 6 telephone meetings (1 hour each).	Estimate: 20 hours	Estimate: 26 hours	Estimate: 6 hours
Estimated Total:			30 hours	28 hours	8 hours

II. Leading Resources Inc.

Leading Resources Inc. ("LRI") is dedicated to developing leading organizations. LRI operates under the following set of core values:

- To act ethically at all times and build trust with our clients and each other.
- To serve our clients with utmost attention to quality and customer service.
- To partner with our clients to create valuable outcomes.
- To research and develop services, products and processes that provide measurable benefits.
- To deliver our services and tools in easily accessible, innovative ways.

For more information, please visit www.leadingresources.com

III. Consultants

The principal consultant for this project is Eric Douglas. He will be assisted by senior consultant Marcia Tennyson and the staff of Leading Resources Inc.

IV. Estimated Consulting Fees and Expenses

Based on the projected scope, the estimated hours and consulting fees would be as follows:

Type:	Rate/hr.:	Estimated hours:	Estimated Total:
Principal Consultant	\$295	30	\$8,850
Senior Consultant	\$250	28	\$7,000
Staff	\$90	8	\$720
Total:			\$16,570

Estimated consulting fees for this scope of work will be approximately \$16,570. As work progresses, LRI will coordinate with the executive director and Board chair to assure the alignment of expectations. The actual cost may vary from this estimate. Any expenses, including travel, overnight accommodations and meals, will be billed at cost.

V. Proposed Contract Terms

- During the course of this project, CalMHSA may provide confidential and proprietary financial and operational information. All such materials are the property of CalMHSA. LRI agrees not to divulge these materials to any parties without the express written authorization of CalMHSA. LRI agrees to return such materials at the request of CalMHSA at any time during or after the term of this agreement.
- During the course of this project, LRI may provide training curricula, consulting tools, online services, and other writings and software. All such materials are the copyrighted intellectual property of LRI unless otherwise specified. CalMHSA agrees not to copy, display, distribute, publish, or sell any such materials without the express written authorization of LRI.

- This agreement may be terminated at any time by either party with 30 days written notice. CalMHSA shall be responsible for full payment for the work performed by LRI up to and including the date of termination of the agreement.
- LRI will be acting as an independent contractor for the purposes of this agreement. LRI's consultants will be responsible for providing their own workspace and materials for the performance of this agreement, subject to their right to reimbursement of expenses as provided above.
- This contract constitutes the sole and entire agreement between CalMHSA and LRI concerning the matters described in this agreement, and both LRI and CalMHSA agree that they have not relied upon any oral statements or promises outside of this agreement. This agreement can only be amended in writing, and the parties do not intend to waive any rights under this agreement except by a signed, written waiver to this agreement. Each party shall give notices to the other at the addresses set forth at the top of this letter.
- Any controversy or claim arising between the parties out of this agreement involving the construction or application of any of the terms, covenants or conditions of this agreement will, on written request of one party served on the other, be submitted to binding arbitration.

VI. Proposed Payment Terms

CalMHSA will receive a monthly invoice. Payments are due within 30 days. By the signature of the qualified officer below, the client agrees to the terms of this contract:

Eric F. Douglas
 President/CEO
 Leading Resources Inc.

John Chaquica
 Executive Director
 CalMHSA

Date: _____

Procurement Policy, Section 8, COMPETITIVE SELECTION PROCESS EXCEPTIONS:

All goods or services over \$5,000 shall be procured by a competitive selection process unless the Board determines one of the circumstances below is satisfied. The selection process or the exception must be documented.

1. Sole Source. If the goods or services are obtained from a sole source without a competitive selection process, a written justification is required, and the written justification must be distributed with the agenda materials in advance of the meeting at which the contract is approved. One or more of the following factors may justify use of a sole source contract:

- a. The uniqueness of a vendor's capabilities or goods offered to meet the needs of CalMHSA as compared to other contractors.
- b. There is only one viable provider of the required service in the geographic area.
- c. The prior experience of the proposed vendor is vital to the goods or services.
- d. The facilities, staff or equipment the proposed vendor has that are specialized and vital to the services required.
- e. Whether the contractor has a substantial investment that would have to be duplicated at the expense of CalMHSA if another vendor provided services.
- f. The vendor's ability to provide goods or services in the required time frame.
- g. Retaining professional services, such as but not limited to, an attorney, auditor, manager or administrator, to maintain expertise, continuity, consistency and knowledge of CalMHSA.
- h. After a solicitation of a number of sources, competition is determined to be inadequate.
- i. Patent rights or copyrights or secret processes the contractor possesses, compatibility with existing CalMHSA goods.
- j. Existing equipment maintenance programs or contracts.
- k. All relevant providers of a particular service in the geographic area will receive funding.
- l. CalMHSA is contemplating a Program unlike any previously conducted and therefore has insufficient information to develop an RFP process or identify potential competitive providers.



"A George Hilli Company Administered JPA"

CaIMHSA Executive Committee

Meeting Minutes from April 1, 2011

Teleconference start time: 8:03 a.m.

ROLL CALL:

MEMBERS PRESENT:

Allan Rawland, ACSW, MSW, San Bernardino County
Wayne Clark, PhD, Monterey County
Maureen Bauman, LCSW, Placer County
Karen Baylor, PhD, LMFT, San Luis Obispo County
Michael Kennedy, MFT, Sonoma County, Bay Area Region
William Arroyo, MD, Los Angeles County, Los Angeles Region

MEMBERS ABSENT:

Vacant, Stanislaus County, Central Region
Scott Gruendl, MPA, Glenn County, Superior Region

STAFF:

John Chaquica, CaIMHSA
Edward Walker, CaIMHSA
Kim Santin, CaIMHSA
Doug Alliston, Murphy, Campbell, Guthrie & Alliston, PLC
Laura Li, CaIMHSA
Maya Maas, CaIMHSA

OTHERS:

Stacie Hiramoto, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO)
Delphine Brody, CA Mental Health Client Network
Kathleen Derby, NAMI California

1. CALL TO ORDER

Allan Rawland, ACSW, MSW, San Bernardino County, Chair, called the meeting to order.

2. ROLL CALL AND INTRODUCTIONS

Laura Li, CalMHSA, called roll, confirming a quorum.

3. INSTRUCTIONS FOR PUBLIC COMMENT AND STAKEHOLDER INPUT

Ms. Li then 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.
- Public attending at each call in location will fill out comment cards to be collected and mailed in to CalMHSA staff.
- Speakers are asked to state their names and agencies.

4. APPROVAL OF AGENDA AS POSTED (OR AMENDED)

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

Motion – Wayne Clark, PhD, Monterey County

Second – William Arroyo, MD, Los Angeles County

Motion passed unanimously.

Scott Gruendl	*N/P	Allan Rawland	Aye
William Arroyo	Aye	Michael Kennedy	Aye
Mark Refowitz	*N/P	Denise Hunt	Vacant
Maureen Bauman	Aye	Karen Baylor	Aye
Wayne Clark	Aye		

***Not Present **Abstain**

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

None

5. APPROVAL OF CONSENT CALENDAR

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

Motion – Wayne Clark, PhD, Monterey County

Second – Maureen Bauman, LCSW, Placer County

Motion passed unanimously.

Scott Gruendl	*N/P	Allan Rawland	Aye
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William Arroyo	Aye	Michael Kennedy	Aye
Mark Refowitz	*N/P	Denise Hunt	Vacant
Maureen Bauman	Aye	Karen Baylor	Aye
Wayne Clark	Aye		

***Not Present **Abstain**

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

None

6. ADMINISTRATIVE MATTERS

Report from Chair, Allan Rawland and Executive Director, John Chaquica

Chairman Rawland thanked everyone for their participation in the Strategic Planning session of March 11, 2011, as their input is important to the growth of CalMHSA.

Mr. Chaquica stated Mr. Douglas had a proposal prepared relative to the Formation Committee, which would be released to the full Board April 14, 2011 for approval. Additionally, staff would continue to converse with MHSOAC to ensure CalMHSA is meeting with their intent for stakeholder involvement.

As they moved forward in discussion, the focus moved to page 5 of the Board synopsis, item #9, "What is CalMHSA's Role in Light of Realignment?"

It was decided due to uncertainty with California's budget and lack of clarity as to impact of AB 100, a specific set of priorities and timeline is premature.

As such, it is their recommendation the following steps take place:

- Continue discussions with Director Allenby and CSAC
- Mr. Alliston is to discuss CalMHSA purpose and scope of work based on the JPA Agreement
- Discuss approaches and process to reach out to non-member counties for CalMHSA membership or participation

Action: No Action

Motion –N/A

Second –N/A

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

Stacie Hiramoto, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO)

Delphine Brody, CA Mental Health Client Network

7. PUBLIC COMMENTS

It was asked if stakeholders could have a say as to who represents them.

Additionally, it was asked if at the April 14th, 2011 CalMHSA Board meeting, stakeholders could be allowed time to present to the board what they want to see take place.

Chairman Rawland agreed stakeholders could have a say as to who represents them.

Committee members also agreed to look into the feasibility of a time specific allotment for stakeholders to present to the Board on April 14, 2011.

Public comment was heard from the following individual(s):
Stacie Hiramoto, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO)
Delphine Brody, CA Mental Health Client Network
Kathleen Derby, NAMI California

8. ADJOURNMENT

Hearing no further comments the meeting was adjourned at 8:58 am.

Action: A motion was made to adjourn the meeting.

**Motion – Wayne Clark, PhD, Monterey County
Second – Maureen Bauman, LCSW, Placer County**

Motion passed unanimously.

Scott Gruendl	*N/P	Allan Rawland	Aye
William Arroyo	Aye	Michael Kennedy	Aye
Mark Refowitz	*N/P	Denise Hunt-Vacant	*N/P
Maureen Bauman	Aye	Karen Baylor	Aye
Wayne Clark	Aye		

***Not Present **Abstain**

GENERAL DISCUSSION
Agenda Item 9.B.

SUBJECT: Report from CalMHSA Executive Director – John Chaquica

BACKGROUND AND STATUS:

CalMHSA Executive Director, John Chaquica, will provide general information and updates regarding the JPA.

- Staff Evaluations
- IT Project Update
- Format of future meetings: Executive Committee vs. Full Board
- May 6th Board of Directors Meeting

RECOMMENDATIONS:

Discussion and/or action should action be deemed appropriate.

REFERENCE MATERIALS ATTACHED:

- None