

Executive Committee Teleconference Meeting

AGENDA

September 26, 2013

3:00 p.m. – 4:00 p.m.



Call-In Information: 1-877-339-2412

Conference Code: 2250381321

Teleconference Meeting Locations:

George Hills Company

3043 Gold Canal Drive, Suite 200
Rancho Cordova, CA 95670
(916) 859-4829

Los Angeles County

550 S. Vermont Ave, 10th Floor
Los Angeles, CA 90020
(213) 738-6152

Modoc County

441 North Main Street
Alturas, CA 96101
(530) 233-6312

Monterey County

1270 Natividad Road
Salinas, CA 93906
(831) 755-4509

Placer County

11512 B Avenue
Auburn, CA 95603
(530) 889-7256

San Bernardino County

268 West Hospitality Lane, Suite 400
San Bernardino, CA 92415
(909) 382-3101

San Diego County

3255 Camino del Rio S.
San Diego, CA 92108
(619) 563-2765

Tuolumne County

105 Hospital Road
Sonora, CA 95370
(209) 533-6245



CalMHSA Executive Committee Teleconference

Agenda

Thursday, September 26, 2013

3:00 p.m. –4:00 p.m.

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) 859-4818 (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 Committee 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 Executive Committee welcomes and encourages public participation in its meetings. This time is reserved for members of the public (including Stakeholders) to address the Committee concerning matters on the Agenda, however due to duration and single issue on this agenda time will be limited to two minutes per person and ten minutes total.

For Agenda items, public comment will be invited at the time those items are addressed. Each interested party is to indicate their interest at the request of the Chair upon conclusion of Committee discussion of each item. When it appears there are several members of the public wishing to address the Committee on a specific item, at the outset of the item, the Committee Chair may announce the maximum amount of time that will be allowed for presentation of testimony on that item.

Since this meeting is by teleconference, members of the public will have the option of going to one of the identified meeting sites, or calling in. For public comment, and comment on any agenda item(s) and/or non-agenda item(s), first comments will be requested from each noticed location, then from persons who have called in. Members of the public calling in are requested to send an email to laura.li@calmhsa.org during the meeting stating their name and the subject of their comment (emails must be received prior to moving to the next agenda item).

4. APPROVAL OF AGENDA AS POSTED (OR AMENDED)

- 5. CONSENT CALENDAR** – If the Committee would like to discuss any item listed, it may be pulled from the Consent Calendar
- A. Minutes from the July 25, 2013 Executive Committee Teleconference 14
 - B. Minutes from the August 15, 2013 Executive Committee Meeting 18
- Recommendation: Approval of the consent calendar.**
- 6. ADMINISTRATIVE MATTERS**
- A. Quorum Issue and Options 6
- Recommendation: Discussion for recommendation at the October 10, 2013 CalMHSA Board of Directors Meeting.**
- 7. PROGRAM MATTERS**
- A. New Behavioral Health Billing System Feasibility Study 8
- Recommendation: None, information only.**
- B. Sustainability Funding 10
- Recommendations:**
1. **Approve recommendation to adopt a two phase sustainability planning process as outlined in the Two Phase Sustainability Planning Process Brief.**
 2. **Approve recommendation use of CalMHSA PEI Planning funds for development of Phase Two Plan with a projected implementation date of July 2015.**
- 8. GENERAL DISCUSSION**
- A. Report from CalMHSA President – Wayne Clark 12
 - SEE Team Meeting, August 29th
 - World Psychiatric Association’s “Together Against Stigma” Conference in San Francisco, February 2015
 - SB 82/CHFFA Regional Discussion
 - Other

Recommendation: Discussion and/or action as deemed appropriate.
 - B. Report from CalMHSA Executive Director – John Chaquica 13
 - Department of Health Care Services Extension
 - Jennifer Henning (County Counsels’ Association) Meeting, September 18th
 - State Hospital Beds
 - Regional Workforce, Education and Training (WET) Partnerships
 - CalMHSA Board Orientation
 - Other

Recommendation: Discussion and/or action as deemed appropriate.

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

A. Committee

B. Staff

10. ADJOURNMENT

CONSENT CALENDAR
Agenda Item 5.A

SUBJECT: Consent Calendar

ACTION FOR CONSIDERATION:

Approval of the 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 Executive Committee would like to discuss any item listed, it may be pulled from the Consent Calendar.

- A. Minutes from the July 25, 2013 Executive Committee Teleconference
- B. Minutes from the August 15, 2013 Executive Committee Meeting

FISCAL IMPACT:

None

RECOMMENDATION:

Approval of the consent calendar.

TYPE OF VOTE REQUIRED:

Majority vote of the Executive Committee

REFERENCE MATERIALS ATTACHED:

- Minutes from the July 25, 2013 Executive Committee Teleconference
- Minutes from the August 15, 2013 Executive Committee Meeting

ADMINISTRATIVE MATTERS

Agenda Item 6.A

SUBJECT: Quorum Issues and Options

ACTION FOR CONSIDERATION:

Discussion for recommendation at the October 10, 2013 CalMHSA Board of Directors Meeting.

BACKGROUND AND STATUS:

Reaching a quorum of the Board of Directors at any one meeting has become increasingly more difficult. In the event a quorum of the full board is not achieved, CalMHSA has the option of convening a quorum of the Executive Committee in its stead, which can also prove difficult. California law prohibits the legislative bodies of public entities from having a quorum of less than half the members of the body. Therefore, the only way to reduce the number of people needed to act is to reduce the size of the Board and/or Executive Committee. Additionally, proxy voting is not allowed; however, a member can certainly send and inform their alternate to vote in person.

To address CalMHSA's continued difficulties with assembling a quorum to act, staff proposes:

- Meetings (full board or executive committee) every other month.
- The board meets only twice a year (June and December) and one of these meetings includes the annual strategic planning session. (The Board must meet twice a year according to Section 4.2.1 of the current Bylaws.)
- The Executive Committee will meet in person and replace the current every other month board meetings. They will continue to follow the CMHDA meeting (i.e., February, April, August, and October). Board members will be encouraged to attend and participate in Executive Committee meetings.
- The Executive Committee is reduced back to nine (9) members (not counting the tenth slot for Past President, which currently is not applicable), with the recently added additional regional representative member to now serve as an alternate.

Composition of the Executive Committee is not dictated by the JPA Agreement, but is specified by Section 6.1 of the bylaws as amended last year. Those bylaws could be amended consistent with staff's suggestion.

Consideration of additional amendments of bylaws pursuant to changes above:

1. Review of existing authority of executive committee and discern if it is appropriate or should be broadened due to reduced meeting frequency of board.

2. Provide for the right of board members, not limited to those on the executive committee, to require action to be considered by the full board. Alternatively, provide for an appeal of Executive Committee action to the full Board if by a minimum of five board members within 21 days of action.

Board action is currently needed to amend the bylaws, per section 4.1.3 of the bylaws. Thus, this change would have to be approved by the Board.

The reasons the Executive Committee was expanded were to make it more inclusive, and to make it possible for five to seven members of the Executive Committee to meet without triggering application of the Brown Act. The latter had been an issue in weekly agenda review calls in which staff is given direction, and potentially in CMHDA gatherings. These benefits would be lost in a return to a nine member Executive Committee.

FISCAL IMPACT:

Minimal as could reduce meeting space needed and related expenses.

RECOMMENDATION:

Discussion for recommendation at the October 10, 2013 CalMHSA Board of Directors Meeting.

TYPE OF VOTE REQUIRED:

Majority vote of the Executive Committee

REFERENCE MATERIALS ATTACHED:

- Establishing a Quorum – Proposed Changes
- Attendance Record: October 2012 – October 2013

PROGRAM MATTERS

Agenda Item 7.A

SUBJECT: New Behavioral Health Billing System Feasibility Study

ACTION FOR CONSIDERATION:

None, information only.

BACKGROUND AND STATUS:

The Department of Health Care Services (DHCS) has indicated the need to explore options to transition from Short-Doyle 2 Medi-Cal to a new billing system. In response, the CMHDA Financial Services and Information Technology (IT) Committee members and staff proposed a migration from the state-operated Short-Doyle 2 system to HIPAA-compliant county-based encounter data systems that use certified vendors/systems to collect and store encounter information in a HIPAA-compliant format locally. This solution is intended to simplify the federal reimbursement process for the state and counties, and to allow counties and their vendors to fully implement the federal information coding and exchange requirements.

Counties have taken action on this topic through both CMHDA and CalMHSA. At the May 9, 2013 CMHDA All Directors Meeting, members voted to approve the IT Committee's CMHDA/DHCS Short-Doyle 3 Feasibility Study Partnership Proposal. At the July 25, 2013 CalMHSA Executive Committee Meeting, staff was authorized to work with CMHDA and DHCS to implement the Feasibility Study. At the August 15, 2013 CalMHSA Board Meeting, the allocation methodology outlined in California Mental Health Services Division's Information Notice 13-15 was approved as the methodology to be used in determining each county's share of the estimated \$300,000 cost for the feasibility study.

The role of CalMHSA in implementing the feasibility study has not yet been finalized, but initial activities include providing administrative and fiscal management on behalf of members (e.g., development of agreements with members, collecting and dispersing funds, etc.), participation in the governance and steering committees, contracting with the competitively procured provider to conduct the feasibility study, and managing the quality and direction of the work. In addition, there has been discussion of CalMHSA taking the lead on competitively procuring the feasibility study.

In order to proceed with the feasibility study in an expeditious manner, CalMHSA staff began invoicing counties for their estimated share of cost during the week of August 26th. While financial participation is not mandatory—counties may choose to opt out of the feasibility study—if full participation is not achieved, counties may need to increase their level of funding.

CalMHSA staff recognizes counties and cities have different requirements and processes for participation in the feasibility study. Please contact Sarah Brichler if you have questions or

are in need of additional supporting documents for your local approval process (sarah.brighler@calmhsa.org, (602) 501-8696).

FISCAL IMPACT:

The total cost of implementing the New Behavioral Health Billing System Feasibility Study is estimated to be up to \$300,000. This includes an estimated \$250,000 for the vendor contract. In addition, it is anticipated that CalMHSA will assume a substantial administrative and fiscal role in:

- Contracting with counties to participate in and fund the feasibility study,
- Planning and development of the procurement along with partners DHCS and CMHDA,
- Competitively procuring, executing and managing the contract, and,
- Obtaining the advice of legal counsel in county participation agreements, Memorandums of Understanding with partners, procurement and contract documents.

As such, CalMHSA staff time, legal counsel and administrative expenses would need to be allocated across participating counties and align with the indirect and indirect cost guidelines determined by the CalMHSA Finance Committee. Any unused funds would be allocated to future program expenses. Additionally, if full participation is not achieved, counties may need to increase their level of funding.

RECOMMENDATION:

None, information only.

TYPE OF VOTE REQUIRED:

None

REFERENCE MATERIALS:

- MHSD Information Notice 13-15
(http://www.dhcs.ca.gov/formsandpubs/Documents/IN_13-15_MHSA_Distribution_and_Methodology_FY21314.pdf)
- New Behavioral Health Billing System Feasibility Study County Cost Allocation

PROGRAM MATTERS

Agenda Item 7.B

SUBJECT: Sustainability Funding

ACTION FOR CONSIDERATION:

Recommendation to the Board for a two phase sustainability planning process for sustaining PEI Statewide Projects.

BACKGROUND AND STATUS:

At the August 15, 2013 CalMHSA Board Meeting, the Board of Directors adopted the Revised Criteria for Rating Current CalMHSA PEI Statewide Projects. The revised criteria included the addition of meaningful qualitative information as a result of Advisory Committee feedback. At this meeting, CMHDA Executive Director Patricia Ryan informed the CalMHSA Board CMHDA was to discuss and consider developing policy surrounding the counties role of sustaining Statewide PEI. Since this meeting staff have met and have begun discussions on concept.

The PEI Statewide Projects Sustainability Taskforce met on August 29, 2013. Taskforce members discussed the Framework and Timeline for developing a Sustainability Plan for current CalMHSA PEI Statewide Projects using the criteria approved at the August 15, 2013 Board Meeting. In addition, CalMHSA staff presented a concept for a two phase sustainability planning process to Taskforce members. Taskforce members supported the two phase sustainability planning process and requested that staff put the process on future agendas for discussion and feedback. The process will be presented to the CalMHSA Advisory Committee on September 20th; staff will report out to the Executive Committee the results of the Advisory Committee's discussion.

FISCAL IMPACT:

\$250,000 of current planning funds would be used.

RECOMMENDATIONS:

1. Approve recommendation to adopt a two phase sustainability planning process as outlined in the Two Phase Sustainability Planning Process Brief.
2. Approve recommendation use of CalMHSA PEI Planning funds for development of Phase Two Plan with a projected implementation date of July 2015.

TYPE OF VOTE REQUIRED:

Majority vote of the Executive Committee.

REFERENCE MATERIAL(S) ATTACHED:

- Revised Criteria for Rating Current Projects for Sustaining (adopted by CalMHSA Board 8/15/13)
- Two Phase Sustainability Planning Process Brief
- Statewide PEI Sustainability Proposal

ADMINISTRATIVE MATTERS

Agenda Item 8.A

SUBJECT: Report from CalMHSA President – Wayne Clark

ACTION FOR CONSIDERATION:

Discussion and/or action as deemed appropriate.

BACKGROUND AND STATUS:

CalMHSA President Wayne Clark, will provide general information and updates regarding the JPA.

- SEE Team Meeting, August 29th
- World Psychiatric Association’s “Together Against Stigma” Conference in San Francisco, February 2015
- SB 82/CHFFA Regional Discussion
- Other

FISCAL IMPACT:

None

RECOMMENDATION:

Discussion and/or action as deemed appropriate.

TYPE OF VOTE REQUIRED:

Majority vote of the Executive Committee.

REFERENCE MATERIALS ATTACHED:

- None

ADMINISTRATIVE MATTERS

Agenda Item 8.B

SUBJECT: Report from CalMHSA Executive Director – John Chaquica

ACTION FOR CONSIDERATION:

Discussion and/or action as deemed appropriate.

BACKGROUND AND STATUS:

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

- Department of Health Care Services Extension
- Jennifer Henning (County Counsels' Association) Meeting, September 18th
- State Hospital Beds
- Regional Workforce, Education and Training (WET) Partnerships
- CalMHSA Board Orientation
- Other

FISCAL IMPACT:

None

RECOMMENDATION:

Discussion and/or action as deemed appropriate.

TYPE OF VOTE REQUIRED:

Majority vote of the Executive Committee.

REFERENCE MATERIALS ATTACHED:

- None



"A George Hill Company Administered JPA"

CalMHSA Executive Committee Meeting Minutes from July 25, 2013

Teleconference start time: 3:03 p.m.

MEMBERS PRESENT:

Wayne Clark, PhD, Monterey County, President
Maureen Bauman, LCSW, Placer County, Vice President
Scott Gruendl, MPA, Glenn County, Treasurer
Michael Kennedy, MFT, Sonoma County, Bay Area Region
Brad Luz, PhD, Sutter/Yuba Counties, Central Region
Rita Austin, LCSW, Tuolumne County, Central Region
William Arroyo, MD, Los Angeles County, Los Angeles Region
Anne Robin, MFT, Butte County, Superior Region

MEMBERS ABSENT:

CaSonya Thomas, MPA, CHC, San Bernardino County, Secretary
Jo Robinson, San Francisco City & County, Bay Area Region
Marvin Southard, DSW, Los Angeles County, Los Angeles Region
Karen Baylor, PhD, LMFT, San Luis Obispo County
Alfredo Aguirre, San Diego County, Southern Region
Karen Stockton, PhD, MSW, Modoc County, Superior Region

STAFF:

John Chaquica, CalMHSA
Ann Collentine, CalMHSA
Kim Santin, CalMHSA
Stephanie Welch, CalMHSA
Doug Alliston, Murphy, Campbell, Guthrie & Alliston, PLC
Sarah Brichler, CalMHSA
Laura Li, CalMHSA
Maya Maas, CalMHSA

OTHERS:

Susan Kelly, Ventura County

1. CALL TO ORDER

Wayne Clark, PhD, Monterey County, CalMHSA President, Executive Committee Chair, called the meeting to order at 3:03 p.m.

2. ROLL CALL AND INTRODUCTIONS

Laura Li, CalMHSA JPA Administrative Manager, called roll and a quorum was established. Ms. Li asked for introductions by members of the public, at both the posted locations as well as on the phone.

3. INSTRUCTIONS FOR PUBLIC COMMENT AND STAKEHOLDER INPUT

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

4. APPROVAL OF AGENDA AS POSTED (OR AMENDED)

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

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

Motion – Brad Luz, Sutter/Yuba County

Second – Anne Robin, Butte County

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

None

5. APPROVAL OF CONSENT CALENDAR

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

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

Motion – Maureen Bauman, Placer County

Second – William Arroyo, Los Angeles County

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

None

6. FINANCIAL MATTERS

A. Strategic Planning Session Follow-up – Future Project Planning and Development

John Chaquica, CalMHSA Executive Director, provided a brief background on planning and development along with reviewing the options presented. Each committee member shared their ranked list of options and noted which option(s) he or she thought should not be considered. Following discussion, the Committee decided that options would be presented to the board as a recommended list and a non-recommended list without prioritization.

Action: *Place Option #3 on the non-recommended list.*

Motion – Scott Gruendl, Glenn County
Second – William Arroyo, Los Angeles County

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

Action: *Place 1.A on the non-recommended list.*

Motion – Maureen Bauman, Placer County
Second – Scott Gruendl, Glenn County

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

Action: *Place Options 1.B, 2, 4 and 5 on the recommended for Board consideration, in no particular order of priority.*

Motion – Scott Gruendl, Glenn County
Second – Brad Luz, Sutter/Yuba County

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

7. PROGRAM MATTERS

A. DHCS Feasibility Study – Short-Doyle 3

Sarah Brichler, CalMHSA Program Manager, reviewed the background and scope of the Short-Doyle 3 Feasibility Study to consider a new software system for counties. The study would have a six-month timeframe with a steering committee component.

Actions:

- 1. Approve CalMHSA staff to work with DHCS and CMHDA to implement the DHCS Feasibility Study for Short-Doyle 3.**

Motion – William Arroyo, Los Angeles County
Second – Anne Robin, Butte County

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

2. **Approval of allocation method #2, with a minimum contribution of \$250.**

Motion – Scott Gruendl, Glenn County
Second – Maureen Bauman, Placer County

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

8. GENERAL DISCUSSION

- B. Report from CalMHSA President – Wayne Clark**
 - a. Statewide and National Association Memberships**
 - b. Other**

President Clark outlined the benefits of membership with the National Association of County Behavioral Health and Development Disability Directors (NACBDD), noting CMHDA and CiMH are already members. The committee expressed agreement with his proposal.

Action: ***Staff directed to submit a membership application with NACBDD.***

Motion – Brad Luz, Sutter/Yuba County
Second – Maureen Bauman, Placer County

Motion passed unanimously.

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

9. ADJOURNMENT

Hearing no further comments, the meeting was adjourned at 4:19 p.m.

Action: ***A motion was made to adjourn the meeting.***

Motion – William Arroyo, Los Angeles County
Second – Maureen Bauman, Placer County

Motion passed unanimously.



"A George Hills Company Administered JPA"

**CalMHSA Executive Committee
Meeting Minutes from August 15, 2013**

COMMITTEE MEMBERS PRESENT

Wayne Clark, PhD, CalMHSA President, Monterey County
CaSonya Thomas, MPA, CHC, CalMHSA Secretary, San Bernardino County
Scott Gruendl, MPA, CalMHSA Treasurer, Glenn County
Brad Luz, PhD, Central Region Representative, Sutter/Yuba County
Rita Austin, LCSW, Central Region Representative, Tuolumne County
William Arroyo, MD, Los Angeles Region Representative, Los Angeles County
Alfredo Aguirre, Southern Region Representative, San Diego County
Karen Stockton, PhD, MSW, Superior Region Representative, Modoc County
Anne Robin, MFT, Superior Region Representative, Butte County

BOARD MEMBERS PRESENT

Warren Hays, Contra Costa County (alternate)
Dawan Utecht, Fresno County
Andrea Kuhlen, MPA, Imperial County (alternate)
Kristy Kelly, MFT, Lake County
Suzanne Tavano, PHN, PhD, Marin County
Jaye Vanderhurst, LCSW, Napa County
Jenny Qian, MA, Orange County (alternate)
Jerry Wengerd, LCSW, Riverside County
Jane Ann LaBlanc, Sacramento County (alternate)
Donnell Ewert, MPH, Shasta County
Halsey Simmons, MFT, Solano County
Noel J. O'Neill, MFT, Trinity County
Kim Suderman, Yolo County

MEMBERS/ALTERNATES LISTENING IN

Jean Anderson, MFT, San Joaquin County (alternate)

BOARD MEMBERS ABSENT

Maureen F. Baumann, LCSW, CalMHSA Vice President, Placer County
Michael Kennedy, MFT, Sonoma County
Jo Robinson, Bay Area Region Representative, San Francisco City and County
Karyn Tribble, PsyD, LCSW, City of Berkeley
Terence M. Rooney, PhD, Colusa County

Don Ashton, El Dorado County
Gary R. Blatnick, Del Norte County
Barbara LaHaie, Humboldt County
Gail Zwier, PhD, Inyo County
Jim Waterman, PhD, Kern County
Mary Ann Ford Sherman, MA, Kings County
Barbara Pierson, Lassen County
Van Do-Reynoso, MPH, Madera County
Jim Rydingsword, Mariposa County
Stacey Cryer, Mendocino County
Robin Roberts, MFT, Mono County
Michael Heggarty, MFT, Nevada County
Alan Yamamoto, LCSW, San Benito County
Frank Warren, San Luis Obispo County
Stephen Kaplan, San Mateo County
Nancy Pena, PhD, Santa Clara County
Rama Khalsa, PhD, Santa Cruz County
Terry Barber, Siskiyou County
Jesse Duff, Tri-City Mental Health Center
Madelyn Schlaepfer, PhD, Stanislaus County
Timothy Durick, PsyD, Tulare County
Meloney Roy, LCSW, Ventura County

STAFF PRESENT

John Chaquica, CPA, MBA, ARM, CalMHSA Executive Director
Doug Alliston, Legal Counsel, Murphy Campbell Alliston & Quinn
Kim Santin, CPA, CalMHSA Finance and Administration Director
Ann Collentine, MPPA, CalMHSA Program Director
Allan Rawland, Associate Administrator – Government Relations
Stephanie Welch, MSW, CalMHSA Senior Program Manager
Sarah Brichler, MEd, CalMHSA Program Manager
Laura Li, CalMHSA JPA Administrative Manager
Jamie Sepulveda, MSW, CalMHSA Program Associate
Maya Maas, CalMHSA Executive Assistant
Michelle Yang, CalMHSA Executive Assistant
Bianca Vidales, CalMHSA Executive Assistant

MEMBERS OF THE PUBLIC PRESENT

Evan Oliva, Stigma and Discrimination Reduction Consortium
Eduardo Vega, Mental Health Association of San Francisco (MHA-SF)
Pat Ryan, California Mental Health Directors Association (CMHDA)

Daniel Esparza, Mental Health Association of San Francisco (MHA-SF)
Luba Butcheva, Mental Health Association of San Francisco (MHA-SF)
Jackie Miller, San Luis Obispo County
Judy Vick, San Luis Obispo County
Linda Molina, Orange County
Stacie Hiramoto, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO)

1. CALL TO ORDER

The regular meeting of the Board of Directors of the California Mental Health Services Authority (CalMHSA) was called to order by President Wayne Clark, PhD, Monterey County, at 2:52 p.m. on August 15, 2013, at the Doubletree Hotel Sacramento, located at 2001 Point West Way, Sacramento, California. President Clark welcomed those in attendance as well as those listening in on the phone.

President Clark asked Laura Li, CalMHSA JPA Administrative Manager, to call roll in order to confirm a quorum of the Board.

2. ROLL CALL AND INTRODUCTIONS

Ms. Li called roll and informed President Clark a quorum had not been established. President Clark then asked for roll to be taken of the Executive Committee members present. Ms. Li called roll and established a quorum of the Executive Committee. President Clark then asked for members of the public to introduce themselves.

3. INSTRUCTIONS FOR PUBLIC COMMENT AND STAKEHOLDER INPUT

President Clark called on Doug Alliston, Legal Counsel, Murphy Campbell Alliston & Quinn, to review the instructions for public comment, including the process of public comment cards, and noted items not on the agenda would be reserved for public comment at the end of the agenda.

4. CMHDA STANDING REPORT

President Clark invited Pat Ryan, CMHDA Executive Director, to provide a report on CMHDA. Ms. Ryan gave a brief update on negotiating with the state on the purchasing of state hospital beds and finalizing the MOU. CMHDA and CalMHSA staff are also working on setting up a meeting the Department of Finance as it relates to state hospital beds and reimbursements. Discussions have been had regarding sustainability, a process for identifying those programs that should be sustained, and finding the funding for those programs.

President Clark presented Ms. Ryan with a plaque recognizing her tireless commitment to achieving equity for individuals and families living with mental health challenges through good public policy and advocacy. He expressed his gratitude for having the opportunity to work with Ms. Ryan over the years and noted that CalMHSA would not exist without her. Ms. Ryan thanked the board and said a few words about what motivates and inspires her.

Action: *None, information only.*

5. STATEWIDE PEI PROGRAMS

**A. Program Partner Presentation – Mental Health Association – San Francisco
SDR Program Two: Values, Practices and Policies Program, Component 1: Resources
Development; and SDR Program 3: Promising Practices Program**

Stephanie Welch, CalMHSA, introduced Eduardo Vega, Executive Director of the Mental Health Association of San Francisco (MHA-SF). Mr. Vega reviewed the two programs being implemented by MHA-SF—SDR Program Two: Values, Practices and Policies Program, Component 1: Resources Development; and SDR Program 3: Promising Practices Program.

MHA-SF has developed the Center for Dignity, Recovery & Stigma Elimination. The Center is the framework through which the two SDR programs are run providing direct training and technical assistance. The Center’s Resource Development Program represents a unique effort to identify and support community-based, mental health SDR programs across the state through a process of engagement, assessment, and the provision of training and technical assistance. The primary objective of the CalMHSA Promising Practices Program (PPP) project is to identify SDR activities and/or practices that have a particular promise to reduce mental illness stigma within the context of their specific cultural, ethnic, and racial community programs, in hopes of creating recognition and exposure for existing practices, as well as to offer collaborative, effective, and culturally responsive training and technical assistance. PPP engages directly with California communities to identify culturally, ethnically and racially specific attitudes towards mental health; examine cultural, ethnic and racial strengths and resources; and support approaches that reduce stigma within culturally, ethnically, and racially diverse communities.

Mr. Vega provided a brief overview of the Center’s SDR program registry located on their Website. William Arroyo, Los Angeles County, asked if MHA-SF was tracking hits on the various pages and options. Mr. Vega responded they have done some analytics but could certainly increase the data being collected.

Action: *None, information only.*

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

None

6. APPROVAL OF AGENDA AS POSTED (OR AMENDED)

President Clark called for approval of the agenda as posted and asked for comment from committee members. Hearing none, President Clark entertained a motion to approve the agenda as posted.

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

Motion: *Anne Robin, Butte County*

Second: *Karen Stockton, Modoc County*

Motion carried by unanimous consent.

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

None

7. CONSENT CALENDAR

President Clark acknowledged the consent calendar and asked for comment from committee members. Hearing none, President Clark entertained a motion to approve the consent calendar.

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

Motion: ***Alfredo Aguirre, San Diego County***

Second: ***Karen Stockton, Modoc County***

Motion carried unanimously.

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

None

8. MEMBERSHIP

A. County Outreach Report

Allan Rawland, CalMHSAs Associate Administrator – Government Relations, provided an update on outreach efforts. Eight counties have yet to become members. Four of those counties have already assigned funds. Three of those counties are actively pursuing membership—Santa Barbara, Plumas and Sierra counties.

Action: ***None, information only.***

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

None

9. PROGRAM MATTERS

A. Report from CalMHSAs Program Director – Ann Collentine

President Clark called on Ann Collentine, CalMHSAs Program Director, for a review of program activities. Ms. Collentine provided information on the Statewide Coordination Workgroup Meeting being held on September 18th and 19th in Los Angeles. County Liaisons, and directors, are encouraged to participate. The TTACB project is still going on with RAND so counties were asked to contact Sarah Brichler if interested in participating. The Student Mental Health (SMH) Policy Workgroup has made a recommendation to the Teacher Credentialing Commission regarding incorporating Mental Health components into the teaching and administration credentials.

Ms. Welch gave an update on the “Walk in Our Shoes” campaign (www.walkinourshoes.org), which launches on Monday, August 19th. The campaign targets children age 9–13 years of age in both English and Spanish. School-based theater productions launch on Monday, August 26th wrapping up in the end of November. Focus groups will be conducted to determine effectiveness.

Ms. Collentine informed the members of the My3 app, which will provide Suicide Prevention resources and will launch in November.

Dr. Arroyo asked what will be done to fill the two positions to be vacant on the SMH Policy Workgroup. Ms. Collentine asked the board members to consider participating and to let her know if interested. Kim Suderman, Yolo County, clarified the Workgroup meets quarterly in Sacramento and, as needed, members are asked to provide feedback on various documents.

Action: **None, information only.**

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

None

B. Report from the CalMHSa Advisory Committee – Maureen Bauman

As Advisory Committee Co-Chair Maureen Bauman, Placer County, was not in attendance, President Clark called on Ms. Collentine to provide an update on the committee. Ms. Collentine, in view of the full agenda and time remaining, directed the committee to the staff report provided in the agenda packet.

Action: **None, information only.**

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

None

C. Suicide Prevention Program 3 and the 2014 Directing Change Project

Ms. Welch outlined the background of the Directing Change Project. The recommendation being considered was to work with existing programs partners to support a 2014 Directing Change Program and create a sustainability plan with NAMI California, in which CalMHSa continues to be identified as the founder of the event but not as a continued funder. NAMI CA provides the Ending the Silence program, are eager to build relationships with high school campuses, and would be able to provide follow-up to students and parents. The Eliminating Stigma category would be reframed as a Mental Health Promotion/Wellness category. Elements of the 2013 event were provided by donation, so efforts will be made to expand leveraging for 2014.

Anne Robin, Butte County, asked how much NAMI CA has done to add Transition Age Youth to their staffing and projects. Ms. Welch responded this could be made a condition addressed during negotiations. Ms. Robin encouraged the addition of this condition to assure the efforts were reaching the target audience.

Donnell Ewert, Shasta County, asked if the PSAs got any air time and how many people were exposed. Ms. Welch responded that CalMHSa has not made an effort to purchase or pursue air time, although some local efforts have been made in that regard. Mr. Ewert asked if the impact envisioned was specifically on those students participating in the PSA contest. Ms. Welch replied that initially that was the intention; however, the quality of the PSAs received opened up the possibility of extending the reach of the program.

Jane Anne LeBlanc, Sacramento County, said she would like to see the level of response received given NAMI's participation and national reach.

Dr. Arroyo encouraged staff to distribute the PSAs to the counties for use as they deem appropriate. Ms. Welch informed the members their county liaisons have been provided a copy of all 24 PSAs along with a tip sheet about how to use them as a local tool. Dr. Arroyo then encouraged the directors to share with their local stakeholder groups as an example of how their money is being used. Suzanne Tavano, Marin County, let the members know Marin County is opening their community forum with one or two of the PSAs.

Action: *Approval of board authority to work with existing programs partners to expend up to \$175,000 in currently approved but uncommitted program funds to support a 2014 Directing Change Program and additionally create a sustainability plan in which CalMHSA continues to be identified as the founder of the event but not as a continued funder.*

Motion: *Karen Stockton, Modoc County*

Second: *William Arroyo, Los Angeles County*

Motion carried unanimously.

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

None

D. DHCS Feasibility Study – Short-Doyle 3

Sarah Brichler, CalMHSA, outlined the background and history of the project, the estimated costs, and the MHSA allocation option (includes factors of poverty and prevalence in addition to population) recommended by the Executive Committee at their July 25, 2013 teleconference. The six to nine month study is intended to explore the options in creating a HIPAA compliant county-based data system. An MOU is being drafted by Department of Health Care Services (DHCS), but staff is recommending some actions in the interim, which Ms. Brichler reviewed. Ms. Brichler noted the allocations presented assume full participation by counties.

Jaye Vanderhurst asked if the state would be contributing to the costs of the study. President Clark clarified that they would not be contributing. The counties want to be the architects of the study to provide more control over the direction of procurement.

Following discussion regarding individual county approval, Ms. Brichler assured they have informed DHCS time would need to be built in to allow for approval by boards of supervisors.

Ms. Suderman requested a non-binding vote of those members in the room, prior to the Executive Committee's vote. President Clark asked for a show of hands of those members present who would approve of the recommendations presented. A show of hands showed unanimous support of the recommendations.

Action 1: *Approve an allocation method for determining county share of cost for the DHCS Feasibility Study for Short-Doyle 3, as recommended by the Executive Committee.*

Motion: *William Arroyo, Los Angeles County*

Second: *Anne Robin, Butte County*

Motion carried unanimously.

Action 2: *Approve Presidential appointment of CalMHSA members to participate in the governance and steering committees created for this project.*

Motion: *Karen Stockton, Modoc County*

Second: *William Arroyo, Los Angeles County*

Motion carried unanimously.

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

None

10. ADMINISTRATIVE MATTERS

A. Strategic Planning Session Follow-up – Future Project Planning and Development

Mr. Chaquica reviewed the options recommended by the Executive Committee and the officers. He then asked Mr. Gruendl to provide a brief background on the item. Discussion followed regarding the two options presented. Mr. Ewert requested a non-binding vote of those members in the room, prior to the Executive Committee's vote. President Clark asked for a show of hands of those members present who would approve of the motion to approve of using the distribution methodology of Option 1, with the funding methodology of Option 2. A show of hands revealed unanimous support of the motion.

Recommendation: *Review and approve an option from the CalMHSA Options for Future Project Planning and Development, as recommended by the Executive Committee.*

Action: *Approval of Option 1 with modification that the members may elect to have the funds held in reserve.*

Motion: *Anne Robin, Butte County*

Second: *CaSonya Thomas, San Bernardino County*

Motion carried unanimously.

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

None

B. Strategic Planning Session Project List

Mr. Chaquica noted this item was ambitiously included on the agenda in the event members wanted to discuss projects once a planning and development option was selected. Scott Gruendl, Glenn County, requested the item be tabled.

Recommendation: *Discussion and/or action as deemed appropriate.*

Action: *Tabling of Item 10.B Strategic Planning Session Project List.*

Motion: *Scott Gruendl, Glenn County*

Second: *Anne Robin, Butte County*

Motion carried unanimously.

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

None

C. Statewide PEI Sustainability Task Force

Ms. Collentine reviewed the recommendations being presented and the criteria being presented by the Task Force. Dr. Arroyo provided his support to the recommendations and noted the process used to determine the criteria. Ms. Vanderhurst asked why best practices were not used and recommended adding criteria of evidence based or best practices. Ms. Collentine explained some of the projects are innovative. Dr. Arroyo added requiring best practices could certainly be added as the criteria are flexible and simply are to provide some general guidance to assess the worthiness of a project. Following discussion, criteria for both current and future projects are to made consistent as well as adding evidence based or best practices.

Action 1: *Approve taskforce recommendation of criteria for priority rating for sustaining current PEI Statewide Projects.*

Motion: *William Arroyo, Los Angeles County*

Second: *Scott Gruendl, Glenn County*

Motion carried unanimously.

Action 2: *Approve criteria for rating projects for implementation of future projects.*

Motion: *Karen Stockton, Modoc County*

Second: *Anne Robin, Butte County*

Motion carried unanimously.

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

None

D. State Hospital Beds

Mr. Chaquica gave an update on the state hospital beds. The next meeting with the Department of State Hospitals will take place on September 4, 2013. Staff anticipates the joint MOU to be finalized by October. The election is still a viable option. Trailer bill language will be proposed in early 2014. Napa State Hospital is experiencing a partial closure due to retrofits, thus no additional beds are available. It appears DSH is moving towards actual use.

Recommendation: *None, information only.*

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

None

E. Southern Regional Representative

Ms. CaSonya noted she had spoken with Mary Hale, Orange County, who has agreed to serve on the Executive Committee as a representative of the Southern Region. President Clark appointed Ms. Hale as the second Southern Regional Representative.

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

None

F. Department of Health Care Services Contract

President Clark provided an update on the extension being negotiated with DHCS. CalMHSA Legal Counsel has written a letter to DHCS outlining CalMHSA's intention to move forward in anticipation of that extension. This will be helpful for the evaluation piece and for those contractors who got a late start. Mr. Chaquica clarified, while there is no anticipation of extending contracts beyond June 30, 2014, that those discussions may take place. Staff is looking for board direction as it relates to the no-cost extensions of contracts. Mr. Donnell expressed his support of slowing things down to allow for more sensible expenditures of project funds. Mr. Gruendl noted in the eyes of the state the money has already been spent so CalMHSA should be doing this regardless. Noel O'Neill, Trinity County, added his support and requested staff report back to the board in future Program Director reports accordingly.

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

None

11. GENERAL DISCUSSION

A. Report from CalMHSA President – Wayne Clark

President Clark let the members know staff and officers have been working with CiMH and CMHDA on assuring activities are coordinated. A meeting was held with Diane Van Maren and several counties regarding prevention. The RAND report is coming out shortly and should show the capacity built, the reach of projects and some short term outcomes. CalMHSA is also working with CMHDA on sustainability.

Mr. Ewert expressed his concern with the important political problem of reporting suicide rates without noting the economic situation. He suggested using a control state that is not implementing PEI-type projects to show California's rates didn't go up as

much during the same period, and possibly show impact. President Clark agreed and let the members know he believes RAND will include some of these considerations in the report.

Recommendation: *Discussion and/or action as deemed appropriate.*

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

None

B. Report from CalMHSA Executive Director – John Chaquica

Mr. Chaquica let the members know 31 of the amended Joint Powers Authority agreements have been received. At the next meeting, staff will present—with blessing by the officers—some quorum options.

Recommendation: *None, information only.*

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

None

12. PUBLIC COMMENTS

A. Public Comments – Non-Agenda Items

President Clark invited members of the public to make comments on non-agenda items.

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

None

13. NEW BUSINESS AND CLOSING COMMENTS

President Clark asked the Board if there was any new business or closing comments. Ms. Suderman announced this would be her last board meeting as she would be retiring. She expressed her appreciation to the board noting she felt honored to serve with them. President Clark thanked her for her participation with both CalMHSA and CMHDA. With no further closing comments, President Clark entertained a motion to adjourn.

14. ADJOURNMENT

There being no further comments, the meeting was adjourned at 5:31 p.m.

Action: *To adjourn meeting.*

Motion: *Karen Stockton, Modoc County*

Second: *Anne Robin, Butte County*

Motion carried unanimously.

ESTABLISHING A QUORUM
Proposed Changes

Board/Committee	# Members	Alternates	# Quorum	Meeting Schedule	Notes/Comments:
CURRENT:					
CalMHSA Board	51	51	26	Every other month	A majority of "present" members constitutes a quorum. (in person & in conjunction with CMHDA mtgs.)
Executive Committee (EC)	14	No	8	Every other month	A majority of the members is a quorum. Teleconference Only (<i>historically</i>)
PROPOSED CHANGES:					
CalMHSA Board	51	one other	26	2 mtgs. per year	Would meet in June and December, with Strategic Planning meeting changed to the December date.
Executive Committee (EC)	9	5	5	Every other month	Newly added regional members would serve as alternates, to the stated regional members. All CalMHSA members attending CMHDA Governing Board meetings would be encouraged to attend EC mtgs in person.
NEXT STEPS:					
<p>1. Review of exiting authority fo executive committee and discern if it is appropriate or should be broadened due to meeting frequesncy of board.</p> <p>2. Provide for an appeal of Executive Committee acton to the full Board if by a minimum of five board members within 21 days of aciton.</p> <p>3. Provide for the right of board members, no limited to those on the EC, to require action to be considered by the full board.</p>					
ADDITIONAL NOTES:					
<p>1. The EC was expanded to make it more inclusive, and to make it possible for five to seven members of the EC to meet without triggerng application of the Brown Act. The latter had been an issue in weekly agenda review calls in which staff is given direction, and potentially in CMHDA gatherings. These benefits would be lost in a return to a nine-member EC, if five or more EC members participate.</p>					

County	2012		2013			
	October	December	February ¹	April ²	June	August ¹
Alameda County						
Berkeley, City of						
Butte County		X	X	X	X	X
Colusa County	X			X	X	
Contra Costa County						X
Del Norte County		X		X		
El Dorado County	X		X	X	X	
Fresno County					X	X
Glenn County	X	X		X	X	X
Humboldt County	X	X	X	X	X	
Imperial County			X			X
Inyo County		X		X		
Kern County						
Kings County	X					
Lake County	X	X	X		X	X
Lassen County						
Los Angeles County	X	X	X	X	X	X
Madera County		X				
Marin County						X
Mariposa County		X	X	X	X	
Mendocino County	X		X		X	
Modoc County	X	X	X	X	X	X
Mono County						
Monterey County	X	X	X	X	X	X
Napa County	X	X		X	X	X
Nevada County						
Orange County	X	X	X	X	X	X
Placer County	X	X	X	X	X	
Riverside County	X	X		X	X	X
Sacramento County	X	X	X	X	X	X
San Benito County						
San Bernardino County	X	X	X	X	X	X
San Diego County			X	X		X
San Francisco City & County						
San Joaquin County	X	X	X	X		
San Luis Obispo County	X	X	X	X	X	
San Mateo County	X	X	X			
Santa Clara County	X		X		X	
Santa Cruz County	X	X				
Shasta County	X	X	X	X	X	
Siskiyou County						
Solano County	X	X				X
Sonoma County	X	X	X	X		
Stanislaus County	X	X	X	X	X	
Sutter/Yuba County	X	X	X	X	X	X
Tri-City Mental Health Center						
Trinity County	X	X	X	X	X	X
Tulare County						
Tuolumne County	X	X	X	X	X	X
Ventura County	X	X			X	
Yolo County	X	X		X	X	X
Total Members in Attendance ³	30	30	25	27	27	21

¹ Became Executive Committee meeting due to lack of a quorum of board members.

² When the meeting was called there was a lack of a quorum of board members; however a quorum of the Executive Committee was established. Part way through the meeting, a quorum of the board was met.

³ Quorum = 26

County	MHSA Allocation	Study Cost Estimate
Alameda	3.58%	\$ 10,733.13
Alpine	0.09%	\$ 273.63
Amador	0.16%	\$ 492.54
Berkeley City	0.30%	\$ 909.42
Butte	0.59%	\$ 1,755.50
Calaveras	0.18%	\$ 532.58
Colusa	0.15%	\$ 443.49
Contra Costa	2.27%	\$ 6,818.02
Del Norte	0.16%	\$ 466.82
El Dorado	0.41%	\$ 1,220.09
Fresno	2.46%	\$ 7,382.48
Glenn	0.16%	\$ 469.34
Humboldt	0.36%	\$ 1,082.73
Imperial	0.50%	\$ 1,491.63
Inyo	0.11%	\$ 316.56
Kern	2.12%	\$ 6,371.39
Kings	0.42%	\$ 1,253.42
Lake	0.21%	\$ 620.99
Lassen	0.16%	\$ 467.56
Los Angeles	28.57%	\$ 85,700.84
Madera	0.44%	\$ 1,312.78
Marin	0.57%	\$ 1,700.73
Mariposa	0.11%	\$ 318.99
Mendocino	0.25%	\$ 755.49
Merced	0.74%	\$ 2,208.87
Modoc	0.10%	\$ 297.48
Mono	0.10%	\$ 310.25
Monterey	1.17%	\$ 3,518.21
Napa	0.34%	\$ 1,010.72
Nevada	0.28%	\$ 827.25
Orange	8.13%	\$ 24,387.39
Placer	0.68%	\$ 2,048.42
Plumas	0.14%	\$ 429.74
Riverside	5.21%	\$ 15,642.28
Sacramento	3.21%	\$ 9,641.33
San Benito	0.20%	\$ 599.72
San Bernardino	5.28%	\$ 15,832.30
San Diego	8.20%	\$ 24,587.42
San Francisco	1.86%	\$ 5,570.11
San Joaquin	1.69%	\$ 5,067.87
San Luis Obispo	0.68%	\$ 2,044.18
San Mateo	1.63%	\$ 4,895.21
Santa Barbara	1.16%	\$ 3,484.48
Santa Clara	4.60%	\$ 13,789.91
Santa Cruz	0.74%	\$ 2,214.50
Shasta	0.49%	\$ 1,456.40
Sierra	0.09%	\$ 279.54
Siskiyou	0.17%	\$ 519.59
Solano	1.01%	\$ 3,036.62
Sonoma	1.14%	\$ 3,411.95
Stanislaus	1.29%	\$ 3,867.23
Sutter/Yuba	0.48%	\$ 1,434.18
Tehama	0.20%	\$ 601.94
Tri-City	0.56%	\$ 1,672.48
Trinity	0.10%	\$ 309.08
Tulare	1.22%	\$ 3,661.58
Tuolumne	0.19%	\$ 575.23
Ventura	2.08%	\$ 6,246.30
Yolo	0.54%	\$ 1,630.11
Total	100.00%	\$ 300,000.00
Includes Related Expenses:		
Feasibility Study Consultant		\$ 250,000.00
CalMHSA Staff and Administrative Expense, Legal Expenses	up to	\$ 50,000.00
Total		\$ 300,000.00

Based on MHSI INFORMATION NOTICE NO.:13-15

CRITERIA FOR RATING CURRENT PROJECTS FOR SUSTAINABILITY

(revised August 15, 2013)

1. Statewideness:
 - a. Demonstrates public health approach by increasing awareness—statewide campaign
 - b. Policy recommendations
 - c. Demonstrates linkage and/or adds value to national campaign; such as the role of prevention for ACA or CMS
 - d. Ability to be done locally
2. Regional Value:
 - a. Enhancing local activities with materials or resources for local county/stakeholders
 - b. Procuring resources at lower cost—media buys
 - c. Addresses unique regional need
3. Evidence of Impact to date:
 - a. Meaningful Quantitative Information
 - b. Meaningful Qualitative Information
 - c. Cost effectiveness
4. Evidence Based Practices from other states/localities or has potential to become an Evidence Based Practice
5. General Leveraging
 - a. Current leveraging is strong
 - b. Future opportunity to leverage from additional funding sources
6. Adverse consequence if discontinued
 - a. Political
 - b. Long-term impact vs. short-term impact
7. *Is this a short-term statewide project that is ready to be discontinued due to:*
 - a. *Demonstrated short-term impact*
 - b. *One time only*
 - c. *Local sustainability*

Performance to date: (internal use only) (based on CalMHSA staff analysis)

1. *Meets deliverables on time*
2. *Work products exhibit excellent quality*
3. *Demonstrate commitment to CalMHSA principles and mission*
4. *Few or no contract management issues*

CRITERIA FOR RATING PROJECTS FOR IMPLEMENTATION OF FUTURE PROJECTS

(August 15, 2013)

1. Statewideness:
 - a. Demonstrates public health approach by increasing awareness—statewide campaign
 - b. Policy recommendations
 - c. Demonstrates linkage and/or adds value to national campaign; such as the role of prevention for ACA or CMS
 - d. Ability to be done locally
2. Regional Value:
 - a. Enhancing local activities with materials or resources for local county/stakeholders
 - b. Procuring resources at lower cost—media buys
 - c. Addresses unique regional need
3. Evidence of Impact to date:
 - a. Meaningful Quantitative Information
 - b. Meaningful Qualitative Information
 - c. Cost effectiveness
4. Evidence Based Practices from other states/localities or has potential to become an Evidence Based Practice

BRIEF

PROPOSED TWO PHASE SUSTAINABILITY PLANNING PROCESS

At its 2013 Strategic Planning Meeting, the CalMHSA Board of Directors validated its commitment to sustain PEI Statewide Projects and requested that a CalMHSA taskforce be formed to develop a sustainability process by December 2013. The Statewide PEI Sustainability Task Force was formed and is made up of a board member representative from each of the five CMHDA regions of California. In August, the Board adopted a set of criteria to be utilized to rate and prioritize current projects and activities for sustainability.

In response to feedback from Board members and stakeholders, CalMHSA staff determined a strategy for both a short-term sustainability plan and a long-term sustainability plan needed to be developed. At the August Task Force meeting, CalMHSA staff presented a concept for a Two Phase Sustainability Planning Process for sustaining current CalMHSA PEI Statewide Projects and for developing a plan for future statewide projects. Task Force members endorsed the concept of the Two Phase Sustainability Planning Process and requested the process be brought to the full Board for discussion and action in October.

The proposed Two Phase Sustainability Planning Process is detailed below:

1. **Phase One – December 2013 PEI Statewide Sustainability Plan** will:
 - a. Apply approved rating criteria to existing projects
 - b. Include a funding recommendation for projects through June 2015 (excluding the RAND Evaluation, which finished in 2017)
 - c. Provide one funding participation level for counties (all-in or opt out)
2. **Phase Two – A new CalMHSA PEI Statewide Projects Plan** to be implemented July 1, 2015:
 - a. January 2014 – begin development of a new CalMHSA PEI Statewide Plan with a proposed implementation of July 1, 2015
 - b. Plan development to be funded with PEI Statewide Project planning funds
 - c. New plan will consider new statewide activities as well as those currently implemented
 - d. New plan will explore diverse funding options, including MHSA funds, other public and/or private funding streams for sustaining the plan
 - e. Existing Task Force will continue to oversee plan development
 - f. CalMHSA Advisory Committee will continue to provide feedback during development of the new plan

August 12, 2013

STATEWIDE PREVENTATION & EARLY INTERVENTION “SUSTAINABILITY” PROPOSAL

Background and Introduction:

Proposition 63, the Mental Health Service Act (MHSA), was voted into law by California voters in 2004. The proposition requires a one percent income tax on taxable personal incomes over one million dollars. Due to the changing economic realities in this state and country, since the inception of this tax, the funding has fluctuated by as much as forty percent annually. Such fluctuations have required “prudent” fiscal and program planning by local mental health directors and community stakeholders. Additionally, soon after the passage of Proposition 63, and the ramp up period of MHSA implementation, State legislators proposed a dedicated \$160 million of one-time money to enable statewide efforts to reduce suicides, eliminate stigma and discrimination and improve student mental health.

Today due to the recent economic recovery in California and the passage of key state legislation (Prop.30, AB-109, SB 82), there are positive trends in the state budget that show upward growth over projected FY-13/14 state funds, especially the dedicated personal income tax that funds the MHSA. This projected growth in dedicated mental health revenue will be distributed to the counties for maintaining and expanding mental health programs and services.

According to financial consultant Mike Geiss in his May 23, 2013 presentation to the MHSOAC Financial Oversight Committee, “*MHSA allocations to counties for the first nine months of FY 12/13 total \$1,154,829,698. Simple projections indicate that if this pattern continues, allocations could surpass the Governor’s proposed budget amount of \$1,340 billion dollars.*”

What is the Sustainability Proposal?

According to the first annual data report on the preliminary findings of the statewide prevention campaigns, there has been a broad and significant impact on messages sent and prevention efforts implemented. While prevention dollars and efforts are critical at the local level, the statewide programs have shown the ability to reach far greater audiences and compliment the local plans to create great synergies. The statewide program benefits are far too early to demonstrate impact results, but similar to other prevention efforts it is a long term investment. These efforts should be sustained and funded for at least another ten years so that the full impact of the efforts can be realized. In order to sustain those statewide Prevention & Early Intervention (PEI) Projects beyond the initial MHSA funding in 2007 (\$160 M), a new infusion of resources is required.

Assuming the recovery will last for the next five to ten years, the growth, especially of the millionaires’ tax, will be especially robust. Thus, we propose that a percentage of

the annual growth of all MHSA funds be dedicated to an annual allocation to the Statewide Prevention programs. The range would be from a minimum of ____% to a maximum of ____%. The percentage of the growth amount will be taken from the MHSA that is allocated to Counties each month. The funds will be deposited in a special PEI Revenue Account, which would be set up and managed by the state Department of Finance (DOF).

NOTE: the percentage allocated will be established and determined by a recommendation by CMHDA. Assuming funds are set at the FY 12/13 level and that is \$1.4 billion, with 10% growth in the FY 14/15 MHSA funds, there would be \$140 million available in growth funds.

The *up-side* of this proposal is that these funds would then be assigned to the County's Joint Powers Authority (CalMHSA) for continuous dedicated funding and for on-going PEI projects and development of new statewide PEI projects as approved by the OAC. The funds assigned would be considered "**spent**" under existing state reversion policy. The balance of the annual MHSA growth would be allocated to counties for funding programs and services under the annual county updated MHSA Plan.

The *down-side* of this proposal would be if there is no estimated projected MHSA growth for the fiscal year, there would **not** be a distribution of funds into the DOF PEI Revenue Account for assignment to the JPA. However, to protect funds continuously assigned to the JPA, which have not been expended during the fiscal year, there would be an allowance "carried-over" as a prudent reserve account for funding on-going or new statewide PEI projects.

What is the rationale for the Proposal?

The rationale for this proposal is based on the existing intent of the MHSA; to fund local county programs that meet the specific unmet needs of the unserved and underserved target populations across the life span as identified in the ACT.

All the revenue collected through the MHSA is to be allocated to the counties based on an annual plan for funding community support services, prevention, early intervention and innovation programs and services. The local MHSA Plans are prepared through a "robust" local stakeholder planning process.

This proposal protects the baseline funding to the counties, asserts that only growth is used for the Statewide purposes, and continues the practice of the Statewide programs that have clear benefit back to counties through the JPA for Statewide PEI Projects, which benefits all counties, small, medium, and large and has produced significant outcomes for California.