

Board of Directors Meeting Agenda

Wednesday, July 10, 2019

4:00 p.m. – 5:00 p.m.

(916) 233-1968

Code: 3043



Meeting Locations:

DoubleTree Hotel
2001 Point West Way
Sacramento, CA 95815

Los Angeles County Mental Health
550 S. Vermont Avenue, 12th Floor
Los Angeles, CA 90020

By joining this meeting, you are giving consent to be recorded.

California Mental Health Service Authority
(CalMHSA)

Board of Directors Meeting

Agenda

Wednesday, July 10, 2019

4:00 p.m. – 5:00 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 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.

A. CLOSED SESSION

- 1. CALL TO ORDER**
- 2. ROLL CALL AND INSTRUCTIONS**

B. CLOSED SESSION - EMPLOYEE PERFORMANCE EVALUATION (Gov. Code §54957(b))

- 1. Title: Executive Director**

C. RECONVENE TO OPEN SESSION

- 1. DISCLOSURE OF ACTION TAKEN IN THE CLOSED SESSION (Gov. Code §54957(b))**
- 2. 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 20 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 that 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.

3. CONSENT CALENDAR	05
A. Routine Matters	
1. Minutes from the June 13, 2019 CalMHSA Board of Directors Meeting *	06
B. Reports / Correspondence	
1. CalMHSA agreement to provide MHSOAC with consulting services to support a statewide, multi-county project on school-based mental health *	12
Recommendation: Approval of the Consent Calendar	
4. PROGRAM MATTERS	
A. Early Psychosis Learning Healthcare Network Program *	23
Recommendation: Board approval of the following:	
1. <i>The Early Psychosis Learning Health Care Network Program and the approval and execution of Participation Agreement with interested counties, currently Los Angeles County.</i>	
2. <i>Approval of CalMHSA contracting with the identified contractors and others in order to meet the defined goals.</i>	
B. Program Update.....	32
Recommendation: None, information only	
C. California Partnership for Behavioral Health and Wellbeing (CPBHW).....	48
Recommendation: None, information only	
D. State Hospitals Program Update.....	60
Recommendation: Discussion and/or action as deemed appropriate	
5. GENERAL DISCUSSION	
A. Report from CalMHSA President – Dawan Utecht.....	65
• CalMHSA Board Secretary vacancy	
• General	
Recommendation: Discussion and/or action as deemed appropriate	
B. Report from CalMHSA Executive Director – Wayne Clark.....	66
• General	
Recommendation: Discussion and/or action as deemed appropriate	
6. 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 20 minutes in total. The Board	

may also limit public comment time regarding agenda items, if necessary, in the case of a lengthy agenda.

7. CALMHSA BOARD DISCUSSION

A. Request for Proposal (RFP) for JPA Administrator.

Recommendation: Discussion and/or action as deemed appropriate

8. NEW BUSINESS

General discussion regarding any new business topics for future meetings.

9. CLOSING COMMENTS

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

10. ADJOURNMENT

CONSENT CALENDAR
Agenda Item 3

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 Board would like to discuss any item listed, it may be pulled from the Consent Calendar.

A. Routine Matters

1. Minutes from the June 13, 2019 Special CalMHSA Board of Directors Meeting *

B. Reports / Correspondence

1. CalMHSA agreement to provide MHSOAC with consulting services to support a statewide, multi-county project on school-based mental health *

RECOMMENDATION:

Approval of the Consent Calendar

TYPE OF VOTE REQUIRED:

Majority vote

REFERENCE MATERIAL(S) ATTACHED:

- Minutes from the June 13, 2019 Special CalMHSA Board of Directors Meeting
- MHSOAC Consultant Contract with CalMHSA



"A George Hills Company Administered JPA"

CalMHSA Board of Directors Meeting Minutes from June 13, 2019

BOARD MEMBERS PRESENT

Alameda County – **Carol Burton**
Alpine County – **Amy Broadhurst**
Butte County – **Scott Kennelly**
Colusa County – **Terence M. Rooney, PhD**
Contra Costa County – **Warren Hayes**
El Dorado County – **Katy Eckert**
Fresno County – **Dawan Utecht**
Humboldt County – **Emi Boltzer-Rodgers**
Kern County – **Bill Walker**
Kings County – **Katie Arnst**
Lassen County – **Barbara Longo**
Madera County – **Dennis P. Koch, MPA**
Marin County – **Jei Africa**
Monterey County – **Amie Miller**
Napa County – **Jim Diel**
Nevada County – **Phebe Bell**
Orange County – **Brett O'Brien (On phone)**
Placer County – **Amy Ellis**
San Bernardino County – **Veronica Kelly**
San Francisco – **Deborah Sherwood**
Santa Barbara County – **Pam Fisher**
Santa Clara – **Toni Tullys**
Shasta County – **Donnell Ewert, MPH**
Siskiyou County – **Sarah Collard**
Sonoma County – **Bill Carter**
Stanislaus County – **Kevin Panyanouvong**
Sutter/Yuba County – **Rick Bingham**
Tehama County – **Elizabeth Gowan**
Tri-City Mental Health Center – **Toni Navarro**
Trinity County – **Connie Sessna Smith**
Tulare County – **Donna Ortiz**
Yolo County – **Karen Larsen**

BOARD MEMBERS ABSENT

Berkeley, City of
Del Norte County
Glenn County
Imperial County
Inyo County
Lake County
Los Angeles County

Mariposa County
Mendocino County
Merced County
Modoc County
Mono County
Plumas County
Riverside County
Sacramento County
San Benito County
San Diego County
San Joaquin County
San Luis Obispo County
San Mateo County
Santa Cruz County
Solano County
Sutter/Yuba County
Tuolumne County
Ventura County

MEMBERS OF THE PUBLIC

None

STAFF PRESENT

Laura Li, CalMHSA JPA Administrative Director
Ann Collentine, Deputy Director for Programs
Jeremy Wilson, Senior Program Manager
Kim Santin, Finance Director
Wayne Clark, CalMHSA Executive Director
Armando Bastida, CalMHSA Business Systems Analyst
Doug Alliston, CalMHSA Board Counsel

A. BOARD OF DIRECTORS REGULAR MEETING

1. CALL TO ORDER

CalMHSA President Dawan Utecht Fresno County, called the regular session of the Board of Directors Meeting of the California Mental Health Services Authority (CalMHSA) to order at 10:00 A.M. on June 13, 2019, at the Courtyard Cal Expo Sacramento, California. President Utecht welcomed those in attendance as well as those listening in on the phone. He then asked CalMHSA JPA Administrative Director Laura Li to call roll, in order to confirm a quorum of the Board.

2. ROLL CALL AND INTRODUCTIONS

CalMHSA JPA Administrative Director Laura Li called roll and informed President Dawan Utecht a quorum of the board has been met.

3. INSTRUCTIONS FOR PUBLIC COMMENT AND STAKEHOLDER INPUT

Doug Alliston, CalMHSA Counsel, reviewed the instructions for public comment and noted items not on the agenda would be reserved for public comment at the end of the agenda.

Public comment cards are to be submitted to Laura Li and individuals on the phone were instructed to email Laura Li with their comments.

4. CONSENT CALENDAR

President Utecht acknowledged the consent calendar, consisting of the February 13, 2019 Special CalMHSA Board of Directors Meeting Minutes, the May 9, 2019 CalMHSA Board of Directors Meeting Minutes and the Treasurer's Report as of March 31, 2019. President Utecht asked for comment from Board members.

Bill Walker, Kern County, referred Board Page 9 of the Agenda, the February 13, 2019 Special Board of Directors Meeting Minutes – 6.B, extension of the George Hills Contract for one (1) year plus an RFP.

He also referred to Page 14 of the Agenda, May 9, 2019 Board of Directors Meeting Minutes regarding the Public Private Partnership

Action: Approval of the consent calendar.

Motion: Bill Walker, Kern County

Second: Toni Navarro, Tri City Mental Health Center

The motion passed unanimously. Yolo County abstained.

5. ADMINISTRATIVE MATTERS

A. Officers / Executive Committee / Finance Committee Election

Present Utecht referred the Board to Page 29 of the Agenda to review the slate of officers and regional representatives. President Utecht opened up the floor for nominations or volunteers to fill vacant positions. There were no nominations or volunteers to fill the vacant Secretary position on the Executive Board or the Bay Area representative on the Finance Committee.

President Utecht made a motion to approve the slate of officers as presented in the Agenda.

Action: Approve recommended slate of Officers, Executive Committee Members and Finance Committee Members

Motion: Katie Arnst, Kings County

Second: Bill Carter, Sonoma County

The motion passed unanimously.

6. FINANCIAL MATTERS

A. CalMHSA Annual Proposed Revenue and Expenditure Report – June 30, 2020

Vice President Bill Walker provided an oral overview of the annual Revenue and Expenditure Report – Proposed Budget for June 30, 2020.

Vice President Walker made a motion to approve the Proposed Revenue and Expenditure Report – Proposed Budget June 30, 2020.

Action: Approval of the CalMHSA Proposed Revenue and Expenditure Report – June 30, 2020

Motion: Jeffrey Nagel, Orange County

Second: Veronica Kelley, San Bernardino County

The motion passed unanimously. Santa Barbara County abstained.

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

None

7. PROGRAM MATTERS.

A. PEI Contracts

Jeremy Wilson, CalMHSA Senior Program Manager, provided an overview of the Directing Change program and its seven-year impact on youth and adults. He also showed three student PSAs.

Mr. Wilson stated that CalMHSA will highlight program impacts in their communities at upcoming board meetings as well as re-constitute the Sustainability Taskforce.

Mr. Wilson stated that CalMHSA wishes to maintain the current contractors for this fiscal year while creating a plan with RAND that will align with the Board's 3-year plan.

Mr. Wilson also stated that CalMHSA expects up to 1.8 million of unassigned funding due to conservative budgeting.

Action: Approve contract funding for continued implementation of Phase III Year 3 Statewide PEI Projects in FY 19/20 with the existing contractors in the amounts stated in the staff report, delegate authority to the newly re-constituted Sustainability Taskforce to direct staff on allocation of up to \$2 million in additional funds for similar services if funds become available, and authorize the Executive Director or Chief Operating Officer to negotiate and execute contract extensions or amendments to implement the approved funding.

Motion: Bill Carter, Sonoma County

Second: Jim Diel, Napa County

The motion passed unanimously.

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

None

B. CALIFORNIA PARTNERSHIP FOR BEHAVIORAL HEALTH AND WELLBEING (CPBHW)

President Utecht provided an update on the CPBHW project, stating there will be a private meeting on June 19 during which the CPBHW Board will develop bylaws and discuss funding levels.

After board discussion staff indicating holding off on moving forward until they were able to provide Members with the pros and cons of continuing and/or abandoning the project.

Action: *None, information only*

8. GOVERNANCE

Doug Alliston, CalMHSA Counsel, stated that the CalMHSA bylaws and procurement policy are dated and he would like to make edits to bring back to the Board for approval.

Mr. Alliston asked that if any Board Member has recommended changes, please forward them to CalMHSA staff.

Action: *None. Direction to counsel and staff is sufficient*

9. GENERAL DISCUSSION

A. REPORT FROM CALMHSA PRESIDENT – DAWAN UTECHT

President Utecht discussed the following items:

- Innovation Tech – Vice President Bill Walker indicated this program is at a critical point.
- RFP – The Subcommittee is reviewing documents and will have more to report in July.
- OAC Student Mental Health Project – MHSOAC will contract with CalMHSA to serve as the consultant to staff a learning collaborative project involving Butte, Tulare, Orange, and Colusa Counties. This 1-year project would start as soon as possible and require funding of up to \$150,000.

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

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

None

B. REPORT FROM CALMHSA EXECUTIVE DIRECTOR – WAYNE CLARK

Dr. Wayne Clark provided a brief overview of the status of the CalMHSA Portal.

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

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

None

C. STATE HOSPITAL BED UPDATE

Vice President Bill Walker provided an update of the State Hospital, stating that there will be more details coming to the Board within 60 days.

Mr. Walker stated that if the Board members have concerns about the vendor, now is the time to voice those and not in the hallways after the meeting.

Michelle Cabrera of CBHDA stated she is concerned with bad information on the current vendor that has been received to date.

Dr. Wayne Clark provided historical information on the vendor, stating that the Counties did their due diligence, visited the vendor's facilities and determined they were the best fit.

Ms. Utecht reminded the Board that the vendor is no longer Correct Care. They are now Wellpath. She suggested that it may be best to consider an RFP.

Ms. Cabrera and Mr. Walker voiced their concerns about the costs and the cost proposal being over a year old.

Ms. Utecht requested that Mr. Alliston look into any issues concerning the entity's merger and what has done since the initial RFP.

10. PUBLIC COMMENTS

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

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

None

11. NEW BUSINESS

General discussion regarding any new business topics for future meetings.

12. CLOSING COMMENTS

None

13. ADJOURNMENT

Hearing no further comments, the meeting was adjourned at 10:57 a.m.

Respectfully submitted,

Dawan Utecht
President, CalMHSA

Date

STANDARD AGREEMENT

STD 213 (Rev. 03/2019)

AGREEMENT NUMBER

18MHSOAC043

PURCHASING AUTHORITY NUMBER (If Applicable)

1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME

Mental Health Services Oversight and Accountability Commission

CONTRACTOR NAME

California Mental Health Services Authority (CalMHSA)

2. The term of this Agreement is:

START DATE

Upon Signature

THROUGH END DATE

August 30, 2020

3. The maximum amount of this Agreement is:

\$150,000.00 - One hundred fifty thousand dollars and no cents

4. The parties agree to comply with the terms and conditions of the following exhibits, which are by this reference made a part of the Agreement.

EXHIBITS	TITLE	PAGES
Exhibit A	Scope of Work	3
Exhibit B	Budget Detail and Payment Provisions	2
Exhibit C	General Terms and Conditions	5

Items shown with an asterisk (*), are hereby incorporated by reference and made part of this agreement as if attached hereto.
 These documents can be viewed at <https://www.dgs.ca.gov/OLS/Resources>

IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO.

CONTRACTOR

CONTRACTOR NAME (if other than an individual, state whether a corporation, partnership, etc.)

California Mental Health Services Authority (CalMHSA)

CONTRACTOR BUSINESS ADDRESS

3043 Gold Canal Drive, Suite 200

CITY

Rancho Cordova

STATE

CA

ZIP

95670

PRINTED NAME OF PERSON SIGNING

Wayne Clark

TITLE

Executive Director

CONTRACTOR AUTHORIZED SIGNATURE

DATE SIGNED

6/26/19

STATE OF CALIFORNIA

CONTRACTING AGENCY NAME

Mental Health Services Oversight and Accountability Commission

CONTRACTING AGENCY ADDRESS

1325 J Street, Suite 1700

CITY

Sacramento

STATE

CA

ZIP

95814

PRINTED NAME OF PERSON SIGNING

Toby Ewing

TITLE

Executive Director

CONTRACTING AGENCY AUTHORIZED SIGNATURE

DATE SIGNED

6-26-19

CALIFORNIA DEPARTMENT OF GENERAL SERVICES APPROVAL

EXEMPTION (If Applicable)
W & I Code 5897 (f)

**EXHIBIT A
SCOPE OF WORK**

1. California Mental Health Services Authority (CalMHSA), hereafter referred to as Contractor, agrees to provide the Mental Health Services Oversight and Accountability Commission (MHSOAC) with consulting services to support a statewide, multi-county project on school-based mental health to expand opportunities and engage school-county partners as a learning community to develop approaches and strategies for improving the availability and quality of a continuum of mental health services and supports in schools.
2. The project representatives during the term of this agreement will be:

State Agency: MHSOAC	Contractor: California Mental Health Services Authority (CalMHSA)
Name: Kai LeMasson Research and Evaluation Team	Name: Ann Collentine Deputy Director for Programs
Phone: (916) 445-8761	Phone: 916-859-4806
E-Mail: Kai.LeMasson@mhsoc.ca.gov	E-Mail: ann.collentine@calmhsa.org

Direct all administrative inquiries to:

State Agency: MHSOAC	Contractor: California Mental Health Services Authority (CalMHSA)
Section/Unit: MHSOAC	Section/Unit: N/A
Attention: Lauren Quintero	Attention: Ann Collentine
Address: 1325 J Street, Suite 1700 Sacramento, CA 95814	Address: 3043 Gold Canal Drive, Suite 200 Rancho Cordova, CA 95670
Phone: (916) 445-8716	Phone: 916-859-4806
Fax: (916) 445-4927	Fax:
E-Mail: Lauren.Quintero@mhsoc.ca.gov	E-Mail: ann.collentine@calmhsa.org

3. Detailed Scope of Work:
 - A. Introduction and Project Goals

The MHSOAC and the California Department of Education (CDE) entered into an Interagency Agreement with the overarching goal to foster and strengthen relationships between county behavioral health departments and local education agencies (LEAs).

That Agreement, CDE Agreement #CN180389, calls for CDE to contribute towards the hiring of a consultant by the MHSOAC to establish a coordinated network of counties, schools, and communities to develop a report on a shared project or set of interrelated projects for delivering school-based mental health services.

This contract provides for the consultant services required in CDE Agreement #CN180389, which is incorporated by reference and made part of this contract as if attached hereto.

B. Contractor Responsibilities

In furtherance of the goals, purposes, and objectives in CDE Agreement #CN180389, the Contractor shall:

1. In consultation with the MHSOAC and CDE Project Representatives, identify and invite county mental/behavioral health departments and local educational agencies (LEAs) to explore areas of interest and potential project development.
2. Facilitate and establish a learning community with the participating county mental/behavioral health departments and LEA partners on a shared project or set of interrelated projects to develop approaches and strategies for improving the availability and quality of a continuum of mental health services and supports for school-based mental health services.

C. Deliverables

1. Contractor shall submit to the MHSOAC a written preliminary report that sets forth a work plan with a timeline and milestones for completion of the project. This report is due on June 30, 2019.
2. Contractor shall submit to the MHSOAC a written a progress report that describes the Contractor's progress in completing the milestones towards the completion of the activities listed in items B.1 and B.2 above. This report is due on December 30, 2019.
3. Contractor shall by June 30, 2020 submit to the MHSOAC a written, minimum of 15 page final report that, at a minimum:
 - a. documents the outcomes from the activities listed in items B.1 and B.2 above;
 - b. describes the lessons learned from the activities listed in items B.1 and B.2 above;
 - c. provides recommendations on how to strengthen relationships between county mental/behavioral health departments and LEAs in support of the overarching goal of the CDE Agreement #CN180389 and improving the availability and quality of a continuum of mental health services and supports for school-based mental health services.

D. General Deliverable Requirements

1. Deliverables shall be submitted in an electronic format, to be agreed upon prior to start of work, which are easily posted on the MHSOAC website, pursuant to Government Code section 11135, and in compliance with accessibility requirements of section 508 of the Rehabilitation Act of 1973, as amended and implemented through regulations.
2. Deliverables shall include a title that specifies the deliverable number and title used within the contract, and the name of the Contractor.
3. The Contractor may submit deliverables prior to due dates. If Contractor experiences reasonable delays with regard to a deliverable, Contractor shall notify the MHSOAC Project Representative, prior to the deliverable due date for which a delay is anticipated. For any deliverable in which the delay is anticipated to exceed 30 calendar days, the MHSOAC may grant the Contractor additional time to complete the deliverable. Such additional time must be confirmed in writing by the MHSOAC.

E. Amendments

This contract may be amended as necessary for project completion.

F. Termination

This contract may be terminated upon thirty (30) day written notice by either party. Notice must provide effective date of termination.

**EXHIBIT B
BUDGET DETAIL AND PAYMENT PROVISIONS**

1. Invoicing and Payment

- a) For services satisfactorily rendered, and upon receipt and approval of the invoices, the State agrees to compensate the Contractor in accordance with the rates specified in Section 4, "Budget Detail."
- b) Invoices shall include the Agreement Number and shall be submitted in triplicate not more frequently than monthly in arrears to:

Mental Health Services Oversight & Accountability Commission
Attention: Accounting Office
1325 J Street, Suite 1700
Sacramento, CA, 95814

2. Budget Contingency Clause

- a) It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for the program, this Agreement shall be of no further force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Contractor or to furnish any other considerations under this Agreement and Contractor shall not be obligated to perform any provisions of this Agreement.
- b) If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Agreement with no liability occurring to the State, or offer an agreement amendment to Contractor to reflect the reduced amount.
- c) If this contract overlaps Federal and State fiscal years, should funds not be appropriated by Congress or approved by the Legislature for the fiscal year(s) following that during which this contract was executed, the State may exercise its option to cancel this contract.
- d) In addition, this contract is subject to any additional restrictions, limitations, or conditions enacted by Congress or the Legislature which may affect the provisions or terms of funding of this contract in any manner.

3. Prompt Payment Clause

Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927.

4. Budget Detail

The total amount of this agreement shall not exceed \$150,000.00 (One hundred fifty thousand dollars and no cents) and invoiced as follows:

Deliverable	Target Due Date	Amount
Deliverable 1	June 30, 2019	\$25,000
Deliverable 2	December 30, 2019	\$50,000
Deliverable 3	June 30, 2020	\$75,000
Contract Total		\$150,000

GTC 04/2017

EXHIBIT C

GENERAL TERMS AND CONDITIONS

1. APPROVAL: This Agreement is of no force or effect until signed by both parties and approved by the Department of General Services, if required. Contractor may not commence performance until such approval has been obtained.
2. AMENDMENT: No amendment or variation of the terms of this Agreement shall be valid unless made in writing, signed by the parties and approved as required. No oral understanding or Agreement not incorporated in the Agreement is binding on any of the parties.
3. ASSIGNMENT: This Agreement is not assignable by the Contractor, either in whole or in part, without the consent of the State in the form of a formal written amendment.
4. AUDIT: Contractor agrees that the awarding department, the Department of General Services, the Bureau of State Audits, or their designated representative shall have the right to review and to copy any records and supporting documentation pertaining to the performance of this Agreement. Contractor agrees to maintain such records for possible audit for a minimum of three (3) years after final payment, unless a longer period of records retention is stipulated. Contractor agrees to allow the auditor(s) access to such records during normal business hours and to allow interviews of any employees who might reasonably have information related to such records. Further, Contractor agrees to include a similar right of the State to audit records and interview staff in any subcontract related to performance of this Agreement. (Gov. Code §8546.7, Pub. Contract Code §10115 et seq., CCR Title 2, Section 1896).
5. INDEMNIFICATION: Contractor agrees to indemnify, defend and save harmless the State, its officers, agents and employees from any and all claims and losses accruing or resulting to any and all contractors, subcontractors, suppliers, laborers, and any other person, firm or corporation furnishing or supplying work services, materials, or supplies in connection with the performance of this Agreement, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by Contractor in the performance of this Agreement.
6. DISPUTES: Contractor shall continue with the responsibilities under this Agreement during any dispute.

7. TERMINATION FOR CAUSE: The State may terminate this Agreement and be relieved of any payments should the Contractor fail to perform the requirements of this Agreement at the time and in the manner herein provided. In the event of such termination the State may proceed with the work in any manner deemed proper by the State. All costs to the State shall be deducted from any sum due the Contractor under this Agreement and the balance, if any, shall be paid to the Contractor upon demand.

8. INDEPENDENT CONTRACTOR: Contractor, and the agents and employees of Contractor, in the performance of this Agreement, shall act in an independent capacity and not as officers or employees or agents of the State.

9. RECYCLING CERTIFICATION: The Contractor shall certify in writing under penalty of perjury, the minimum, if not exact, percentage of post consumer material as defined in the Public Contract Code Section 12200, in products, materials, goods, or supplies offered or sold to the State regardless of whether the product meets the requirements of Public Contract Code Section 12209. With respect to printer or duplication cartridges that comply with the requirements of Section 12156(e), the certification required by this subdivision shall specify that the cartridges so comply (Pub. Contract Code §12205).

10. NON-DISCRIMINATION CLAUSE: During the performance of this Agreement, Contractor and its subcontractors shall not deny the contract's benefits to any person on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status, nor shall they discriminate unlawfully against any employee or applicant for employment because of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status. Contractor shall insure that the evaluation and treatment of employees and applicants for employment are free of such discrimination. Contractor and subcontractors shall comply with the provisions of the Fair Employment and Housing Act (Gov. Code §12900 et seq.), the regulations promulgated thereunder (Cal. Code Regs., tit. 2, §11000 et seq.), the provisions of Article 9.5, Chapter 1, Part 1, Division 3, Title 2 of the Government Code (Gov. Code §§11135-11139.5), and the regulations or standards adopted by the awarding state agency to implement such article. Contractor shall permit access by representatives of the Department of Fair Employment and Housing and the awarding state agency upon reasonable notice at any time during the normal business hours, but in no case less than 24 hours' notice, to such of its books, records, accounts, and all other sources of information and its facilities as said Department or Agency shall require to ascertain compliance with this clause. Contractor and its subcontractors shall give written notice of their obligations under this

clause to labor organizations with which they have a collective bargaining or other agreement.
(See Cal. Code Regs., tit. 2, §11105.)

Contractor shall include the nondiscrimination and compliance provisions of this clause in all subcontracts to perform work under the Agreement.

11. CERTIFICATION CLAUSES: The CONTRACTOR CERTIFICATION CLAUSES contained in the document CCC 04/2017 are hereby incorporated by reference and made a part of this Agreement by this reference as if attached hereto.

12. TIMELINESS: Time is of the essence in this Agreement.

13. COMPENSATION: The consideration to be paid Contractor, as provided herein, shall be in compensation for all of Contractor's expenses incurred in the performance hereof, including travel, per diem, and taxes, unless otherwise expressly so provided.

14. GOVERNING LAW: This contract is governed by and shall be interpreted in accordance with the laws of the State of California.

15. ANTITRUST CLAIMS: The Contractor by signing this agreement hereby certifies that if these services or goods are obtained by means of a competitive bid, the Contractor shall comply with the requirements of the Government Codes Sections set out below.

a. The Government Code Chapter on Antitrust claims contains the following definitions:

1) "Public purchase" means a purchase by means of competitive bids of goods, services, or materials by the State or any of its political subdivisions or public agencies on whose behalf the Attorney General may bring an action pursuant to subdivision (c) of Section 16750 of the Business and Professions Code.

2) "Public purchasing body" means the State or the subdivision or agency making a public purchase. Government Code Section 4550.

b. In submitting a bid to a public purchasing body, the bidder offers and agrees that if the bid is accepted, it will assign to the purchasing body all rights, title, and interest in and to all causes of action it may have under Section 4 of the Clayton Act (15 U.S.C. Sec. 15) or under the Cartwright Act (Chapter 2 (commencing with Section 16700) of Part 2 of Division 7 of the Business and Professions Code), arising from purchases of goods, materials, or services by the bidder for sale to the purchasing body pursuant to the bid. Such assignment shall be made and become effective at the time the purchasing body tenders final payment to the bidder. Government Code Section 4552.

c. If an awarding body or public purchasing body receives, either through judgment or settlement, a monetary recovery for a cause of action assigned under this chapter, the assignor

shall be entitled to receive reimbursement for actual legal costs incurred and may, upon demand, recover from the public body any portion of the recovery, including treble damages, attributable to overcharges that were paid by the assignor but were not paid by the public body as part of the bid price, less the expenses incurred in obtaining that portion of the recovery. Government Code Section 4553.

d. Upon demand in writing by the assignor, the assignee shall, within one year from such demand, reassign the cause of action assigned under this part if the assignor has been or may have been injured by the violation of law for which the cause of action arose and (a) the assignee has not been injured thereby, or (b) the assignee declines to file a court action for the cause of action. See Government Code Section 4554.

16. CHILD SUPPORT COMPLIANCE ACT: For any Agreement in excess of \$100,000, the contractor acknowledges in accordance with Public Contract Code 7110, that:

a. The contractor recognizes the importance of child and family support obligations and shall fully comply with all applicable state and federal laws relating to child and family support enforcement, including, but not limited to, disclosure of information and compliance with earnings assignment orders, as provided in Chapter 8 (commencing with section 5200) of Part 5 of Division 9 of the Family Code; and

b. The contractor, to the best of its knowledge is fully complying with the earnings assignment orders of all employees and is providing the names of all new employees to the New Hire Registry maintained by the California Employment Development Department.

17. UNENFORCEABLE PROVISION: In the event that any provision of this Agreement is unenforceable or held to be unenforceable, then the parties agree that all other provisions of this Agreement have force and effect and shall not be affected thereby.

18. PRIORITY HIRING CONSIDERATIONS: If this Contract includes services in excess of \$200,000, the Contractor shall give priority consideration in filling vacancies in positions funded by the Contract to qualified recipients of aid under Welfare and Institutions Code Section 11200 in accordance with Pub. Contract Code §10353.

19. SMALL BUSINESS PARTICIPATION AND DVBE PARTICIPATION REPORTING REQUIREMENTS:

a. If for this Contract Contractor made a commitment to achieve small business participation, then Contractor must within 60 days of receiving final payment under this Contract (or within such other time period as may be specified elsewhere in this Contract) report to the awarding department the actual percentage of small business participation that was achieved. (Govt. Code § 14841.)

b. If for this Contract Contractor made a commitment to achieve disabled veteran business enterprise (DVBE) participation, then Contractor must within 60 days of receiving final payment under this Contract (or within such other time period as may be specified elsewhere in this Contract) certify in a report to the awarding department: (1) the total amount the prime Contractor received under the Contract; (2) the name and address of the DVBE(s) that participated in the performance of the Contract; (3) the amount each DVBE received from the prime Contractor; (4) that all payments under the Contract have been made to the DVBE; and (5) the actual percentage of DVBE participation that was achieved. A person or entity that knowingly provides false information shall be subject to a civil penalty for each violation. (Mil. & Vets. Code § 999.5(d); Govt. Code § 14841.)

20. LOSS LEADER:

If this contract involves the furnishing of equipment, materials, or supplies then the following statement is incorporated: It is unlawful for any person engaged in business within this state to sell or use any article or product as a "loss leader" as defined in Section 17030 of the Business and Professions Code. (PCC 10344(e).)

PROGRAM MATTERS
Agenda Item 4.A

SUBJECT: EARLY PSYCHOSIS LEARNING HEALTH CARE NETWORK (EPLHCN)

ACTION FOR CONSIDERATION:

Board Approval of the following:

1. The Early Psychosis Learning Health Care Network Program and the approval and execution of Participation Agreement with interested counties, currently Los Angeles County.
2. Approval of CalMHSA contracting with the identified contractors and others in order to meet the defined goals.

BACKGROUND AND STATUS:

The Prevention and Early Intervention component of the Mental Health Services Act (MHSA), coupled with a legislative focus on early psychosis (AB 1315, SB 1004), has served as a catalyst for the delivery of early psychosis (EP) services across California. Multiple California counties including Los Angeles, Orange, San Diego and Solano, in collaboration with the UC Davis Behavioral Health Center of Excellence, are using Innovation Funds to develop the infrastructure for a sustainable learning health care network for EP programs. Further, the proposed Innovation project seeks to demonstrate the utility of the network via a collaborative statewide evaluation to clarify the effect of the network and these programs on the consumers and communities that they serve. This project, led by UC Davis in partnership with UC San Francisco, UC San Diego, University of Calgary and multiple California counties, will bring consumer-level data to the clinician's fingertips for real-time sharing with consumers, allow programs to learn from each other through a training and technical assistance collaborative. The proposal must comply with the regulatory and funding guidelines for evaluation as stipulated by the applicable MHSA funding regulations, contract deliverables, and best practices. The design must further be reviewed by an Institutional Review Board and be shaped by the input of stakeholders, including mental health consumers and family members.

County Level Data: Compare program utilization, emergency department/crisis, and non-EP behavioral health care utilization and associated costs across EP and comparator programs (CG) serving EP consumers (with similar age, diagnosis, services received) using de-identified county-level data.

Program Level "Learning Health Care Network" Data: Collect detailed outcome (symptoms, functioning, satisfaction, etc.) from all consumers receiving EP service care; assess EP program fidelity; assess consumer and provider skills, beliefs and attitudes around measurement-based care and use of LHCN in service delivery (pre- and post-LHCN implementation).

Qualitative Data: Conduct focus groups, stakeholder meetings & qualitative interviews with consumers, families, county staff and EP program staff to inform outcome selection, inform implementation of LHCN and the evaluation, present findings, and assess satisfaction.

This Statewide EP Evaluation and LHCN primarily aims to 1) increase the quality of mental health services, including measurable outcomes, and 2) introduce a mental health practice or approach that is new to the overall mental health system.

CalMHSA intends to contract with Behavioral Health Center of Excellence (BHCOE), University of California Davis with Tara Niendam, PhD; Associate Professor, UC Davis Department of Psychiatry and Behavioral Sciences as principal investigator.

This is a five-year program intended to commence July 1, 2019 through June 30, 2024 with a budget of \$2,969,717. The budget includes a 15% of total cost indirect rate and CalMHSA administrative fee.

Staff is seeking Board approval of the program implementation, contracting with interested counties (currently Los Angeles County) and executing contracts with the identified contractors in order to attain program goals.

FISCAL IMPACT:

\$2,969,717 - Los Angeles County only

RECOMMENDATION:

Board Approval of the following:

1. The Early Psychosis Learning Health Care Network Program and the approval and execution of Participation Agreement with interested counties, currently Los Angeles County.
2. Approval of CalMHSA contracting with the identified contractors and others in order to meet the defined goals.

TYPE OF VOTE REQUIRED:

Majority Vote

REFERENCE MATERIAL(S) ATTACHED:

- Draft Los Angeles County Participation Agreement

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY
PARTICIPATION AGREEMENT
COVER SHEET

1. Los Angeles County ("Participant") desires to participate in the Program identified below.

Name of Program: Early Psychosis Learning Health Care Network ("EPLHCN")

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 this Participation Agreement. The following exhibits are intended to clarify how the provisions of those documents will be applied to this Program.

- Exhibit A Program Description
- Exhibit B General Terms and Conditions
- Exhibit C County-Specific Scope and Funding

3. The term of the Program is **July 1, 2019** through **June 30, 2024**.

4. Authorized Signatures:

CalMHSA

Signed: _____ Name (Printed): John E. Chaquica, CPA, MBA, ARM

Title: Chief Operating Officer Date: _____

Participant: Los Angeles County

Signed: _____ Name (Printed): Gregory C. Polk

Title: Chief Deputy Director Date: _____

PARTICIPATION AGREEMENT
Exhibit A – Program Description

I. Name of Program – Early Psychosis Learning Health Care Network (“EPLHCN”)

II. Program Overview

CalMHSA will be contracted to perform the overall administrative oversight and will contract with Behavioral Health Center of Excellence, University of California, Davis (“BHCOE”), and will develop additional scope of work that will develop the infrastructure for a sustainable learning health care network for Early Psychosis (“EP”) programs. Further, the Innovation project seeks to demonstrate the utility of the network via a collaborative statewide evaluation to clarify the effect of the network and these programs on the consumers and communities they serve.

DRAFT

PARTICIPATION AGREEMENT
Exhibit B – General Terms and Conditions

I. Definitions

The following words as used throughout this Participation Agreement shall be construed to have the following meaning, unless otherwise apparent from the context in which they are used:

- A. CalMHSA – California Mental Health Services Authority, a Joint Powers Authority (JPA) created by counties in 2009 at the instigation of the California Mental Health Directors Association to jointly develop and fund mental health services and education programs.
- B. Mental Health Services Division (MHSD) – The Division of the California Department of Health Care Services responsible for mental health functions.
- C. Member – A County (or JPA of two or more Counties) that has joined CalMHSA and executed the CalMHSA Joint Powers Agreement.
- D. 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.
- E. Participant – Any County participating in the Program either as Member of CalMHSA or as Partner under a Memorandum of Understanding with CalMHSA.
- F. Program – The program identified in Exhibit A.

II. Responsibilities

- A. Responsibilities of CalMHSA:
 - 1. Act as fiscal and administrative agent for Program.
 - 2. Management of funds received consistent with the requirements of any applicable laws, regulations, guidelines and/or contractual obligations.
 - 3. Provide regular fiscal reports to Participants and/or other public agencies with a right to such reports.
 - 4. Submission of plans, updates, and/or work plans for review and approval by Participant representative.
 - 5. Compliance with CalMHSA's Joint Powers Agreement and Bylaws.
- B. Responsibilities of Participant:
 - 1. Transfer of funds for the Program as specified in Exhibit C at the beginning of each fiscal year identified in Exhibit C, County-Specific Scope and Funding.
 - 2. Identification of a representative authorized to act for Participant and receive notices on behalf of Participant with regard to the Program.

3. Cooperate by providing CalMHSA with requested information and assistance in order to fulfill the purpose of the Program.
4. Provide feedback on Program performance.
5. Compliance with applicable laws, regulations, guidelines, contractual agreements, JPAs and bylaws.

III. Duration, Term and Amendment

- A. The Program is of indefinite duration, and will continue as long as Participants wish to act together to conduct Innovation projects. However, the obligation of any Member to pay funds is limited to the periods and amounts stated in Exhibit C, County-Specific Scope and Funding.
- B. This Agreement may be supplemented, amended or modified only by the mutual agreement of CalMHSA and the Participant, expressed in writing and signed by authorized representatives of both parties.
- C. Any Participant may withdraw from the Program upon six (6) months' written notice. Notice shall be deemed served on the date of mailing.

IV. Withdrawal, Cancellation and Termination

- A. Upon cancellation, termination or other conclusion of the Program, any funds remaining undisbursed shall be returned to the Participants. Unused funds paid for a joint effort will be returned pro rata to Participants in proportion to payments made. Adjustments may be made if disproportionate benefit was conveyed on particular Participants. Excess funds at the conclusion of county-specific efforts will be returned to the particular county that paid them.

V. Fiscal Provisions

- A. Funding required from the Participants will not exceed the amount stated in Exhibit C, County-Specific Scope and Funding.
- B. County will provide the funding amount stated in Exhibit C - Budget, which includes a one-time administrative fee. CalMHSA will invoice the County upon execution of Participation Agreement, for the full budget amount in order to successfully carry out its contractual obligations.

PARTICIPATION AGREEMENT
Exhibit C - County-Specific Scope and Funding

MHSA Innovation 8 Project – Early Psychosis Learning Health Care Network: Statewide Collaborative and Evaluation

CalMHSA will be contracted to perform the overall administrative oversight and will contract with Behavioral Health Center of Excellence (BHCOE), University of California, Davis, and additional scope of work will be entered into that will develop the infrastructure for a sustainable learning health care network for EP programs. Further, the Innovation project seeks to demonstrate the utility of the network via a collaborative statewide evaluation to clarify the effect of the network and these programs on the consumers and communities they serve.

Innovation Primary Purpose

Overall, the primary purpose of this Innovation project is to bring consumer-level data to the clinician’s fingertips for real-time sharing with consumers, allow programs to learn from each other through a training and technical assistance collaborative.

The Agreement shall consist of the following deliverables:

- CalMHSA Deliverable 1 - Submission of Institutional Review Board (IRB) protocol, identification of an external company to develop the platform application and recruitment of an external advisory committee and focus groups.
- DMH Deliverable 1- Participate in outcome of interest prioritization process. Support access to other relevant community or state level stakeholders for feedback. Submit report identifying key staff for data collection and transfer.
- CalMHSA Deliverable 2 - Identification and prioritization of outcomes, wireframe for application submission, identification of county level available data and data transfer methods, selection of 2 counties for beta testing and complete Pre-LHCN implementation questionnaire. Counties to be selected at a future date and based on other counties’ readiness to join and available data.
- DMH Deliverable 2- Participate in outcome domains and measures selection process. Data transfer staff participate in methods development for multi-county integration of cost and utilization data.
- CalMHSA Deliverable 3 - Final outcomes selection process, feedback from beta testing of LHCN application, preliminary feedback from focus groups and finalize methods for multi-county integrated evaluation of costs and utilization data.
- DMH Deliverable 3 - Participate in final program-level outcomes prioritization process. Data transfer staff participate in methods finalization for multi-county integration of cost and utilization data

- CalMHSA Deliverable 4 - Initial site visits with detailed training for program staff, Data collection process for obtaining county-level utilization and cost data for prior 3 years, feedback from focus groups and schedule for EP Program Fidelity assessments.
- DMH Deliverable 4 - Submit data from prior 3-year timeframe for EP and CG programs to evaluation team for analysis. Provide feedback during qualitative interviews.
- CalMHSA Deliverable 5 - Primary results from 2 pilot EP programs, qualitative report on ongoing issues and suggestions on app/dashboard, outline plan for training and report on feasibility of obtaining cost and utilization data from preliminary multi-county integrated evaluation.
- DMH Deliverable 5 - Problem-solve with evaluation team regarding county-level cost and utilization data transfer and analyses.
- CalMHSA Deliverable 6 - Training and implementation of outcomes measurement on app in non-pilot EP programs and progress, findings on cost and utilization, results from fidelity assessments of EP programs.
- DMH Deliverable 6- Assist evaluation/LHCN team in report that identifies problems with county-level cost and utilization data analysis and identifies solutions.
- CalMHSA Deliverable 7 - LHCN enrollment and follow up completion, plan and timeline for working with counties, and feedback form interviews with EP stakeholders.
- DMH Deliverable 7 - Work with evaluation team to prepare for next round of county-level data, including resolving previous issues faced with first data pull.
- CalMHSA Deliverable 8 - Enrollment and follow up completion rates for LHCN app in all EP programs, Post LHCN implementation questionnaires, and final data analysis plan for all data.
- DMH Deliverable 8 - Collaborate with evaluation team on final data transfer and analysis plan. Support access to other relevant community- or state-level stakeholders for feedback.
- CalMHSA Deliverable 9 - Preliminary data on feasibility and acceptability of LHCN app in all EP programs, preliminary results from second round of analysis and outline of experiences and feedback from stakeholders.
- DMH Deliverable 9 - Send second round of county-level cost and utilization data from all EP and CG programs to evaluation team and problem-solve any issues that arise. Provide feedback during interviews and for draft report. Support access to

other relevant community- or state-level stakeholders for feedback.

CalMHSA Deliverable 10 - Final report detailing all program-level, county-level outcomes data collected and summarizing experiences and feedback from all stakeholders, that is responsive to stakeholder feedback on draft report. Report will conform to MHSA annual innovation project reporting guidelines.

DMH Deliverable 10 - Provide feedback on draft report. Support access to other relevant community- or state-level stakeholders for feedback. Collaborate on dissemination of study results through multi-media work products.

Budget

Los Angeles County will provide the funding amount stated below, which includes a one-time administrative fee for CalMHSA. CalMHSA will invoice the County upon execution of Participation Agreement, for the full budget amount in order to successfully carry out its contractual obligations.

Payment for FY19-20 in the amount of \$1,098,057 shall be made upon approval and execution of this Agreement. CalMHSA will invoice the County in June of each year for payment in July of each year thereafter.

NOTE: The scope of work and annual budget allocations are projected, therefore subject to change given assessment outcomes throughout the term of this Agreement.

Year	Funding Allocation	Admin Fee	Total Payment Amount	Payment By
FY19-20	\$1,045,768.00	\$52,288.00	\$1,098,057.00	July 1, 2019
FY20-21	\$524,175.00	\$26, 209.00	\$550,384.00	July 1, 2020
FY21-22	\$513,050.00	\$25, 653.00	\$538,702.00	July 1, 2021
FY22-23	\$492,709.00	\$24, 635.00	\$517, 344.00	July 1, 2022
FY23-24	\$252,600.00	\$12,630.00	\$265,230.00	July 1, 2023

Total Program Funding: \$2,524,259.45
 Total Indirect Rate and CalMHSA Admin Fee: \$445,457.55
Total Funding Amount: \$2,969,717

PROGRAM MATTERS
Agenda Item 4.B

SUBJECT: PROGRAM UPDATE

ACTION FOR CONSIDERATION:

None, information only

BACKGROUND AND STATUS:

Statewide Prevention and Early Intervention (PEI) Update:

- June 2019 Board of Directors Meeting approved the Scope of Work and Budget for FY 19/20.
- CalMHSA Staff are in the process of negotiating and finalizing contracts with vendors.
- RAND Study indicates that *“California’s campaign to reduce the stigma of mental illness may have drawn more individuals into care. It was also associated with improvements in one (inverse) indicator of stigma: a belief that recovery from mental illness is possible. This dimension of stigma was addressed by several aspects of the campaign.”* Each Mind Matters reduces Stigma - The journal article was posted today, June 26th. Here is the link to the journal article: <https://ajph.aphapublications.org/doi/full/10.2105/AJPH.2019.305129>.
- Link to the 2019 Each Mind Matters Activation Kit for May (theme: Strength in Community): <https://www.eachmindmatters.org/may2019/>.
- Directing Change held its 7th annual Awards Ceremony in Los Angeles on May 21st. This year Directing Change received 1,063 film submissions from 3,346 youth and young adults throughout California 170 schools and community-based organizations. On May 21st, an audience of more than 1,100 students from 21 middle and high schools, family and classmates viewed the films, cheered on the honorees and were treated to a musical performance by students from area high schools.
- Each Mind Matters teamed up with six baseball teams to celebrate Mental Health Matters Month at the ballpark this May. Baseball fans cheered on their favorite teams from the lime green section and saw the new Each Mind Matters PSA on the Jumbotron. Check out the highlights here: <https://vimeo.com/eachmindmatters>.

Innovation Technology Suite Project Update:

- Evaluation Advisory Committee met the week of 6/24 to review the UCI Quarterly Report and make recommendations to the project.
 - The UCI Quarterly Report will be shared with participating counties when it is received by CalMHSA.

- CalMHSA is in the process of revising vendor contracts with the assistance of Subject Matters Experts in Tech Health.
- As an Innovation Project: CalMHSA and participating counties and cities are regularly addressing emerging issues. This includes media coverage, establishing infrastructure as well as unique challenges related to organizational change management associated with introducing technology solutions in the public sector.
 - See attached PowerPoint: “Tech Suite Update Presentation OC 6-24-2019”.
- Last week, the project was featured in the New York Times: <https://www.nytimes.com/2019/06/17/health/mindstrong-mental-health-app.html>.
- Community Listening Sessions will be held to better understand the needs of each community and improve engagements. The goals for these Listening Sessions is to help support decision making about app usage, provide insight on security and privacy and a better understanding of how to engage in the digital world. CalMHSA Peer & Community Engagement Manager, Kelechi Ubozoh will facilitate these sessions which will occur between June and August.

Translation Project Update:

- The (15) documents and (2) handbooks have gone through the initial translation from English into the following languages: Arabic, Armenian, Chinese, Farsi, Hindi, Hmong, Japanese, Khmer, Korean, Lao, Punjabi, Russian, Spanish, Tagalog, Thai and Vietnamese.
 - They are available in DRAFT form on the CalMHSA Portal.
- The documents and handbooks are now going through a cultural review to ensure quality and context and will be completed by June 28th.
 - This is all documents besides the Punjabi translated Mental Health and Drug Handbook review which will be available by mid-July.
- Dependent on the cultural review, the documents may need to go through a second translation process for revisions and edits.
- The MHP Handbooks are “San Mateo County” branded as well as have their address and phone number throughout in all languages – the translation company is removing the logos and other identifying information to make the handbooks generic.

FISCAL IMPACT:

None

RECOMMENDATION:

None, information only

TYPE OF VOTE REQUIRED:

None

REFERENCE MATERIAL(S) ATTACHED:

- Tech Suite Update Presentation OC 6-24-2019



Innovation Tech Suite

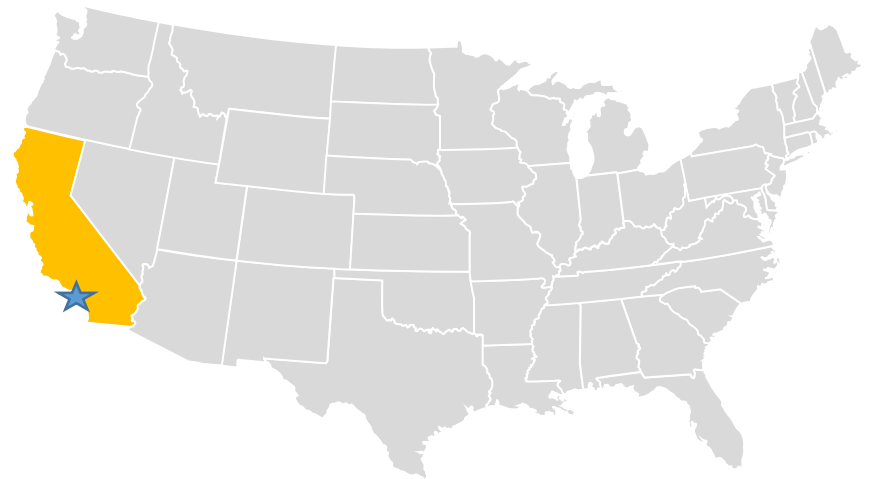
CalMHSA Introduction

June 24, 2019

LEADING THE WAY

CALIFORNIA IS LEADING THE EFFORT TO BRING INNOVATION TO THE BEHAVIORAL HEALTH SYSTEM OF CARE.

ORANGE COUNTY IS AT THE FOREFRONT OF THIS EFFORT

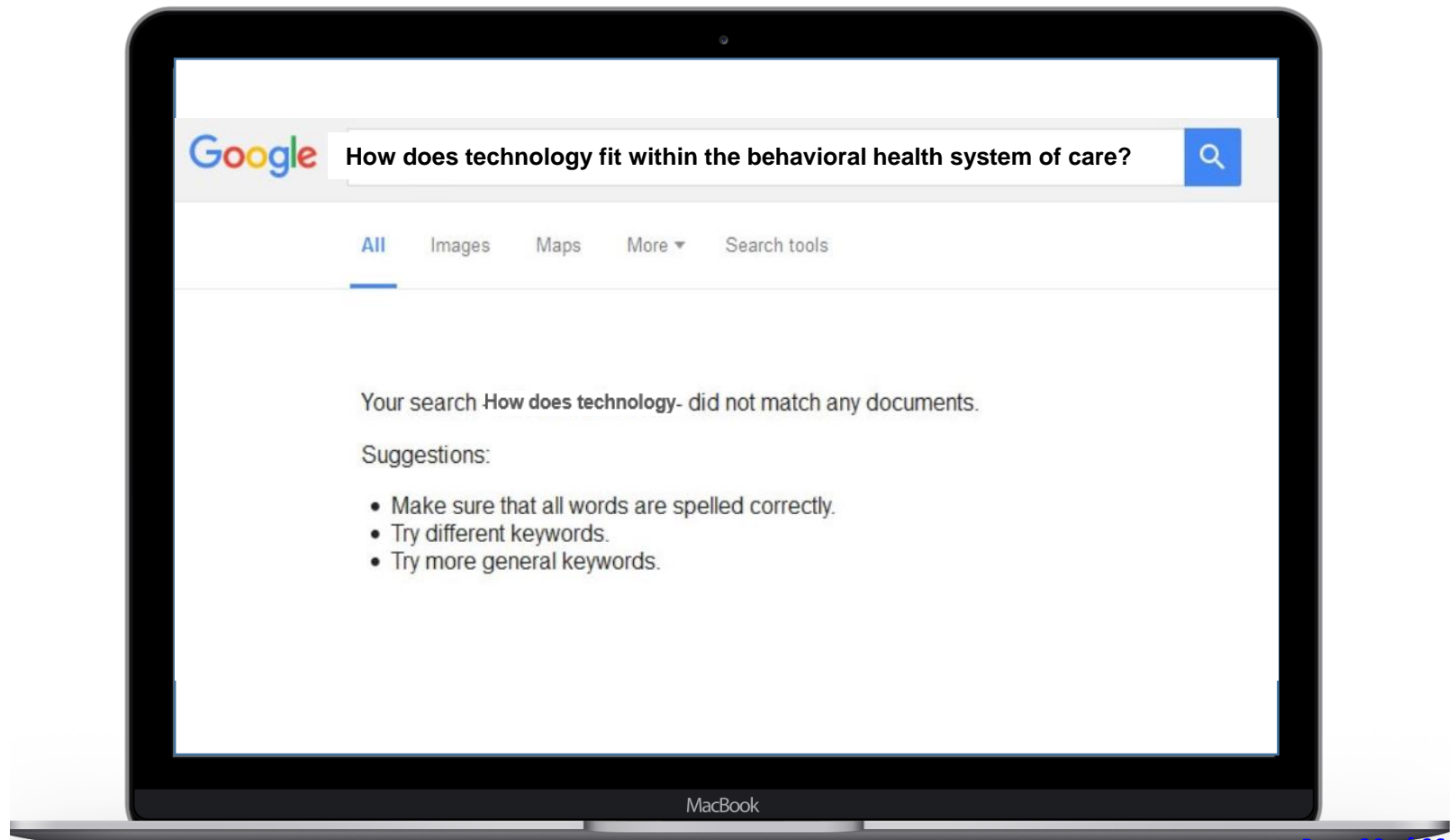


INNOVATION ...

“provides California the opportunity to develop and test new, unproven mental health models with the potential to become tomorrow’s best practices”

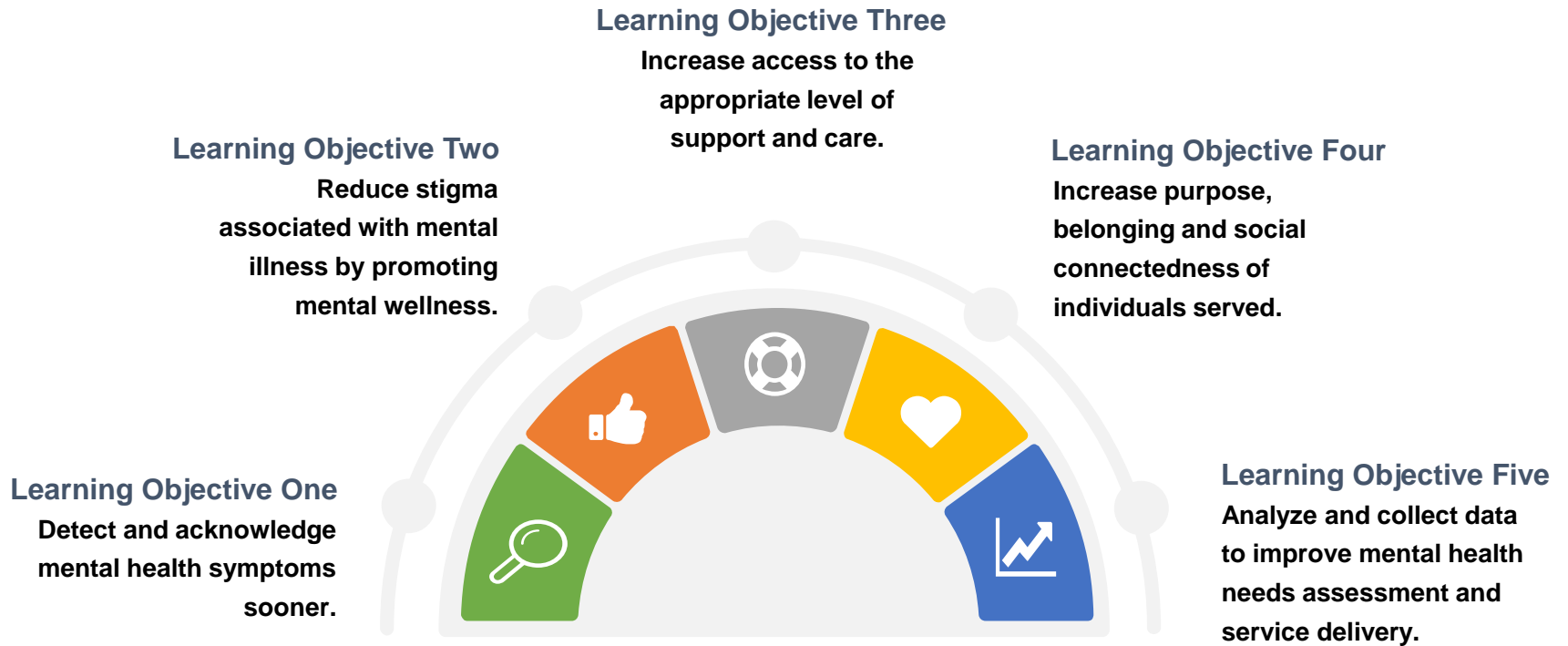
MHSOAC

INNOVATION ...



LEARNING OBJECTIVES

UC Irvine evaluation will determine how effective in the following areas



PROJECT COMPONENTS

App Solutions



- 24/7 Peer Chat
- Therapy Avatar
- Digital Phenotyping

Marketing & Outreach



- Promotion
- Engagement

Evaluation



- Data collection
- Analysis
- Performance monitoring (QI)

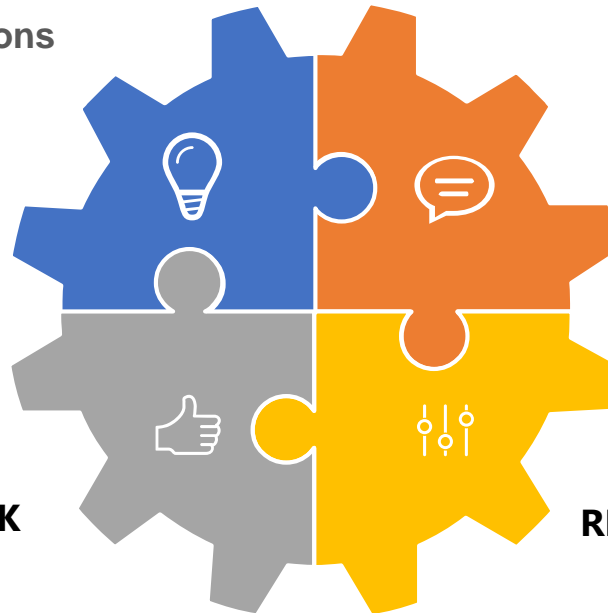
INNOVATION ...

IDEAS & CONCEPTS

- Ways to use the solutions
- Engage new solutions
- Marketing & branding

COMMUNICATION & COLLABORATION

- Building infrastructure to support multi-county, multi-product implementation
- Governance (how do 15 counties come to agreement)



STAKEHOLDER FEEDBACK

- Community meetings
- OAC approval (public)
- Peer project participants
- Product testing

REFINEMENT

- Product testing
- Develop requests to refine products to meet counties' needs
- Adjust internal infrastructure and processes

WHAT HAS BEEN DONE?

JAN – MAR 2018

- Help@Hand Project Manager hired.
- First round of **Request for Statement Qualifications (RFSQs)**.
- Initial 3 Cohort 1 counties **selected application vendors** (7 Cups, Mindstrong).

APR – JUN 2018

- Modoc and **Orange approved by MHSOAC** to join, closing Cohort 1.
- Cohort 1 **Kickoff Event**.
- **IT/Security Consultant** hired (Intrepid Ascent).
- **Marketing vendor** selected (RSE).
- **OC Help@Hand Peers** hired.
- **OC Staff identified initial BHS programs for 7 Cups/Mindstrong launch.**
- **OC INN Staff facilitated community input groups on outreach and marketing.**
(i.e., GGUSD Student NAMI groups, Wellness Center Central, Abrazar, Access CA, CGC Veterans, OMID, PEACe, SIS)

JUL – AUG 2018

- **Evaluation vendor** selected (UCI).
- **7 Cups soft launch in OC, LA, Modoc.**
- **Began internal Mindstrong OC program implementation.**
- **OC INN Staff facilitated community input and feedback groups.**
(i.e., REI, Wellness Center West, African American church members)

WHAT HAS BEEN DONE?

SEPT 2018

- 7 Cups soft launch in Kern County.
- **Cohort 2 counties approved** by MHSOAC to join.
- 7 Cups hosted **Help@Hand Peer Orientation**.

OCT 2018

- Hired a statewide **Peer & Community Engagement Manager**.
- **7 Cups roll out paused in Orange County**.

NOV 2018

- Hosted in-person **collaborative workshop for Cohort 1**, providing a message mapping session with marketing and outreach vendor RSE, and evaluation overview with UCI.
- Hosted in-person **collaborative workshop for Cohort 2**, providing a demo of Mindstrong and 7 Cups, and evaluation overview with UCI.
- Engaged with technology vendor Cambria Solutions for expertise in **establishing infrastructure, implementation and project management**.

DEC 2018

- Facilitated workshops with Cohort 1 counties to identify **business process integration and user stories** to address challenges with the existing technologies.
- Developed and adopted **Collaborative Budget Model**.
- Implemented **Mindstrong with Diary Cards at Harbor UCLA DBT Clinic**.

WHAT HAS BEEN DONE?

JAN 2019

- Facilitated workshops with Cohort 2 counties (SF, Marin) to **identify county vision and approach to integrating technology** into county/clinic processes.
- Developed and **adopted Peer Staffing Model**.
- **OC HCA IT approved security clearance for Mindstrong.**

FEB 2019

- Developed and adopted **Innovation Tech Suite Vision and Purpose Statements** to provide unifying guidance to the project.
- Conducted a collaborative-wide, in-person meeting to introduce key concepts to prepare for **implementation including product governance, testing**.
- Established a **project governance framework** including a process to submit, review, vet, prioritize and approve/disapprove product change requests.
- Trained UCI in the **Mental Health Consumer and Recovery Movement** and created **opportunities for Peers to participate in the evaluation**.

MAR 2019

- Trained Cambria Solutions and UCI in **Mental Health Consumer and Recovery Movement** to work on language, messaging, and project approach.
- Developed **Help@Hand Terms of Use document** to support explanation of the technologies and the risks of use.
- Kern County's **first pilot of Mindstrong** was completed. UCI conducted interviews of client users.

WHAT HAS BEEN DONE?

MAR 2019 cont'd

- Developed and approved 7 Cups **Product Roadmap and Timeline**.
- Conducted an **in-person testing workshop with project teams and Peers** to introduce the testing process and determine if the changes made to 7 Cups would meet the cities/counties needs.

APR 2019

- Developed and **adopted Tech Suite branding concept “Help@Hand”**.
- Trained Mindstrong in the **Mental Health Consumer and Recovery Movement**.
- Developed **county-specific implementation plans**.

MAY 2019

- Developed a **Request For Statement of Qualifications approach** to identify and introduce additional technologies into the Tech Suite.
- Facilitated a **SoCal Peer Summit** to engage in a strategy session to integrate peer perspective to project solutions, build upon foundational knowledge, and define clear avenues to partner in evaluation.

JUNE 2019

- Preparing for **pilot implementations**.
- Development, update and management of **contracts** for vendors and counties.
- Finalize the **Request For Statement of Qualifications details**, including evaluation panel and criteria, marketing plan.
- Prepare for and respond to **media** attention.

WHAT'S AHEAD?

Procure additional technology to increase options and realize the goal of having a “suite” of technology



Continue learning and exploring what works and does not work in bringing technology to county behavioral health



YOU ARE HERE

Continue testing and piloting technology



Implement quarterly updates for Stakeholders



BRIDGING THE GAP



PROGRAM MATTERS
Agenda Item 4.C

SUBJECT: CALIFORNIA PARTNERSHIP FOR BEHAVIORAL HEALTH AND WELLBEING (CPBHW)

ACTION FOR CONSIDERATION:

None, information only

BACKGROUND AND STATUS:

Below you will find an update on the formation of California Partnership for Behavioral Health and Wellbeing (CPBHW). Attachment A is an overview of the project, and Attachment B is a document showing the CalMHSA projects that have been prioritized to supplement County funds invested.

- a) **History:** A review of the history of the Public Private Partnership,
- b) **Rationale:** The reasons for pursuing this option,
- c) **Process:** An outline of the methods employed such as:
 - i. a feasibility study and case statement,
 - ii. convening of a 15-member leadership council,
 - iii. a yearlong strategic planning designed to supplement CalMHSA prevention efforts,
 - iv. the recommendation to form a 501c3 with private sector funding;
- d) **Reminder:** CalMHSA financial participation for launching CPBHW ends June 30, 2019. Private sector funding starts July 1. Seed money and start-up funds are being secured based on private sector pledges, with additional private sector funding is being requested to enhance and leverage CalMHSA program funding.
- e) **Private Sector contributions:** If progress goes as planned, the goal is to raise \$5 million in the first year, of which \$4 million will go to enhance and expand CalMHSA prevention programs (see attachment B).
- f) **CPBHW IRS 1023 Exemption Application:** The application for Recognition of Exemption under Section 501(c)(3) of the Internal Revenue Code was submitted last week. The first CPBHW Board meeting was convened via teleconference on June 19, 2019. The Board consists of ten members, including two CalMHSA members and the Executive Director of CalMHSA.
- g) **Formation of CPBHW:** George Hills staff will be assisting the formation of the CPBHW with the expectation of full reimbursement for time and effort spent. In the next three to six months CPBHW will be seeking full time staff, offices, and other basic operating requirements.

- h) **MOU:** An MOU is being developed to memorialize the relationship between CalMHSA and CPBHW to be presented to the CalMHSA and the CPBHW boards when drafts are ready.
- i) Staff will bring back to the CalMHSA Board action items when there is private sector funds contributed.

FISCAL IMPACT:

None

RECOMMENDATION:

None, information only

TYPE OF VOTE REQUIRED:

None

REFERENCE MATERIAL(S) ATTACHED:

- Attachment A: Overview of Public Private Partnership
- Attachment B: Prioritized Leveraging of CalMHSA initiatives



CalMHSAs Public Private Partnership

An Overview

A Commitment to Population-based Behavioral Health Changes Statewide

The work on CalMHSAs/counties' statewide population-based prevention and early intervention was first established with an original commitment by 56 counties. Those counties funded a comprehensive plan to eliminate stigma, prevent suicides and improve student mental health and many of those counties continue funding to this day.

Given the long-term financial commitment required to effect population-based behavioral health changes (akin to smoking cessation efforts), the Board Finance committee worked with staff to identify options for revenue generation to assure a sustainable and broad-reaching prevention effort. Among the options identified was pursuit of private sector funding through a public private partnership. This approach would not only leverage what counties are investing (past, present and future), but would enable CalMHSAs and counties to identify and secure additional perspectives, needs and resources to statewide prevention and early intervention efforts, while connecting to audiences otherwise unreachable.

Feasibility Study Background

In 2016, CalMHSAs member counties contracted LCG to conduct a feasibility study to assess whether the private sector would commit funding to expand CalMHSAs/counties' prevention and early intervention efforts beyond that funded by counties.

Conducted from January-August 2016, feasibility study tasks included:

- Developed feasibility study documents (case for support, study objectives, chart of gifts, interview questionnaire, master prospect list, invitation letters, call script, acknowledgment letters.)
- Designed the study messaging, strategy and assumptions
- Completed comprehensive staff orientations and training
- Researched and created Master Prospect List of 450 California companies and foundations
- Conducted an orientation for the Board of Directors
- Managed study participant scheduling and follow up
- Conducted and analyzed interviews, testing a fundraising goal of \$75M over five years
- Provided preliminary and final Report of Findings and Recommendations

Given CalMHSAs had a an extremely limited number of private sector contacts, the vast majority of the calls made by CalMHSAs staff and LCG to confirm participation were cold contacts. Of the 450 cold-call invitations, 8% (34) agreed to an interview, 10% (46) declined an interview, 10% (43) were unreachable due to position or address change, and 72% (325) did not provide a response to our cold call.

CalMHSAs Board Members were invited to participate in prospect identification. For most nonprofits, the majority and best donor prospects are identified by Board members who are business leaders with community connections. However, given CalMHSAs's non-traditional Board composition (county

directors of behavioral health departments), no member of the CalMHSA Board submitted prospect names or invited others to participate in the study.

Feasibility Study Findings were reported to the CalMHSA Board in August 2016 and included:

- The range of funding identified ranged from a low of \$3.04M to a high of \$13.46M.
- Potential for a \$10M gift was identified.
- Funding to supplement *NOT* supplant county MHSA support of PEI was identified as critical to securing private sector investment.
- *Most critically, nearly all gifts were contingent upon greater definition of measurable goals, objectives, spending details, and partnerships.*
- 85% of study participants viewed preventing mental health challenges as a ‘high’ or ‘top’ priority.
- 77% of study participants understood the need to raise funds and thought the lead gift of \$10M was realistic.
- 92% thought the goal of \$75M was realistic.
- 96% agreed that forming a state-wide council of knowledgeable leaders was a good next step should a campaign not yet be viable.
- 65% of participants indicated their business or foundation would consider a gift and 52% would consider a five-year pledge.
- CalMHSA staff provided extensive background and strategy input, yet additional study tasks proved daunting in addition to existing responsibility.
- Results were impacted as a result of CalMHSA having no database of prospects or donors.
- CalMHSA leadership had to learn fund development techniques and execute simultaneously.
- Confidence in CalMHSA’s goals, spending plan and partnerships was unclear.
- Majority of corporate and foundation giving is directed to nonprofit 501(c)3 organizations which is addressable.
- Sample size was small but impressive as a first start.

Feasibility Study Recommendations:

Based upon study findings and challenges, LCG recommended and the CalMHSA Board subsequently voted to proceed as follows:

- CalMHSA was primed to establish a Leadership Council as an intermediary step in securing support for a public private partnership but was not ready to launch a campaign.
- Develop a strategic plan to include state-wide business and foundation partners.
- Define public private partnership in greater detail especially in terms of measurable goals, objectives, spending details, and partnerships.
- Define and seek funding to seed projects of a public private partnership.
- Develop a phased approach to securing funding.
- Identify key performance metrics to monitor success of public private partnership.
- Measure impact of public awareness campaign on demand for treatment services as a result of reducing stigma/discrimination.
- Redefine messaging to include broader outreach, including treatment
- Commit 1.5 FTEs to support a Leadership Council and establish development (fundraising) capacity.

Leadership Council: Forming the Public Private Partnership

In late August 2016, CalMHSAs Board of Directors approved proceeding with LCGs recommendations to establish an ad hoc group of statewide private sector leaders to advise CalMHSAs about formation of a public private partnership. The ad hoc group was to be charged with addressing concerns identified in the Feasibility Study in order to draw private sector funders to partner and supplement the critical work of CalMHSAs around prevention and early intervention efforts. In October 2016, a contract was approved for work to begin December. As part of the contracting process LCG communicated to staff that the fundraising would not begin until year three, once greater definition of measurable goals, objectives, spending details, and members of a public private partnership had been defined.

With the focus of leveraging CalMHSAs efforts and county resources—and to further break down functional siloes in mental health resources—CalMHSAs and LCG began formation of the Leadership Council and the subsequent Public Private Partnership. The process began with numerous preparatory steps in order for CalMHSAs to attract statewide leaders to volunteer:

- Development of communication and management tools, such as revision of the Case to address questions and concerns identified in the Study, defining the Leadership Council purpose and volunteer position description, identifying and training on use of a donor data base, etc.
- Definition of CalMHSAs funding needs in far greater detail than presented in the original Case Statement. This step took a significant amount of time over more than six months and was challenging for the CalMHSAs staff to quantify desired funding in terms of anticipated impact, measurable goals, objectives, spending details, and partnerships, yet this information is critical to the ability to secure funding as was identified during the Study.
- Training and orientation of staff to recruit and confirm participation on the Leadership Council, including development of call scripts.
- Outreach and recruitment of prospective Leadership Council members from a list of 97 prospects most likely to participate.
- Staff orientation regarding the systems needed for securing and managing funds.
- Ongoing efforts establishing greater definition of measurable goals, objectives, spending details, and partnerships.

The next step toward a public private partnership has been to engage a group of statewide leaders to advise CalMHSAs about the form and focus of the public private partnership.

From January 2018-April 2019, a Leadership Council was convened to serve in advisory capacity to CalMHSAs Board of Directors and management. The goal of the Leadership Council is ultimately to form a public private partnership that will contribute private sector resources to expand the reach and impact of what CalMHSAs/counties are already doing to advance the emotional wellbeing of Californians. Toward that end, Leadership Council members were recruited to:

- Advance Californians knowledge, attitudes and behaviors for improved emotional well-being and early detection of mental illness;
- Promote a more integrated care delivery model by identifying existing problems across systems and designing innovative solutions that improve access to appropriate levels of intervention, treatment, recovery, and mental health promotion;
- Secure and distribute funding for best practice strategies impacting needs along the mental health continuum from Prevention and Early Intervention to Treatment and Recovery.

Leadership Council members began a year-long strategic planning process to develop recommended priorities of the public private partnership. Founded on the four components of the Model of

Behavioral Health Continuum of Care*—*Promotion, Prevention & Early Intervention, Treatment, Recovery* (*developed by the Institutes of Medicine/SAMHSA)—the Leadership Council evaluated and identified shared challenges around mental health that public and private sectors can jointly address to better serve Californians.

The Council identified 32 key challenges that their private sector constituencies and communities most commonly face. Ultimately members prioritized four key challenges on which they recommend the public private partnership focus. They also thoughtfully prioritized some of the existing resources of CalMHSA and other organizations to be scaled across the state in order to address the challenges identified.

The Leadership Council also assessed which organizational structure would best serve the needs and interests of the public private partnership. Among the options considered were a) using CalMHSA's JPA, b) inviting an existing nonprofit foundation to serve as the fiscal intermediary, or c) establishing an independent nonprofit. Given the clear preferences expressed in the Study and the Council's desire to assure total focus on the goals and objectives identified by the Leadership Council, it was determined that an independent nonprofit organization is the preferred vehicle to best address private sector and CalMHSA objectives.

Thus, the public private partnership was established as the California Partnership for Behavioral Health and Wellbeing (CPBHW), a nonprofit 501(c)3 organization. The purpose of the California Partnership for Behavioral Health and Wellbeing is to:

- Solve common public and private behavioral health challenges;
- Secure and coordinate resources—financial and otherwise—to advance the emotional wellbeing of Californians; and
- Promote statewide strategies to increase awareness, improve access to behavioral health services and advance the emotional health of Californians.

The goals of CPBHW are to:

- Serve as a conduit to scale existing best practices state-wide;
- Pilot initiatives that show promise to improve Californians emotional wellbeing through prevention, early intervention, access to treatment and recovery/resiliency efforts;
- Evaluate and monitor implemented initiatives for effectiveness;
- Manage implementation of initiatives; and
- Serve as a thought leader and catalyst to convene collaborative partnerships between the private, public and nonprofit sectors that seek to effect system change and encourage early help seeking behaviors of Californians around behavioral health.

The Leadership Council concluded its advisory role in April 2019. Some of the Leadership Council members will continue on the Board of the Directors for the California Partnership for Behavioral Health and Wellbeing (CPBHW). The next steps in formalizing the public private partnership include the following tasks, many to be carried out concurrently:

- Recruit additional members for the Board of Directors (9 recruited to date)
- Orient Board of Directors and conduct Prospect Identification and Evaluation with each member.
- Finalize Board-approved operational plans including policies, board manual, operating guidelines, and staffing needs for the independent organization.
- Secure funding for priority areas, including support from CPBHW Board, past study participants, new prospects with shared interest in work of CPBHW.

- Customize fundraising systems and tools to CPBHW and priorities identified by Leadership Council (naming opportunities, pledge card, acknowledgment letters, solicitation/briefing materials, gift reports, donor recognition and stewardship plan, etc.).
- Confirm short- and longer-term operational structure and systems.
- Hire, orient and train staff to oversee the initiatives and objectives identified by business leaders across the state.
- Carry out the initiatives funded by donors.
- Implement donor recognition and stewardship.
- Continue seeking on-going support.
- Continue implementation of CPBHW initiatives.

CPBHW: Expanding CalMHSA/Counties' Impact

We are now on the precipice of realizing the objective established by CalMHSA's Board in 2016. Multiple private sector leaders have already committed to joining the CPBHW Board and have verbally indicated their financial support for the initiatives of CPBHW. Study participants who indicated contingent support previously will soon be invited to invest in CPBHW as will an extensive list of California employers, health care organizations, and foundations.

Tragedies resulting from preventable mental health challenges are reported daily in the national news. In California, millions more suffer silently with some form of a mental health need; 2.2 million annually, according to the 2007 California Health Interview Survey.

There has never been a more critical time to work collectively to alter how we address the emotional challenges among our families, employees, students, and communities at large. Just as our state has set the standard and led the nation in other prevention efforts, CalMHSA/Counties' establishment of the public private partnership (CPBHW) is moving us toward a new model of working together. Together, we will advance prevention and early intervention, significantly improve early access to treatment, and ultimately, improve the emotional wellbeing of Californians.

Leveraging CalMHSA's Resources Through Public Private Partnership (PRIORITIZED)

B.H. Continuum	Scalable CalMHSA Initiative or Program (EXAMPLES)	<i>Initiative or Program Expansion</i>	Private Sector Benefit	Program Objective	Target Audience	Annual Project Cost
P, PEI, T & R	Sponsor Social Marketing and Social Media to advance population-based educational efforts, including focus on mental wellbeing and suicide prevention.	<p><i>The most comprehensive approach to population-based behavioral health change requires sustained messaging through both social media and more traditional media channels.</i></p> <p><i>While progress has been made, CalMHSA seeks to expand population-based behavioral messaging beyond current reach to 24 million Facebook/Instagram users in California between the ages of 18 to 54 years old. Both reuse of existing messaging and development complimentary messaging would be used in the ad campaigns. The exact scope of the the state-wide multi-media campaign will drive total costs, audience demographics and numbers reached.</i></p>	Visibility as a sponsor and advocate of mental health awareness. Opportunities for co-branding.	<ul style="list-style-type: none"> • To reach target markets via social and traditional media campaigns to increase knowledge, change attitudes and behaviors about mental wellbeing. • To utilize social change, social science and marketing concepts to change attitudes and behaviors regarding mental illness and accessing services; 	Youth and adult population of California.	Total of \$13 million. (\$6.5M allocated to social media platforms, and \$6.5M to traditional TV, radio, and print media platforms.)
P, PEI, T & R	Provide seed funding to establish and lead the organizational initiatives of the public private partnership, California Partnership for Behavioral Health and Wellbeing (CPBHW).	<p><i>Staffing and other expenses will be initially contracted to a CalMHSA affiliated admin entity on an interim start up basis. In year one, we expect that 3 FTE's will provide administrative and program start up support. In years 2-5 staffing and administrative expenses will be provided by the independent newly formed California Partnership for Behavioral Health and Wellbeing (CPBHW).</i></p>	Recognition and visibility as founding partner of organization.	<ul style="list-style-type: none"> • To expand and leverage existing CalMHSA/counties' initiatives and experience to broaden reach and impact across California to reduce stigma and discrimination and prevent suicides. 	Companies, organizations, philanthropic individuals, and foundations who seek to improve Californians' emotional wellbeing.	\$640,000 in year one for total operations including 3FTEs. Years 2-5 increase to 6 FTEs staffing based on growth of CPBHW.

Leveraging CalMHSA's Resources Through Public Private Partnership (PRIORITIZED)

B.H. Continuum	Scalable CalMHSA Initiative or Program (EXAMPLES)	<i>Initiative or Program Expansion</i>	Private Sector Benefit	Program Objective	Target Audience	Annual Project Cost
PEI, R	Sponsor Workplace Resiliency and Wellness Symposium for California employers to share best practices and promote resources available.	<i>Convene a workplace resiliency and wellness symposium coupled with a marketing awards ceremony to be held in winter of 2020. Evidence based models, such as Wellness Works, that improve workplace cultures and result in better recruitment, retention, and resilience in the workplace would be featured. CalMHSA has experience with this kind of event, hosting a global mental health promotion and stigma reduction convention in 2015.</i>	Sponsorship visibility, keynote opportunity for lead sponsor. Symposium will highlight new CPHBW organization and member contributions.	<ul style="list-style-type: none"> To convene California employers to inform regarding national and international research applicable to workplace, share best practices, and identify opportunities for collaboration of California employers already implementing models for improving workplace cultures for wellness. 	California c-suite business leaders.	Estimated cost \$500,000.
P & PEI	Customize <u>existing</u> Each Mind Matters (EMM) educational resources for use in the workplace, with private sector end users, and in community settings.	<p><i>A diverse array of EMM prevention and early intervention educational materials have been developed via CalMHSA in collaboration with members of the population being targeted, whether language-, culture- or gender-specific. Current materials address topics of mental wellness, stigma reduction, resiliency, and suicide prevention.</i></p> <p><i>Investment in the research and development of these tools can be leveraged, adapted and targeted to reach additional audiences in the workplace, among customers, and within communities. Delivery mechanisms and degree of customization will dictate costs. For example, an estimated 25,000,000 educational pieces can be created and disseminated at a cost of \$5,000,000 annually.</i></p>	Establish your company as a leader in the statewide movement to increase awareness and knowledge of mental health, wellness and services. Opportunities for co-branding.	<ul style="list-style-type: none"> To amplify individual efforts from counties and other organizations that are taking place across California under a united movement to reduce stigma and discrimination and prevent suicides; To provide outreach, engagement and technical assistance to counties, community-based organizations and other key partners to 1) access, refine, tailor and use materials, and 2) to achieve and ensure cultural relevance. 	Diverse, targeted audiences across California. Disseminate an array of quality resource materials that are culturally responsive for California's diverse communities to increase awareness and knowledge of mental health, wellness and services.	\$5 million per year.

Leveraging CalMHSA's Resources Through Public Private Partnership (PRIORITIZED)

B.H. Continuum	Scalable CalMHSA Initiative or Program (EXAMPLES)	<i>Initiative or Program Expansion</i>	Private Sector Benefit	Program Objective	Target Audience	Annual Project Cost
P & PEI	Underwrite Community Mini-grants to reach diverse populations at the grass- roots level with stigma reduction and mental wellbeing messaging.	<i>Expand the reach of the mini-grants program by providing 200 additional mini-grants to community-based organizations and school-based student groups. Mini-grants of \$5,000 per award – a total of \$1,000,000 in 200 mini-grants – facilitates a grass-roots reach into diverse communities using customized approaches. Awardees will report the number of individuals that attended the outreach event, the number of materials provided, and any earned media (TV, radio, and newsprint). The grant guidelines will focus on stigma and discrimination reduction and mental wellness areas.</i>	Visibility as a leader of mental health awareness; sponsorship visibility equivalent to number of mini-grants sponsored.	<ul style="list-style-type: none"> • To grow the Each Mind Matters movement across the state through increasing reach and dissemination; and • implementing community events and activities. 	Local community-based organizations, school and clubs/chapters/affiliates	\$1.25 million for 200 organizations, including grants administration.
P & PEI	Increase number of Active Minds Chapters in colleges and universities.	<i>Increase the number of Active Mind Chapters in California to 100 from 51. Active Minds is a peer run student mental health advocacy, stigma reduction, and suicide prevention program.</i>	Sponsorship visibility and increasing the number of California university and college campuses that have youth led mental wellness outreach and engagement.	<ul style="list-style-type: none"> • To mobilize college students to promote mental wellness and access to mental health supportive services on campus. 	College students at four-year universities, public and private colleges.	\$700,000
P, PEI, T & R	Establish a Behavioral Health certification training program for companies and organizations akin to ISO Certification and LEED Certified.	<i>Develop certification standards that can be met by companies (private, public, and nonprofit) through a self-led, module-based educational course. Will include training on skills such as Mental Health First Aid.</i>	Increase internal capacity to promote wellness, reduce stigma, and support early intervention for improved emotional wellbeing.	<ul style="list-style-type: none"> • To recognize companies and organizations that take action to reduce stigma, promote emotional health and support help-seeking behaviors. 	Private, public and nonprofit sector employers.	Year one - analysis and plan development, \$210,000 (years 2-5 budget based upon plan)

Leveraging CalMHSA's Resources Through Public Private Partnership (PRIORITIZED)

B.H. Continuum	Scalable CalMHSA Initiative or Program (EXAMPLES)	<i>Initiative or Program Expansion</i>	Private Sector Benefit	Program Objective	Target Audience	Annual Project Cost
PEI, T & R	Gather and manage a statewide Behavioral Health Resource Inventory. Review and determine that existing inventories (such as 311, and Network of Care) fulfill different purpose.	<i>Consolidate existing county-level, private, and regional behavioral services inventories to provide an authoritative, state-wide resource directory that includes clearly defined practices for managing, maintain and updating the directory. (reference to network of care?)</i>	Provide one stop behavioral health resource for employers, community members, counties, etc.	<ul style="list-style-type: none"> To provide tip of the fingers access to behavioral health resources and services. 	Individuals, communities, employers of all types across California.	Year one - analysis and plan development, \$210,000 (years 2-5 budget based upon plan)
P, PEI, T & R	Technology-based Behavioral Health Solutions to enhance public investment in INN Technology Suite (Timing To Be Determined).	<i>CalMHSA is administering an innovative statewide technology project to bring web-based programs and smartphone applications to support wellness and recovery. It is in the early stages and evolving but an opportunity for future public-private partnership in the future could be significant.</i>	Visibility and opportunity to bring BH technology to the private sector based on lessons learned from public sector innovation.	<ul style="list-style-type: none"> To increase access to effective and affordable behavioral health care. 	Private companies, unions, other private sector organizations.	To Be Determined as timing is defined.
P & PEI	Broaden presence of NAMI on Campus chapters in high schools.	<i>Double the number of High School NAMI on Campus chapters to 80. Funds will also support recruitment of youth to attend the advocacy trainings and learning opportunities in Sacramento where youth will meet with their California State or Assembly members.</i>	Sponsorship visibility of youth led mental wellness outreach on high school campuses.	<ul style="list-style-type: none"> To mobilize high school students to promote mental wellness on their school campuses and learn how to effectively advocate for mental wellness solutions for youth. 	High school students.	\$400,000
P & PEI	Expand Directing Change programming.	<i>Broaden the impact by increasing the number of regional Directing Change events during Suicide Prevention Week to be held each year in September. The viewing events will expand the suicide prevention messaging of the Directing Change Award show to regions beyond Los Angeles including students, school faculty, family members, and community members.</i>	Sponsorship visibility and providing youth opportunities to engage in professional skill development that are transferable to the workforce.	<ul style="list-style-type: none"> To educate young people about critical behavioral health topics through the medium of film and to change social norms through conversations in schools and communities about reducing stigma and discrimination of persons with mental health challenges. 	High school and college students.	\$500,000 per year for communities throughout California.

Leveraging CalMHSA's Resources Through Public Private Partnership (PRIORITIZED)

B.H. Continuum	Scalable CalMHSA Initiative or Program (EXAMPLES)	<i>Initiative or Program Expansion</i>	Private Sector Benefit	Program Objective	Target Audience	Annual Project Cost
P, PEI, T & R	Support program evaluation of California Partnership for Behavioral Health and Wellbeing (CPBHW) program initiatives.	<i>Perform outcome and impact evaluations of new CPBHW or enhanced CalMHSA programs. In addition to the extensive research performed by the Rand Corporation and University of California Irvine on CalMHSA programs, this research will fund surveys that measure knowledge, attitudes, and behaviors as a result of the new and enhanced programs.</i>	Significant cost savings and increased worker productivity have been demonstrated in evaluations by previous researchers.	<ul style="list-style-type: none"> • To evaluate and measure impact of CPBHW programs and initiatives. Increase implementation accuracy and steer activities toward maximum results. • To compliment and leverage CalMHSA funded research for improved scope of Californians affected. 	Corporations, communities, families, and individuals seeking effective means of changing attitudes and behaviors about mental health and wellbeing in California and impact of new CPBHW or enhanced CalMHSA programs funded.	Year one \$500,000, years 2- 5 minimum of \$500,000 depending on growth of CPBHW programs.

GENERAL DISCUSSION
Agenda Item 4.D

SUBJECT: STATE HOSPITAL BED UPDATE

ACTION FOR CONSIDERATION:

Discussion and/or action as deemed appropriate

BACKGROUND AND STATUS:

At the April 23, 2012, Strategic Planning Session, staff was asked to work with CBHDA in exploring the JPA acting on behalf of member counties in the negotiations of the annual procurement contract with the state for state hospital beds.

Since 2012, CalMHSA, in collaboration with counties, has negotiated the terms of the MOU for procurement of state hospital beds, which has attributed to significant benefits to all counties procuring beds.

CalMHSA was also asked to provide services surrounding the counties use and procurement of patient Lanterman-Petris-Short (LPS) beds from the State of California, including the negotiation of the Memorandum of Understanding (MOU) for such beds. During this process, it became evident that counties would benefit from expanding the pool of providers for these beds.

As a result, CalMHSA was directed to research other possible providers. Upon going through a Request for Interest process, Correct Care Solutions (CCS) was selected as the provider. Since 2014, CalMHSA, in collaboration with its member counties and CCS, has sought to acquire or build a Mental Health Rehabilitation Center (MHRC) facility, for the placement of patients on LPS conservatorship that will serve as an alternative to the services currently provided by California State Hospitals. This collaboration has produced several different potential opportunities and remains hopeful that it will put forth a recommendation as sites are located.

Paso Robles Site

The Estrella Youth Correctional Facility was identified as an option in 2017. After three visits to the facility Correct Care assembled a team to further analyze.

On September 12, 2018 staff in collaboration with Correct Care Services, The Plenary Group, and Canon Designs did a comprehensive presentation of the alternatives to state hospitals potential site, Wellpath, formerly Correct Care Solutions, was instructed by CalMHSA to develop alternative pricing and funding models, which they have indicated to be available in late February.

Paso Robles. The project was placed on hold until additional financial options could be developed.

In December we were informed that the City of Paso Robles and State, Department of General Services (DGS), was at an impasse as it relates to the procurement of the land and both agreed it is better to move on. Therefore, State has decided to put the property out for public bidding. While that eliminates some disadvantages of the City, they remain interested and confident in their acquisition. They remain interested in working with the counties and a potential hospital site. On December 3, 2018, DGS released an updated notice for the facility indicating a “Request for Written Offer” would be available the second quarter of 2019. Since then the City of Paso Robles informed CalMHSA they remained interested in the site and working with CalMHSA, however it may not be until the end of summer 2019 before DGS is ready to discuss.

In staff’s review of DGS website, as of July 1, 2019, DGS has yet to determine the date for putting the site up for public sale. (See summary sheet attached.)

Kern County Possible Site

Early in 2019, Bill Walker (Kern County) proposed consideration of the County of Kern for a possible site for Alternative to State Hospital. Since that time, county staff has proposed several locations for site visits. After further assessment of the options, one site was selected, by Wellpath and Kern County (Lerdo) for consideration. A site visit took place on June 5th.

All present at the site visit expressed interest in the location and site, and in fact, in many ways, the site/location is better than the Paso Robles site/location. Since this visit the following has transpired:

- 1) ***Kern County Internal Discussion*** - The County of Kern had an internal meeting to discuss their interest in this project involving the use of their land. On June 17th, they expressed interest and a term sheet.
- 2) ***Developing Proposal Packet for Kern County Site*** - CalMHSA and Wellpath have begun putting together a timeline and proforma package for the core group of counties who will procure the most beds;
- 3) ***County Presentations*** - Goal is to have Proposal ready and present to Kern County in late September and the following day to the core group of counties the following day;

Due Diligence—as requested, CalMHSA staff—along with board members and the State Hospital Committee will provide input on the scope and content of the due diligence necessary. This project has begun. This will include the recent Watchdog Report from CNN, which you can find at <https://www.cnn.com/interactive/2019/06/us/jail-health-care-ccs-invs/index.html>

- 4) ***CalMHSA Board*** - Present to CalMHSA the project, status, and input from direct county users for next steps will be at each meeting. A formal presentation is expected to be ready by October.

State Hospital Committee Meeting

Given the laps of time since the committee was first convened and vacancies on the committee, we have asked Members to reconfirm appointments and/or appoint or volunteer for this committee. This committee's next meeting is scheduled for July 9th, 2019. The Agenda is attached with a report out to the Board on July 10, 2019.

Department of State Hospital

As reported at the September Board meeting on August 24, 2018, CalMHSA and counties met with the State Department of Hospitals to discuss the new contract, rate increases and the hiring of an independent assessment team to evaluate the department overall. CalMHSA staff received the new contract template, however given the significant number of revisions needed it made sense to return to the department and have them re-issue.

On February 20, 2019, CalMHSA counties and committee members met with the Department given additional changes in administration had taken place, which also allowed for additional discussion related to the new contract template and plan for moving forward.

On March 26, 2019 the Department informed CalMHSA they were unable to complete their review of the independent assessment which would allow them to develop and propose new contract language and potential rate increase prior to the start of FY19-20. Therefore, has determined it was necessary to extend the current MOU with not changes to the rate or terms, for one additional year, to allow them the necessary time to propose and vet the new language to the counties. As such, CalMHSA has issued new Program Participation Agreements and Amendments to the MOU for a one-year extension, to all member counties for their approval and execution.

FISCAL IMPACT:

None at this time

RECOMMENDATION:

Discussion and/or action as deemed appropriate

TYPE OF VOTE REQUIRED:

None

REFERENCE MATERIAL(S) ATTACHED:

- Attachment A – State Hospital Committee Meeting Agenda
- Attachment B – DGS Summary – CDCR Estrella Youth Correctional Facility

CaIMHSA State Hospital Bed Committee

Meeting Agenda

Tuesday, July 9, 2019

Time: 10:30 AM – 12:00 PM

Teleconference

Call-In: 916-233-1968

Code: 3043

1. Confirm Committee Members
2. Review of Charter
3. Chair and Vice Chair Nominations
4. MOU Update - Discussion
5. Kern Update – Discussion
6. Wellpath - Discussion
 - a. Board discussion
 - b. June 2019 CNN Article
7. Review Due Diligence Package for Input
8. Schedule Next Meeting
9. Adjourn

NOTICE OF THE AVAILABILITY OF EXCESS STATE-OWNED REAL PROPERTY

PROPERTY SUMMARY SHEET

PROJECT NAME	Estrella Youth Correction Facility
LOCATION OF PROPERTY	4545 Airport Road, Paso Robles, CA San Luis Obispo County
ASSESSOR PARCEL NUMBER	025-434-001 (subject to change)
SUBMITTING AGENCY	California Department of Corrections and Rehabilitation
CONTACT PERSON	Terry Todd
EMAIL ADDRESS	Terry.Todd@dgs.ca.gov
DATE PROPERTY AVAILABLE FOR SALE	To Be Determined
SIZE (IN ACRES)	Approximately ± 137 acres; Approximately 23 acres will remain state property for Cal Fire in the north/east section of the property.
TOPOGRAPHY	Level
STRUCTURES	Approximately ± 42 structures and two ground water wells.
IMPROVEMENT SIZE	Approximately ± 336,778 square feet.
ADJACENT STATE USE CAL FIRE	Request from Terry Todd.
PRESENT USE	Vacant
ACCESSIBILITY	Airport Road
REASON FOR DECLARING SURPLUS	The facility no longer meets the program requirements of the Department.
LEGAL DESCRIPTION MAP	Request from Terry Todd.
ENVIRONMENTAL REPORTS	Request from Terry Todd.
OTHER DUE DILIGENCE DOCUMENTS EXAMPLE: REQUEST FOR WRITTEN OFFERS	Request from Terry Todd.
LAND ENCUMBRANCE	Request from Terry Todd.
ESTIMATED MARKET VALUE	Interested parties advised to conduct their own due diligence of fair market value and possible uses for the property.
DISCLAIMER	<i>The State reserves the right to amend or revise the content of this website at its sole discretion and as necessary to support the State's business needs and address any public health or public safety concerns. In the interest of homeland security and in accordance with Government Code Section 11011, certain data is excluded. The State makes every effort to ensure the accuracy and completeness of the information presented, but disclaims liability for omissions or errors in the contents of this website.</i>

GENERAL DISCUSSION
Agenda Item 5.A

SUBJECT: REPORT FROM CALMHSA PRESIDENT

ACTION FOR CONSIDERATION:

Discussion and/or action as deemed appropriate

BACKGROUND AND STATUS:

CalMHSA President, Dawan Utecht, will provide general information and updates regarding the JPA.

- CalMHSA Board Secretary vacancy
- General

FISCAL IMPACT:

None

RECOMMENDATION:

Discussion and/or action as deemed appropriate

TYPE OF VOTE REQUIRED:

None

REFERENCE MATERIAL(S) ATTACHED:

- None

GENERAL DISCUSSION
Agenda Item 5.B

SUBJECT: REPORT FROM CALMHSA EXECUTIVE DIRECTOR

ACTION FOR CONSIDERATION:

Discussion and/or action as deemed appropriate

BACKGROUND AND STATUS:

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

- General

FISCAL IMPACT:

None

RECOMMENDATION:

Discussion and/or action as deemed appropriate

TYPE OF VOTE REQUIRED:

None

REFERENCE MATERIAL(S) ATTACHED:

- None