

Board of Directors Meeting Agenda

Thursday, September 12, 2019

10:00 a.m. – 11:00 a.m.

(916) 233-1968

Code: 3043



Meeting Locations:

Courtyard Sacramento Cal Expo
1782 Tribute Road
Sacramento, CA 95815

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

Ventura County Behavioral Health Department
1911 Williams Drive, Suite 200
Oxnard, CA 93036

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

California Mental Health Service Authority
(CalMHSA)

Board of Directors Meeting

Agenda

Thursday, September 12, 2019

10:00 a.m. – 11:00 a.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. OPEN SESSION

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

B. CLOSED SESSION – PUBLIC EMPLOYMENT (Gov. Code §54957(b))

- 1. Title: Interim 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*	5
A. Routine Matters	
1. Minutes from the July 10, 2019 CalMHSA Board of Directors Meeting	6
B. Reports / Correspondence	
1. Treasurer’s Report as of June 30, 2019	11
2. Kaiser / CBHDA Grant	23
3. CalMHSA Executive Director Retirement Agreement	25
<i>Recommendation: Approval of the Consent Calendar</i>	
4. PROGRAM MATTERS	
A. State Hospitals Program Update *	26
<i>Recommendation: Approve the Request for Statement of Qualifications (RFSQ) for broad release</i>	
B. Presumptive Transfer (AB1299)	69
<i>Recommendation: None, information only</i>	
C. Each Mind Matters Presentation	71
<i>Recommendation: None, information only</i>	
D. PEI Update*	84
<i>Recommendation: Approve funding for the additional Statewide PEI areas in the amounts stated in the staff report and authorize the Executive Director to negotiate and execute contract extensions or amendments to implement the approved funding.</i>	
5. GENERAL DISCUSSION	
A. Report from CalMHSA President – Dawan Utecht	86
• Communication Plan	
• General	
<i>Recommendation: Discussion and/or action as deemed appropriate</i>	
B. Report from CalMHSA Executive Director – Wayne Clark	87
• General	
<i>Recommendation: Discussion and/or action as deemed appropriate</i>	
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	

* Indicates an Action Item

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

7. NEW BUSINESS

General discussion regarding any new business topics for future meetings.

8. CLOSING COMMENTS

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

9. 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 July 10, 2019 CalMHSA Board of Directors Meeting

B. Reports / Correspondence

1. Treasurer's Report as of June 30, 2019
2. Kaiser / CBHDA Grant
3. CalMHSA Executive Director Retirement Agreement

RECOMMENDATION:

Approval of the Consent Calendar

TYPE OF VOTE REQUIRED:

Majority vote

REFERENCE MATERIAL(S) ATTACHED:

- Minutes from the July 10, 2019 CalMHSA Board of Directors Meeting
- Treasurer's Report as of June 30, 2019
- Kaiser / CBHDA Grant
- CalMHSA Executive Director Retirement Agreement



"A George Hills Company Administered JPA"

CalMHSA Board of Directors Meeting Minutes from July 10, 2019

BOARD MEMBERS PRESENT

Alpine County – **Amy Broadhurst**
Butte County – **Scott Kennelly**
Colusa County – **Terence M. Rooney, PhD**
El Dorado County – **Katy Eckert**
Fresno County – **Dawan Utecht**
Glenn County – **Amy Lindsey**
Humboldt County – **Emi Boltzer-Rodgers**
Inyo County – **Gail Zwier**
Kern County – **Bill Walker**
Kings County – **Katie Arnst**
Los Angeles County – **Jonathan Sherin**
Madera County – **Dennis P. Koch, MPA**
Marin County – **Jei Africa**
Mariposa County – **Christine Doss**
Merced County – **Yvonnia Brown**
Modoc County – **Stacy Sphar**
Mono County – **Robin Roberts**
Monterey County – **Amie Miller**
Napa County – **Sarah O'Malley**
Nevada County – **Phebe Bell**
Orange County – **Jeffrey Nagel**
Placer County – **Amy Ellis**
Riverside County – **Zachary Tucker**
Sacramento County – **Ryan Quist**
San Bernardino County – **Veronica Kelley**
San Diego County – **Luke Bergmann**
San Francisco – **Deborah Sherwood**
San Mateo – **Scott Gilman**
Santa Barbara County – **Alice Gleghorn**
Sonoma County – **Bill Carter**
Stanislaus County – **Kevin Panyanouvong**
Tehama County – **Elizabeth Gowan**
Tri-City Mental Health Center – **Toni Navarro**
Tuolumne County – **Michael Wilson**
Ventura County – **Sevet Johnson**
Yolo County – **Karen Larsen**

BOARD MEMBERS ABSENT

Alameda County
Berkeley, City of
Contra Costa County

Del Norte County
Imperial County
Lake County
Lassen County
Mendocino County
Plumas County
San Benito County
San Bernardino
San Joaquin County
San Luis Obispo County
Santa Clara County
Santa Cruz County
Shasta County
Siskiyou County
Solano County
Sutter/Yuba
Trinity County
Tulare 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
John Chaquica, Chief Operating Officer
Kim Santin, Finance Director
Wayne Clark, CalMHSA Executive Director
Armando Bastida, CalMHSA Business Systems Analyst
Doug Alliston, CalMHSA Board Counsel

1. CLOSED SESSION

1. CALL TO ORDER

CalMHSA President Dawan Utecht, Fresno County, called the Board of Directors Closed Session meeting to order at 4:00 P.M. on July 10, 2019, at the DoubleTree Hotel Sacramento, California. President Utecht welcomed those in attendance as well as those listening in on the phone.

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

2. ROLL CALL AND INSTRUCTIONS

Ms. Li called roll and informed President Utecht a quorum had been reached.

2. CLOSED SESSION – EMPLOYEE PERFORMANCE EVALUATION (Gov. Code §54957(b))

3. BOARD OF DIRECTORS REGULAR MEETING

1. DISCLOSURE OF ACTION TAKEN IN THE CLOSED SESSION (Gov. Code §54957(b))

Board President Dawan Utecht was directed to discuss the performance evaluation with the Executive Director.

2. 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.

3. CONSENT CALENDAR

President Utecht acknowledged the consent calendar, consisting of the June 13, 2019 CalMHSA Board of Directors Meeting Minutes, and the CalMHSA agreement to provide MHSOAC with consulting services to support a statewide multi-county project on school-based mental health. President Utecht asked for comment from Board members.

Action: Approval of the consent calendar.

Motion: Toni Navarro, Tri City Mental Health Center

Second: Zachary Tucker, Riverside County

The motion passed unanimously.

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

None

4. PROGRAM MATTERS.

A. Early Psychosis Learning Healthcare Network Program

Laura Li, CalMHSA Administrative Director, reviewed the Early Psychosis Learning Healthcare Network Program with the Board.

Action: Board approval of the following:

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

Motion: Ryan Quist, Sacramento County

Second: Scott Kennelly, Butte County

The motion passed unanimously.

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

None

B. PROGRAM UPDATE

The Board Members were asked to review pages 32 through 49 for the Program update. The Board was directed to contact Jeremy Wilson, CalMHSA Program Director with any questions

Action: *None, information only*

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

None

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

The Board Members were asked to review pages 50 through 59 for the CPBHW update.

Action: *None, information only*

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

None

D. STATE HOSPITALS PROGRAM UPDATE

Mr. Chaquica provided a brief update, stating that the State Hospital Bed Committee is doing its due diligence and will be issuing a Request for Statement of Qualifications for additional and updated vendor pricing.

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

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

None

5. GENERAL DISCUSSION

A. REPORT FROM CALMHSA PRESIDENT – DAWAN UTECHT

President Utecht discussed the following items:

- CalMHSA Board Secretary vacancy

President Utecht polled the Board for a volunteer to fill the Secretary position. There were no volunteers.

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

Due to limited time, Dr. Wayne Clark withheld any comment.

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

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

None

6. 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

7. CALMHSA BOARD DISCUSSION

A. Request for Proposal (RFP) for JPA Administrator

CalMHSA staff was invited to leave the meeting room for the RFP discussion.

Recommendation: Discussion and/or action as deemed appropriate

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

None

8. NEW BUSINESS

None

9. CLOSING COMMENTS

None

10. ADJOURNMENT

Hearing no further comments, the meeting was adjourned at 5:15 P.M.

Respectfully submitted,

Dawan Utecht
President, CalMHSA

Date



"A George Hills Company Administered JPA"

Treasurer's Report

As of June 30, 2019

	Book Balance	Market Value	Effective Yield
Cash with California Bank & Trust	\$1,583,307	\$1,583,307	0.00%
Local Agency Investment Fund	\$785,248	\$786,592	2.43%
Morgan Stanley – Money Trust	\$9,494,517	\$9,494,517	0.20%
Morgan Stanley - Investments	\$13,068,124	\$13,074,342	2.72%
Total Cash and Investments	\$24,937,020	\$24,937,314	

The Local Agency Investment Fund (LAIF) market value was derived by applying the June 2019 fair value factor of 1.001711790 to the book value.

Attached are Morgan Stanley and LAIF reports detailing all investment transactions.

I certify that this report reflects all cash and investments and is in conformance with the Authority's Investment Policy. The investment program herein shown provides sufficient cash flow liquidity to meet the Authority's expenditures for the next six (6) months.

Respectfully submitted,

Accepted,



 Kim Santip, Finance Director

 William Walker, Treasurer

1:45 PM
07/08/19

**California Mental Health Services Authority
Reconciliation Summary
CB&T Checking, Period Ending 06/30/2019**

	Jun 30, 19
Beginning Balance	<u>1,801,595.68</u>
Cleared Transactions	
Checks and Payments - 192 items	-3,430,483.56
Deposits and Credits - 6 items	3,452,500.00
Total Cleared Transactions	<u>22,016.44</u>
Cleared Balance	<u>1,823,612.12</u>
Uncleared Transactions	
Checks and Payments - 32 items	-244,155.39
Total Uncleared Transactions	<u>-244,155.39</u>
Register Balance as of 06/30/2019	<u>1,579,456.73</u>
New Transactions	
Checks and Payments - 6 items	-372,509.96
Deposits and Credits - 1 item	276,807.12
Total New Transactions	<u>-95,702.84</u>
Ending Balance	<u>1,483,753.89</u>

*Rec to GP
7/8/19*

Voided checks after bank rec

Balance 1579456

*7/12/19 # 104584 Torrance Unified (rec 7/18/19) 43750.00
1,583,200*



CALIFORNIA BANK
TRUST

P.O. Box 489, Lawndale, CA 90260-0489

Statement of Accounts

Page 1 of 23

This Statement: June 28, 2019

Last Statement: May 31, 2019

Account [REDACTED]

DIRECT INQUIRIES TO:

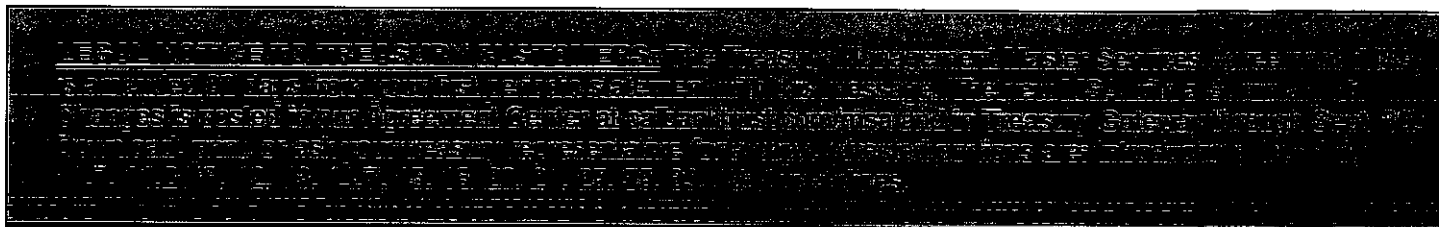
Customer Service 1 (800) 400-6080

0048184

4180-06-0000-CBT-PC0030-00187

CA MENTAL HEALTH SERVICES AUTHORITY
3043 GOLD CANAL DR FL 2
RANCHO CORDOVA CA 95670-6393

Sacramento Main
520 Capitol Mall Suite 100
Sacramento, CA 95814-4714
(916) 341-4800



PF BUSINESS ANALYZED ACCOUNT

Account Type	Account Number	Checking/Savings Ending Balance	Outstanding Balances Owed
PF Business Analyzed Account	[REDACTED]	\$1,823,612.12	

PF BUSINESS ANALYZED ACCOUNT 1030206361

Previous Balance	Deposits/Credits	Charges/Debits	Checks Processed	Ending Balance
1,799,095.68	3,445,000.00	7,935.87	3,412,547.69	1,823,612.12

3 DEPOSITS/CREDITS

Date	Amount	Description
06/04	45,000.00	REMOTE DEPOSIT 5353015890
06/17	550,000.00	WIRE/IN-2019061700006272;ORG STATE OF CALIFORNIA - LAIF;REF 1305501766
06/27	2,850,000.00	WIRE/IN-2019062700007471;ORG STATE OF CALIFORNIA - LAIF;REF 1304601722

2 CHARGES/DEBITS

Date	Amount	Description
06/19	7,920.64	AMEX EPAYMENT ACH PMT REF # 019169008571819 1107524927
06/21	15.23	ANALYSIS SERVICE FEE

186 CHECKS PROCESSED

Number	Date	Amount	Number	Date	Amount	Number	Date	Amount
104279	06/04	3,750.00	104369*	06/06	2,077.50	104421*	06/03	3,750.00
104291*	06/06	3,018.00	104371*	06/03	3,750.00	104424*	06/04	1,893.7
104300*	06/04	3,750.00	104372	06/10	3,750.00	104426*	06/03	3,750.00
104323*	06/03	3,750.00	104391*	06/07	3,750.00	104429*	06/11	3,750.00
104325*	06/04	3,750.00	104401*	06/03	3,750.00	104430	06/03	3,750.00
104350*	06/03	3,750.00	104404*	06/05	3,750.00	104433*	06/06	3,750.00
104356*	06/21	3,750.00	104405	06/10	3,750.00	104434	06/04	3,750.00
104358*	06/26	3,399.75	104413*	06/06	2,047.50	104435	06/14	1,800.00
104363*	06/10	2,793.75	104414	06/04	3,307.50	104436	06/21	3,750.00
104365*	06/04	3,750.00	104415	06/04	3,375.00	104440*	06/14	3,750.00
104367*	06/06	3,750.00	104419*	06/05	3,750.00	104450*	06/07	3,750.00



Continued ...

Number	Date	Amount	Number	Date	Amount	Number	Date	Amount
104452*	06/03	3,750.00	104570*	06/05	3,750.00	104645	06/10	6,425.00
104454*	06/10	3,750.00	104573*	06/03	3,375.00	104646	06/10	45,966.00
104455	06/13	1,384.50	104575*	06/03	3,750.00	104647	06/17	78,814.00
104459*	06/17	3,750.00	104576	06/06	3,750.00	104648	06/10	38,185.00
104463*	06/04	3,750.00	104579*	06/04	3,675.00	104649	06/12	2,128.00
104466*	06/05	3,750.00	104580	06/03	3,712.50	104650	06/19	49,929.00
104470*	06/24	3,375.00	104581	06/03	3,673.50	104651	06/13	50,119.00
104473*	06/03	3,750.00	104582	06/12	3,750.00	104652	06/19	133,617.00
104474	06/05	3,750.00	104583	06/06	3,749.30	104653	06/11	25,318.00
104475	06/05	3,750.00	104585*	06/05	3,750.00	104654	06/10	35,780.00
104478*	06/05	3,337.50	104586	06/14	3,632.25	104655	06/10	33,770.00
104483*	06/04	3,750.00	104592*	06/13	3,750.00	104656	06/10	46,550.00
104484	06/06	3,750.00	104593	06/06	3,750.00	104657	06/11	3,750.00
104485	06/12	825.00	104600*	06/12	3,600.00	104658	06/11	2,481.00
104486	06/12	825.00	104604*	06/07	1,500.00	104659	06/11	3,750.00
104489*	06/11	3,750.00	104607*	06/27	3,750.00	104660	06/06	3,750.00
104490	06/06	3,750.00	104609*	06/06	3,750.00	104661	06/10	3,675.00
104493*	06/06	3,750.00	104610	06/14	1,050.00	104662	06/11	3,750.00
104494	06/06	3,750.00	104611	06/06	3,750.00	104663	06/11	3,750.00
104497*	06/12	3,750.00	104612	06/10	3,750.00	104664	06/10	3,750.00
104499*	06/27	3,243.75	104613	06/10	3,750.00	104665	06/24	3,750.00
104500	06/27	3,750.00	104615*	06/10	3,750.00	104666	06/17	3,747.00
104501	06/27	3,750.00	104616	06/07	3,750.00	104667	06/26	3,750.00
104502	06/27	3,750.00	104617	06/10	3,750.00	104668	06/17	3,750.00
104503	06/27	3,750.00	104618	06/10	3,750.00	104669	06/18	3,750.00
104504	06/27	3,750.00	104619	06/10	3,750.00	104671*	06/20	54.00
104505	06/27	3,750.00	104620	06/10	3,750.00	104672	06/24	21,250.00
104506	06/27	3,750.00	104621	06/10	3,750.00	104674*	06/24	192,675.00
104507	06/03	3,750.00	104622	06/12	3,750.00	104676*	06/26	229.00
104508	06/03	3,750.00	104623	06/06	3,161.25	104677	06/19	11.00
104511*	06/11	3,750.00	104624	06/11	3,750.00	104678	06/24	6,800.00
104512	06/11	3,750.00	104625	06/10	3,712.50	104679	06/25	208.00
104515*	06/03	3,750.00	104626	06/06	2,073.75	104680	06/24	108,132.00
104516	06/03	3,750.00	104627	06/06	3,431.25	104681	06/24	19,954.00
104525*	06/06	3,750.00	104628	06/12	3,750.00	104683*	06/21	3,750.00
104526	06/06	3,750.00	104629	06/20	3,693.75	104684	06/25	35,995.60
104529*	06/07	1,275.00	104630	06/13	2,418.75	104685	06/25	35,995.60
104530	06/07	1,200.00	104631	06/14	11,599.03	104686	06/24	36,850.10
104533*	06/12	3,750.00	104632	06/28	51,026.02	104687	06/26	558.00
104536*	06/21	3,750.00	104633	06/13	194,993.75	104688	06/26	56,850.50
104545*	06/05	3,262.50	104634	06/06	3,042.00	104689	06/18	43.10
104546	06/10	3,747.45	104635	06/06	2,412.00	104690	06/18	102.80
104547	06/11	3,435.38	104636	06/10	36,312.70	104693*	06/19	558.00
104548	06/11	3,368.39	104637	06/17	30,046.93	104694	06/19	1,234.50
104550*	06/04	3,155.39	104638	06/17	31,212.74	104695	06/24	8,452.50
104552*	06/03	3,750.00	104639	06/07	231.65	104697*	06/20	2,520.00
104553	06/04	3,750.00	104640	06/11	45,587.69	104698	06/20	2,880.00
104555*	06/04	3,750.00	104641	06/04	2,680.67	104699	06/20	925.00
104560*	06/04	3,153.75	104642	06/04	188,197.00	104700	06/20	1,850.00
104563*	06/03	3,727.50	104643	06/04	42,016.00	104701	06/20	1,850.00
104566*	06/13	3,750.00	104644	06/04	77,462.15	104704*	06/28	1,151,000.70

* Not in check sequence

AGGREGATE OVERDRAFT AND RETURNED ITEM FEES

	Total for This Period	Total Year-to-Date
Total Overdraft Fees	\$0.00	\$0.00
Total Returned Item Fees	\$0.00	\$0.00

To learn more about our other products and services that may lower the cost of managing account overdrafts or to discuss removing overdraft coverage from your account, please contact Customer Service or visit your local branch.



.....
DAILY BALANCES

<i>Date.....</i>	<i>Balance</i>	<i>Date.....</i>	<i>Balance</i>	<i>Date.....</i>	<i>Balance</i>
06/03	1,728,357.18	06/12	846,633.77	06/21	747,109.36
06/04	1,410,690.97	06/13	590,217.56	06/24	345,870.72
06/05	1,377,840.97	06/14	568,386.28	06/25	273,670.98
06/06	1,304,078.42	06/17	967,064.50	06/26	208,882.64
06/07	1,288,621.77	06/18	963,168.57	06/27	3,025,638.89
06/10	986,702.82	06/19	775,897.89	06/28	1,823,812.12
06/11	872,762.27	06/20	762,124.59		



**CalMHSA
LAIF FMV Calculation
30-Jun-19**

LAIF Principal Balance	785,247.54
Fair Value Factor	1.001711790
LAIF FMV	786,591.72
Unrealized Gain	1,344.18

This is presented only at year end

Treasurer's Report:	Book Value	Market Value	Effective Yield
LAIF	785,247.54	786,591.72	2.57%

3:29 PM

07/11/19

California Mental Health Services Authority
Reconciliation Summary
LAI(F(Local Agency Investment), Period Ending 06/30/2019

	Jun 30, 19
Beginning Balance	3,340,247.54
Cleared Transactions	
Checks and Payments - 3 items	-3,500,000.00
Deposits and Credits - 1 item	745,000.00
Total Cleared Transactions	<u>-2,755,000.00</u>
Cleared Balance	<u>585,247.54</u>
Uncleared Transactions	
Checks and Payments - 2 items	-3,600,000.00
Deposits and Credits - 2 items	3,800,000.00
Total Uncleared Transactions	<u>200,000.00</u>
Register Balance as of 06/30/2019	<u>785,247.54</u>
Ending Balance	<u>785,247.54</u>

A 7/18/19
lllll

California Mental Health Services Authority
Reconciliation Detail
LAIF(Local Agency Investment), Period Ending 06/30/2019

Type	Date	Num	Name	Clr	Amount	Balance
Beginning Balance						3,340,247.54
Cleared Transactions						
Checks and Payments - 3 items						
Transfer	08/03/2018			X	-100,000.00	-100,000.00
Transfer	06/17/2019			X	-550,000.00	-650,000.00
Transfer	06/27/2019			X	-2,850,000.00	-3,500,000.00
Total Checks and Payments					-3,500,000.00	-3,500,000.00
Deposits and Credits - 1 item						
Transfer	08/13/2018			X	745,000.00	745,000.00
Total Deposits and Credits					745,000.00	745,000.00
Total Cleared Transactions					-2,755,000.00	-2,755,000.00
Cleared Balance					-2,755,000.00	585,247.54
Uncleared Transactions						
Checks and Payments - 2 items						
Transfer	12/14/2018			X	-2,300,000.00	-2,300,000.00
Transfer	12/28/2018			X	-1,300,000.00	-3,600,000.00
Total Checks and Payments					-3,600,000.00	-3,600,000.00
Deposits and Credits - 2 items						
Transfer	12/10/2018			X	2,000,000.00	2,000,000.00
Transfer	12/31/2018			X	1,800,000.00	3,800,000.00
Total Deposits and Credits					3,800,000.00	3,800,000.00
Total Uncleared Transactions					200,000.00	200,000.00
Register Balance as of 06/30/2019					-2,555,000.00	785,247.54
Ending Balance					-2,555,000.00	785,247.54

Local Agency Investment Fund
 P.O. Box 942809
 Sacramento, CA 94209-0001
 (916) 653-3001

www.treasurer.ca.gov/pmia-laif/laif.asp
 July 10, 2019

CALIFORNIA MENTAL HEALTH SERVICES
 AUTHORITY
 STAFF
 3043 GOLD CANAL DRIVE, SUITE 200
 RANCHO CORDOVA, CA 95670

PMIA Average Monthly Yields

Account Number:



Tran Type Definitions

June 2019 Statement

Effective Date	Transaction Date	Tran Type	Tran Confirm Number	Authorized Caller	Amount
6/17/2019	6/17/2019	RW	1608635	KIM SANTIN	-550,000.00
6/27/2019	6/27/2019	RW	1609462	KIM SANTIN	-2,850,000.00

Account Summary

Total Deposit:	0.00	Beginning Balance:	4,185,247.54
Total Withdrawal:	-3,400,000.00	Ending Balance:	785,247.54



**CALIFORNIA STATE TREASURER
FIONA MA, CPA**



PMIA Performance Report

Date	Daily Yield*	Quarter to Date Yield	Average Maturity (in days)
06/17/19	2.42	2.45	170
06/18/19	2.42	2.45	168
06/19/19	2.42	2.45	169
06/20/19	2.42	2.45	169
06/21/19	2.41	2.45	168
06/22/19	2.41	2.44	168
06/23/19	2.41	2.44	168
06/24/19	2.41	2.44	166
06/25/19	2.40	2.44	167
06/26/19	2.41	2.44	168
06/27/19	2.41	2.44	169
06/28/19	2.40	2.44	174
06/29/19	2.40	2.44	174
06/30/19	2.39	2.44	173
07/01/19	2.40	2.40	180
07/02/19	2.40	2.40	180
07/03/19	2.39	2.40	182
07/04/19	2.39	2.40	182
07/05/19	2.39	2.40	182
07/06/19	2.39	2.40	182
07/07/19	2.39	2.39	182
07/08/19	2.39	2.39	179
07/09/19	2.39	2.39	179
07/10/19	2.39	2.39	178
07/11/19	2.38	2.39	179
07/12/19	2.38	2.39	179
07/13/19	2.38	2.39	179
07/14/19	2.38	2.39	179
07/15/19	2.38	2.39	176
07/16/19	2.38	2.39	178
07/17/19	2.38	2.39	179

*Daily yield does not reflect capital gains or losses

[View Prior Month Daily Rates](#)

LAIF Performance Report

Quarter Ending 06/30/19

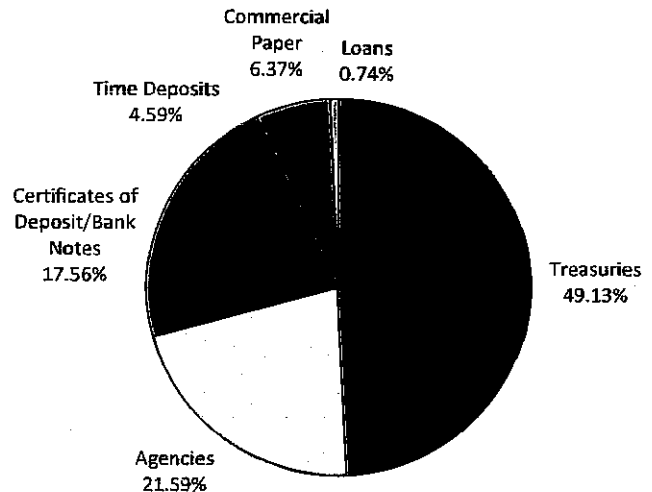
Apportionment Rate: 2.57
 Earnings Ratio: .00007028813234525
 Fair Value Factor: 1.001711790
 Daily: 2.39%
 Quarter to Date: 2.44%
 Average Life: 173

PMIA Average Monthly Effective Yields

June 2019 2.428
 May 2019 2.449
 Apr 2019 2.445

**Pooled Money Investment Account
Portfolio Composition
06/30/19**

\$105.7 billion



Percentages may not total 100% due to rounding

Notes: The apportionment rate includes interest earned on the CalPERS Supplemental Pension Payment pursuant to Government Code 20825 (c)(1)

Based on data available as of 07/17/2019



BETTY T. YEE

California State Controller

LOCAL AGENCY INVESTMENT FUND
REMITTANCE ADVICE

Agency Name

CA MENTAL HEALTH SVCS AUTH

Account Number



As of 07/15/2019, your Local Agency Investment Fund account has been directly credited with the interest earned on your deposits for the quarter ending 06/30/2019.

Earnings Ratio		.00007028813234525
Interest Rate		2.57%
Dollar Day Total	\$	497,424,471.52
Quarter End Principal Balance	\$	785,247.54
Quarterly Interest Earned	\$	34,963.04

CLIENT STATEMENT | For the Period June 1-30, 2019

Consolidated Summary

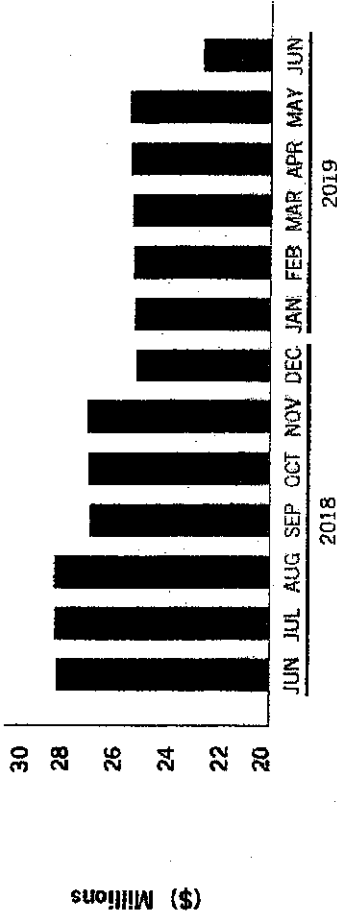
CHANGE IN VALUE OF YOUR ACCOUNTS (includes accrued interest)

	This Period (6/1/19-6/30/19)	This Year (1/1/19-6/30/19)
TOTAL BEGINNING VALUE	\$25,341,202.94	\$25,093,445.95
Credits	3,942,489.48	22,369,610.01
Debits	(6,763,722.48)	(25,197,298.08)
Security Transfers		
Net Credits/Debits/Transfers	\$(2,821,233.00)	\$(2,827,688.07)
Change in Value	48,495.09	302,707.15
TOTAL ENDING VALUE	\$22,568,465.03	\$22,568,465.03

Net Credits / Debits include investment advisory fees as applicable. See Activity section for details.

MARKET VALUE OVER TIME

The below chart displays the most recent thirteen months of Market Value.

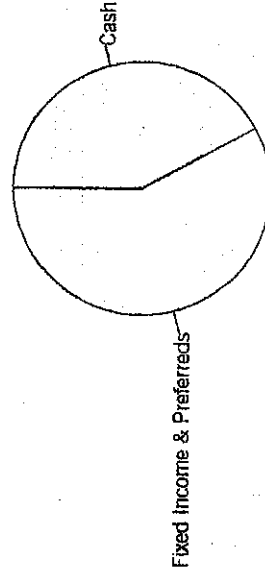


This chart does not reflect corrections to Market Value made subsequent to the dates depicted. It may exclude transactions in Annuities or positions where we are not the custodian, which could delay the reporting of Market Value.

ASSET ALLOCATION (includes accrued interest)

	Market Value	Percentage
Cash	\$9,494,517.42	42.07
Fixed Income & Preferreds	13,073,947.61	57.93
TOTAL VALUE	\$22,568,465.03	100.00%

FDIC rules apply and Bank Deposits are eligible for FDIC insurance but are not covered by SIPC. Cash and securities (including MMFs) are eligible for SIPC coverage. See Expanded Disclosures. Values may include assets externally held, which are provided to you as a courtesy, and may not be covered by SIPC. For additional information, refer to the corresponding section of this statement.



This asset allocation represents holdings on a trade date basis, and projected settled Cash/BDP and MMF balances. These classifications do not constitute a recommendation and may differ from the classification of instruments for regulatory or tax purposes.

CONSENT CALENDAR
Agenda Item 3.B.2

SUBJECT: KAISER PERMANENTE SOUTHERN CALIFORNIA REGIONAL COMMUNITY HEALTH MENTAL HEALTH & WELLNESS STRATEGIC PARTNERSHIP GRANT PROPOSAL

ACTION FOR CONSIDERATION:

Delegate authority to CalMHSA Board Officers to approve an MOU between CalMHSA and CBHDA for implementation of the Mental Health & Wellness Strategic Partnership Grant if it is awarded.

BACKGROUND AND STATUS:

CalMHSA and CBHDA submitted an invitation only grant proposal to Kaiser Permanente Southern California Regional Community Health. Kaiser had requested that CBHDA submit a grant but due to grant restrictions, CBHDA needed a partner organization. CBHDA requested CalMHSA's assistance in submitting the grant with CBHDA as lead. CalMHSA and CBHDA will meet to further define roles and responsibilities of each organization. If the grant is awarded, CalMHSA and CBHDA will execute a MOU between the organizations.

Summary of proposal: CBHDA, in partnership with CalMHSA, will engage a coalition of California behavioral health stakeholders to develop and implement a multi-year strategic plan for strengthening the public behavioral health workforce (with focus on Southern California counties). The plan will include an assessment of current workforce gaps and challenges to inform policy recommendations and corresponding implementation strategies to help California build a future behavioral health workforce that:

- Is highly qualified to provide clinically excellent community-based behavioral health care;
- Reflects the cultural diversity of those seeking behavioral health services across California; and
- Is sufficient in number and mix of providers and geographically distributed to mitigate current shortages and meet the needs of a rapidly evolving safety net delivery system.

CBHDA and CalMHSA seek to build on work like that of the California Future Health Workforce Commission by engaging a coalition of behavioral health stakeholders to generate and begin to act on a statewide strategic plan for public behavioral health workforce development. Unlike previous efforts, the analysis and recommendations developed by this group would be specific to the needs of the public, safety net behavioral health delivery system. The plan and recommendations would be developed through an extensive collaborative consultation and planning process with key stakeholders that are intimately acquainted with on-the-ground workforce challenges. The

coalition established to develop this plan could further be engaged to advocate for key policy changes and begin implementing new strategies.

FISCAL IMPACT:

None

RECOMMENDATION:

Delegate authority to CalMHSA Board Officers to approve an MOU between CalMHSA and CBHDA for implementation of the Mental Health & Wellness Strategic Partnership Grant if it is awarded.

TYPE OF VOTE REQUIRED:

Majority Vote

REFERENCE MATERIAL(S) ATTACHED:

- None

CONSENT CALENDAR
Agenda Item 3.B.3

SUBJECT: CalMHSA EXECUTIVE DIRECTOR RETIREMENT AGREEMENT

ACTION FOR CONSIDERATION:

Board approval of retirement agreement with Executive Director.

BACKGROUND AND STATUS:

Executive Director Wayne Clark has elected to retire effective September 27, 2019. The Executive Director's employment agreement included provisions for notice and severance of several months' duration. Dawan Utecht and Dr. Clark have negotiated a proposed compromise agreement wherein CalMHSA would provide four months' pay and benefits after the retirement date and for Dr. Clark to release all claims that might arise from his employment as Executive Director.

FISCAL IMPACT:

Approximately \$70,000

RECOMMENDATION:

Board approval of proposed Retirement Agreement with Dr. Clark

TYPE OF VOTE REQUIRED:

Majority vote

REFERENCE MATERIAL(S) ATTACHED:

None

PROGRAM MATTERS
Agenda Item 4.A

SUBJECT: STATE HOSPITAL PROGRAM UPDATE

ACTION FOR CONSIDERATION:

Approve the Request for Statement of Qualifications (RFSQ) for broad release.

BACKGROUND:

At the April 23, 2012, Strategic Planning Session, staff was asked to work with CBHDA to explore the viability of 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, negotiated the terms of the MOU for procurement of state hospital beds, which has contributed to significant benefits to all participating counties.

In 2014, the CalMHSA Board indicated an urgent need for added capacity at state hospitals for LPS beds. As such, the Board directed staff to seek alternatives to hospitals that would allow for increased capacity, improved services and reduced waitlist for admission and discharge.

In the Fall of 2014, CalMHSA released a Request for Interest (RFI) for the purpose of adding capacity and services for the counties' LPS population. As a result of the RFI, Correct Care Solutions, now Wellpath, was selected as the provider. Since that time, CalMHSA, in collaboration with its member counties and Wellpath, has sought to acquire or build a Mental Health Rehabilitation Center (MHRC) for the placement of patients on LPS conservatorship. The facility will serve as an alternative and addition to the services currently provided by California State Hospitals.

CURRENT STATUS:

1. RFSQ for Inpatient Services for Persons with Mental Disorders

In July 2019 the CalMHSA Board indicated that given the lapse of time since the initial RFI, Board turn over a merger of the initial selected vendor and concerning press, all would benefit from the release and of Request for Statement of Qualifications (RFSQ) to allow for a new comprehensive procurement process.

RFSQ Distribution

The RFSQ will be distributed via the following channels:

- CalMHSA County Distribution
- CalMHSA Public Distribution
- Partners Distribution (CBHDA, CIBHS, CSAC, NACo, NACBHD, Los Angeles County)
- California Hospitals, via the California Hospitals Association
- Counties requested to further distribute.

RFSQ Timeline

The following timeline, which assumes a meeting of the Board in December 2019, has been established for the RFSQ process:

- Release Date for RFSQ: September 13, 2019
- Last Day to Submit Written Questions: October 4, 2019
- Prospective Respondents' Webinar: October 14, 2019
- SOQ Due Date and Time: November 12, 2019 at 5 pm PST
- Evaluation Period: November 13, 2019 – November 22, 2019
- Invitation for Interviews: November 26, 2019
- Interviews: Week of December 9, 2019
- Notification of Selection: December 2019

2. State Hospital Committee Meeting

The members of the State Hospital Committee met on August 19, 2019. Confirmations were made as to the Chair and Vice Chair: Roderick Verbeck, Riverside County, will serve as Chair; Kelli Weaver, Sacramento County, will serve as Vice Chair. The Agenda for the August meeting is attached.

3. Department of State Hospitals

As reported at the July 2019 Board meeting, the Department informed CalMHSA in March 2019 that 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, the Department has determined it was necessary to extend the current MOU with no changes to the rate or terms, for one additional year, to allow them the necessary time to propose and vet the new language with the counties. As such, CalMHSA 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:

Approve the Request for Statement of Qualifications (RFSQ) for broad release.

TYPE OF VOTE REQUIRED:

Majority vote

REFERENCE MATERIAL(S) ATTACHED:

- Attachment A – State Hospital Committee Meeting Agenda
- Attachment B – Request for Statement of Qualifications for Inpatient Services for Persons with Mental Disorders
- Attachment C – Evaluation and Interview Panel Participants



California Mental Health Services Authority

3043 Gold Canal Drive, Suite 200

Rancho Cordova, CA 95670

Office: 916.859.4800

Fax: 916.859.4805

www.calmhsa.org

CaIMHSA State Hospital Bed Committee Meeting Agenda

Monday, August 19, 2019

Time: 12:00 PM – 1:00 PM

Teleconference

Call-In: 916-282-5152 Code: 1234

1. Confirm Committee Members in attendance
2. Chair and Vice Chair nominations
3. Questions raised from previous meeting(s)

Q: Initially counties were required to commit to a number of beds on an annual basis, therefore billed based on the number of beds committed regardless of being used or not. The state took those dollars out of realignment. Given the long waitlist (up to 2 years) to get patients in, how does this impact us if we cannot use a bed we committed to?

R: This provision has been renegotiated to billing based on number of beds used. That said, the state remains wanting to know the number beds counties intend to use so they can reserve the appropriate amount, however will not bill until beds have been used.

4. Review of draft Request for Statement of Qualification

RFQ Distribution

- CaIMHSA County Distribution
- CaIMHSA Public Distribution
- Partners Distribution (CBHDA, CIBHS, CSAC, NACo, NACBHD, Los Angeles)
- Counties requested to further distribute

5. Schedule Next Meeting
6. Adjourn



CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY
(CalMHSA)



Request for Statement of Qualifications
for

Inpatient Services for Persons with Mental Disorders

Release Date: September 13, 2019

EXECUTIVE SUMMARY

The goals of the California Mental Health Services Authority (CalMHSA) Alternatives to State Hospital Beds program are to increase statewide bed capacity for Lanterman-Petris-Short (LPS) patients and obtain greater control of care and costs through acquisition or construction/renovation of a facility that will provide inpatient services. At a minimum, the facility will provide the same levels of care that currently exist in California State Hospitals or other Institutions for Mental Diseases (IMDs) to person with mental disorders, in accordance with Welfare and Institutions Code (WIC) Section 4100 et seq. Currently, the CalMHSA member counties utilize 640* beds in the existing state-run mental health hospitals; however, the need is far greater than the available beds in existing facilities.

The facility will be developed using either a model of design-build-finance or the renovation of publicly-owned property with a goal to secure placement for patients on LPS conservatorships within 36 months of site identification. Care will be provided to patients on LPS conservatorships utilizing the same or better standards of care than that given at the existing state hospitals.

In the past five years, CalMHSA and its member counties have visited seven possible sites in the southern and central California regions. To date, two of those sites were determined to be appropriate in size and feasibility for the Alternatives to State Hospitals project. One of those sites, in San Luis Obispo county, remains with the California Department of General Services and yet to be released for public procurement. The other, in Kern county, remains a viable option to move forward with the project.

This Request for Statement of Qualifications (RFSQ) is designed to elicit Statements of Qualifications (SOQ) from providers who have the ability/capacity to oversee all aspects of the project as part of a partnership with CalMHSA and its participating member counties. Selected provider will participate as follows:

Phase I:

Assist in the pre-development phase which includes, but is not limited to the following:

- Site identification
- Presentations to stakeholders
- Consultation
- Evaluation
- Analysis of alternatives
- Project development

* County bed use information is as of 2017

Phase II:

Will serve as a developer of the project for alternatives to state hospitals. This includes, but is not limited to the following:

- Acquisition of site
- Renovation of existing structure or building from the ground up
- Provide various financing options for stakeholder consideration
- Acquire all appropriate permitting
- Architectural design
- Construction
- Licensing

Phase III:

- Operation of Alternative to State Hospital
 - Develop staffing structure and hire all personnel
 - Develop a system of patient care to meet required standards
 - Develop and maintain requisite technology such as, but not limited to:
 - Electronic Health Records (EHR)
 - Security
 - Web-based Training
 - Implementation and transition

Provider must have the experience and capacity to provide residential rehabilitation services for individuals with complex behavioral health conditions that include co-morbid substance abuse, along with challenging behavioral problems, in accordance with Welfare and Institutions Code (WIC) Section 4100 et. eq. Respondents are encouraged to visit the CalMHSAs website for additional information on this program as well as CalMHSAs member entities and governance at calmhsa.org

Opportunity Title: Request for Statement of Qualifications, Alternatives to State Hospitals

Release Date for RFSQ: September 13, 2019

Last Day to Submit Written Questions: October 4, 2019

Prospective Respondents' Webinar: October 14, 2019

SOQ Due Date and Time: November 12, 2019 at 5 pm PST

Evaluation Period: November 13, 2019 – November 22, 2019

Invitation for Interviews for Selected Respondents: November 26, 2019

Interviews: Week of December 9, 2019

Anticipated Total Available Funding: Unknown

Number of Awards: One or more awards

Length of Project Period: 3 years for site acquisition and build; ongoing for patient care

Respondent Qualifications: See Part B, Section 1 of this RFSQ; Respondent's Minimum Qualifications for the RFSQ

Notification of Selection Date: December 2019



Overview of Solicitation Document

This RFSQ is composed of the following parts:

- **EXECUTIVE SUMMARY**
- **PART A: RFSQ INTRODUCTION:** Background and purpose, to include summary of services for qualifications being pursued.
- **PART B: GENERAL INFORMATION:** Explanation of solicitation process to include minimum qualifications.
- **PART C: INSTRUCTIONS TO RESPONDENTS:** Instructions to Respondent for preparation of and submittal of an SOQ.
- **PART D: SOQ REVIEW, SELECTION AND QUALIFICATION PROCESS:** Review, qualification, selection, and protest processes for Respondent(s) by CalMHSA.
- **APPENDICES:**
 - a. **SOQ REQUIRED FORMS:** Exhibits 1 through 3 within this Section are a requirement and included in this SOQ.
 - b. **GLOSSARY OF TERMS**

DRAFT

Table of Contents

EXECUTIVE SUMMARY.....	i
PART A: RFSQ INTRODUCTION	1
PART B: GENERAL INFORMATION	6
PART C: INSTRUCTIONS TO RESPONDENTS.....	11
PART D: SOQ REVIEW, SELECTION, AND QUALIFICATION PROCESS	17
APPENDIX A: SUPPLEMENTAL EXHIBITS	20
CALMHSA VENDOR RESPONSIBILITY QUESTIONNAIRE	21
RESPONDENT LIST OF CONTRACTS.....	28
PROSPECTIVE REFERENCES.....	30
APPENDIX B: GLOSSARY OF TERMS	32

DRAFT

PART A: RFSQ INTRODUCTION

1.0 BACKGROUND AND PURPOSE FOR THE REQUEST FOR STATEMENT OF QUALIFICATIONS (RFSQ)

The California Mental Health Services Authority (CalMHSA) is an independent administrative and fiscal government agency focused on the efficient delivery of California mental health projects. It was established by California counties in June 2009, as a Joint Powers Authority (JPA). CalMHSA's member counties work together to develop, fund, and implement mental health services, projects, and educational programs; and implement these services at state, regional, and local levels. CalMHSA is headed by a Board of Directors composed of representatives of Member Counties and an Executive Committee comprised of officers and Statewide Regional Representatives. CalMHSA operates within the statutes governing JPA entities and complies with the Brown Act open meeting requirements.

California is the most populous state in the United States and third largest state by area with 58 counties, one city (City of Berkeley), and one JPA (Tri-Cities). Los Angeles County has the largest population, and San Bernardino County is the largest county by area. At the time of the release of this RFSQ, 54 counties are members of CalMHSA along with one city and one Joint Powers Authority.

CalMHSA has the capacity and capability to promote systems and services arising from a shared member commitment to quality community mental health. A central part of CalMHSA's vision is to promote systems and services arising from community mental health initiatives and to respect the values of the California Mental Health Services Act.

Southern California counties have the highest number of patients on LPS conservatorships therefore, the priority will be establishing care in a facility located in or near southern California. In the future, additional facilities may be required in order to meet demand within central and northern California counties. Respondents must be willing and have the capacity to duplicate efforts in other areas of the state, while maintaining agreed upon standards of care. Alternatively, should a respondent manage an existing mental health care facility in the region, we are open to receiving proposals which address expansion of the existing facility and services to fulfill the requirements within this RFSQ.

Since inception seven sites have been explored, in the southern and central California regions, with two identified as viable for establishing a facility. 1) San Luis Obispo County, state-owned facility, in initial stages of negotiations, followed by state redacting the availability of the property. 2) Kern County, county owned facility, initial site visit performed, pending Board approval, acquisition/lease and contracting with a provider.

Currently there are approximately 640* Lanterman-Petris-Short (LPS) beds in State Hospitals. Of the 58 California Counties, approximately 42* purchase beds from State Hospitals. It is believed that all counties purchase additional IMD beds by way of contracts with a number of group/organizational providers funded by federal dollars and often augmented through the use of county funds.

The target population to be served under this RFSQ are the LPS Conservatorship patients. These patients have been committed by designated and trained providers (usually in the County Mental Health Plans) and in civil court because they meet the definition of grave disability. In some cases, individuals may be on a Murphy Conservatorship, which is specific to individuals who meet the definition of imminent risk of harm to others, who have been deemed incompetent to stand trial and have been charged with a felony.

The hospital scope of services are rehabilitative and treatment oriented for individuals with complex behavioral health conditions that include co-morbid medical, substance abuse, and other challenging behavioral problems.

The behavioral anchors include but are not limited to the following:

Acute:

- New admissions, whose behavioral and mental health needs require further evaluation in order to determine scope of services to be provided.
- High Risk Behavior that may result in Danger to Others (DTO) or Danger to Self (DTS).
- Severe psychiatric symptoms that require intensive and frequent interventions.
- High staff/patient ratio before moving to a sub-acute/intermediate level of care.

Sub-Acute/Intermediate:

- Lower staff/patient ratio than on an acute care unit.
- Moderate risk of DTO or DTS requiring regular supervision and interventions.
- Continued treatment and behavioral interventions necessary to achieve goals relating to discharge.

Skilled Nursing:

- Individual requires care for their psychiatric illness at secure hospital level, either acute or intermediate, independent of their physical disability.
- Individuals with acute/chronic medical conditions who require medical care and supervision.
- Individual's physical disability is not amenable to resolution in short-term, acute med-surge hospital.
- Individual cannot be placed in a free-standing, long-term SNF.

* County bed use information is as of 2017

The focus of this RFSQ is the LPS patient beds and all responses shall be specific to this population. However, to the extent responders have the expertise and capacity to efficiently address other patient populations of need; information is welcomed.

1.1 Scope of Work

CalMHSA hereby issues this RFSQ to solicit SOQ's which will be used to qualify a contractor to enter into a subsequent MOU with CalMHSA to plan and implement a viable alternative to State Hospitals for patients under an LPS conservatorship. The Scope of Work shall be governed by the three phases identified in the Executive Summary. The below provides additional details regarding the work identified in each of the phases.

To be deemed as qualified, respondents must demonstrate proven ability to 1) strategize, plan, implement, and manage substantial mental health treatment projects, commensurate with the funding amount, scope and complexity of the current project, which may include direction and management of several subcontracts to complete the building phase and implement care, 2) work in a collegial, collaborative, and hands-on manner with program-based personnel in determining appropriate project progression and timely completion of project phases, 3) develop clear and transparent recommendations and solutions to issues identified during the course of the project, and 4) demonstrate the ability to work with multiple stakeholders and interest groups.

Services CalMHSA seeks from qualified respondents include, but are not limited to:

1.1.1 Site Selection and Facility/Site Development

The selected provider(s) will be expected to participate in site visits and selection processes, including presentations to stakeholders, consultation, evaluation and analysis of project development and alternatives to state hospital beds. This includes but is not limited to acquisition and renovation of an existing structure or acquisition of adequate land on which to build a facility. The selected provider(s) must be able and willing to responsibly and in good faith source and manage financing, negotiate the terms and conditions of contract for and oversee architectural and engineering work, and negotiate the terms and conditions of contracts for and oversee construction for the project.

1.1.2 Non-Exhaustive Contractor Activities

The following is a non-exhaustive list of the types of activities the contractor(s) will be required to perform:

- Efficiently and effectively manage contract funds.

- Carry out the large-scale, multi-faceted planning and implementation necessary to meet the project goals. Planning and implementation activities may be carried out simultaneously, ensuring activities begin quickly and are not delayed.
- Design and develop guidance documents for stakeholders and subcontractors.
- Provide interim and ongoing progress reports and presentations to CalMHSA, its designees, and stakeholders as requested adjusting the course as needed.
- Provide ongoing documentation of expenditures/budget details.
- Provide products, services, and deliverables on time and within budget.
- Lead site construction, running of facility and patient care while CalMHSA provides administrative and policy oversight.
- Effectively sub-contract with appropriate entities.
- Assign functions and tasks to sub-contractors and oversee activities.
- Work collaboratively and successfully with project/program personnel.
- Address data security, privacy, confidentiality, (e.g., Health Information Portability and Accessibility Act (HIPAA), human subjects' protection issues. Establish business associate agreements and take other appropriate security and privacy measures regarding data access and use, as necessary.
- Research and locate external sources of data (e.g., vital statistics, population data, current trends/events, etc.) and use appropriately. Develop performance indicators and methods for analysis.
- Work collaboratively with CalMHSA, its designees, other oversight entities, programs, and stakeholders. Foster positive working relationships within a quality culture.
- Create expert reports and presentations for multiple audiences (e.g., state entities, administration, scientific community, consumers and family members, public, etc.) Information should be tailored to the audiences' expectations and interests; different writing styles for scientific versus general audiences are also required. Ensure integrity and accuracy of findings are maintained in all reports/presentations.
- Work with media and other entities that disseminate information in order to ensure information is presented accurately and within appropriate contexts.

1.1.3 Collaboration

Development of the project plan will involve collaboration and responsiveness to direction/input from CalMHSA, its designated entities, other oversight organizations (e.g., California Behavioral Health Directors Association) and stakeholders with regard to goals and deliverables. The plan will also be based on considerable interaction and collaboration with program partner personnel. The contractor(s) will be expected to become familiar with the projects, hold stakeholder input

meetings, and develop an overall plan for an alternative to state hospitals. The plan is expected to identify goals, objectives, roles and responsibilities, tasks, milestones, and time and budget resources necessary.

1.1.4 Accreditation, Licensing and Preparation of Facility

The selected provider(s) must ensure all necessary licenses, accreditations, systems, structures, materials and hiring are properly completed in a timely manner to ensure the facility is ready to accept patients on a mutually agreed upon date.

1.1.5 Patient Care

Provide inpatient services at the same levels of care as existing California State Hospitals or IMD to persons with mental disorders, in accordance with Welfare and Institutions Code (WIC) Section 4100 et seq. The treatment facility must have the capability to provide residential rehabilitation services for individuals with complex behavioral health conditions, including co-morbid medical, and/or substance abuse, along with challenging behavioral problems.

Entities must comply with all applicable federal and state laws and licensing regulations and provide acute/long term inpatient, skilled nursing and/or IMD services, in accordance with generally accepted practices and standards prevailing in the professional community at the time of treatment.

Entities must provide core treatment team services that result in a patient's stabilization and recovery. These teams are to provide highly structured treatment for mental health rehabilitation and re-socialization in preparation for an open treatment setting or community placement.

Services are to be provided statewide in an effort to support the needs of California's diverse geographic regions.

PART B: GENERAL INFORMATION

1.0 Respondent's Minimum Qualifications for the RFSQ

Respondents that meet the minimum qualifications stated below are invited to submit an SOQ:

- 1.1 Respondent must have been in business for at least five (5) years and be able to demonstrate a minimum of five (5) years' experience within the last seven (7) years planning and providing similar comprehensive mental health care services to public and/or private sector agencies. Experience in care to include special treatment programs, innovative solutions, continuity of care, recovery focus, cultural competency, consistently high standards of care in a facility which is fully staffed with qualified individuals.
- 1.2 Respondent's project manager(s) must have seven (7) years' experience within the last ten (10) years leading similar projects for public and/or private sector agencies/organizations.
- 1.3 Respondent must provide a detailed description of its capability as it relates to Part A, Section 1.1 (Scope of Work), including its formal methodology, and/or process or approach utilized in a previous engagement(s) with public and/or private sector agencies/organizations.
- 1.4 Respondent must provide at least five (5) references (Appendix A) relating to the same or similar scope of services provided within the last three (3) years. At least three references must be from a public entity.
- 1.5 Respondent must include examples (or a program narrative) of substantial similar performed in the last three (3) years that is large-in-scale, multifaceted, and similar in scope and breadth to the services detailed in Part A, Section 1.1 (Scope of Work).
- 1.6 Respondent must demonstrate that it has previously assembled and managed a team of individuals or subcontractors/partners and specialists with the skills necessary to build and run an inpatient mental health care facility. The team may consist of individuals, subcontracts, or partnerships with other organizations. The exact nature of the subcontracts or partnerships must be described, including organization names, key staff, qualifying experience, and contractual relationships between the respondent and the subcontractor(s)/partner(s).
- 1.7 Respondent should demonstrate that is has previously worked collaboratively with diverse interest and stakeholder groups, and successfully established and maintained collaborative, non-hierarchical working relationships with external, partner organizations.

- 1.8 Respondent must comply with the SOQ format and requirements. The SOQ must be properly organized regarding content and sequence and contain all forms from Appendix A and as required in Part C (Instructions to Respondents) of this RFSQ.
- 1.9 Respondent must not currently have a Settlement Agreement with any of CalMHSA's member counties or DSH for repayment of funds.
- 1.10 Respondent shall provide information related to litigation for the past three years, current and ongoing, as a provider for services being requested in this RFSQ.
- 1.11 Respondent must disclose any negative press that may be of impact to them and responses to such press, for the last ten years.

2.0 New Organization Eligibility

If a respondent organization has not yet completed sufficient qualifying experience to meet the minimum requirements, the respondent may substitute recent engagements which otherwise satisfy all professional and experiential requirements, and which have been performed by, at most, two of the respondent's principals, partners, or officers while in other organizations. If doing so, the Respondent must explicitly state that its submissions are intended to qualify it under "Provisions for New Organizations."

3.0 Qualified Contractor

The objective of this RFSQ process is to obtain SOQs from one or more qualified Respondents from which CalMHSA may select one or more Contractors to develop a plan for and implement alternatives to state hospitals as detailed in Part A, Section 1.1 (Scope of Work). Specific tasks, deliverables, required timeframes, etc. will be prepared by the selected contractor(s) after an MOU has been executed between CalMHSA and the contractor(s). The only compensation made to the qualified Contractor(s) will be for satisfactory work performed as defined in an executed Services Agreement(s) once a location for the facility has been secured. It is CalMHSA's expectation that qualified respondent(s) provide active participation, knowledge and expertise in the process rather than simply act as an administrative entity for a large number of subcontractors.

4.0 CalMHSA Rights & Responsibilities

CalMHSA has the right to amend the RFSQ by written addendum. CalMHSA is responsible only for that which is expressly stated in the RFSQ document and any authorized written addenda thereto. Such addenda shall be made available to each person or organization which CalMHSA records indicate has received this RFSQ. Should such addenda require additional information not previously requested, failure to address the requirements of such addenda may result in the SOQ not being considered, as determined by the sole discretion of CalMHSA. CalMHSA is

not responsible for and shall not be bound by any representations otherwise made by any individual acting or purporting to act on its behalf.

5.0 Contact with CalMHSA Personnel

All contact regarding this RFSQ or any matter relating thereto must be in writing and mailed to:

John Chaquica, Chief Operating Officer
CalMHSA
3043 Gold Canal Drive, Suite 200
Rancho Cordova, CA 95670

6.0 CalMHSA Option To Reject SOQs

CalMHSA, at its sole discretion, may reject any or all SOQs submitted in response to this solicitation. CalMHSA shall not be liable for any cost incurred by a respondent in connection with preparation and submittal of any SOQ.

7.0 Protest Process

Any actual or prospective respondent may request a review of the requirements for the solicitation of SOQs. Any respondent challenging the decision of CalMHSA bears the burden of proof in its claim that CalMHSA committed a sufficiently material error in the solicitation process to justify invalidation of an award.

Throughout the review process, CalMHSA has no obligation to delay or otherwise postpone an award of contract based on a respondent protest. In all cases, CalMHSA reserves the right to make an award when it is determined to be in the best interest of CalMHSA to do so.

7.1 Grounds for Review

Unless state or federal statutes or regulations otherwise provide, the grounds for review of any CalMHSA determination or action are limited to those stated in this RFSQ, Part D, SOQ Review, Selection, and Qualification Process, Section 2.0 CalMHSA Appeal Process.

8.0 Notice to Respondents Regarding Public Records Act

8.1 SOQ responses to this RFSQ shall become the exclusive property of CalMHSA. At such time as when CalMHSA executes a Services Contract with qualified respondent(s), all such SOQs submitted by the contracted respondent(s) in response to this RFSQ, become a matter of public record, with the exception of those parts of each SOQ which are defined and identified by the respondent as business or trade secrets, and plainly marked as "Trade Secret," "Confidential," or "Proprietary."

8.2 CalMHSA shall not, in any way, be liable or responsible for the disclosure of any such record or any parts thereof, if disclosure is required or permitted under the California Public Records Act or otherwise by law. **A blanket statement of confidentiality or the marking of each page of the SOQ as confidential shall not be deemed sufficient notice of exception and may subject the entire SOQ to disclosure. The Respondent must specifically label only those provisions of the SOQ which are “Trade Secrets,” “Confidential,” or “Proprietary” in nature.**

9.0 General Services Agreement

Respondent(s) selected for an interview, will receive a copy of the CalMHSA General Services Agreement for the Alternatives to State Hospitals project for review.

10.0 Indemnification and Insurance

Respondent(s) subject to Part B, item 9 above, shall be required to comply with the Indemnification provisions (as defined in the CalMHSA General Services Agreement and General Terms and Conditions. At such time, Respondent(s) shall procure, maintain, and provide to CalMHSA proof of insurance coverage for all the programs of insurance in the amounts specified in the CalMHSA General Services Agreement and Terms and Conditions.

11.0 Conflict of Interest

11.1 By submission of an SOQ, respondent certifies that respondent is aware of, and has read, and will comply with the CalMHSA Conflict of Interest Statement available on the CalMHSA website (www.calmhsa.org) - select Members, then Governance, and then select Resolution No. 10.02.

11.2 No CalMHSA employee, whose position with CalMHSA enables him/her to influence the selection of a qualified contractor for this RFSQ, or any competing RFSQ, nor any spouse or economic dependent of such employees, shall be employed in any capacity by a respondent or have any other direct or indirect financial interest in the selection of a contractor. Respondent shall certify that he/she is aware of and has read the CalMHSA Conflict of Interest Policy available on the CalMHSA website (www.calmhsa.org) - select Members, then Governance, and then select Resolution No. 10.02.

11.3 Respondent shall comply with all conflict of interest laws, ordinances, and regulations now in effect or hereafter enacted during the term of its agreement with CalMHSA. Respondent warrants that respondent is not now aware of any facts which create a conflict of interest. If respondent hereafter becomes aware of any facts which might reasonably be expected to create a conflict of interest, respondent shall immediately make full written disclosure of such facts to CalMHSA. Full written disclosure shall include,

without limitation, identification of all persons implicated, and complete description of all relevant circumstances.

- 11.4 While the evaluation of performance of this project, a respondent who is a contractor or subcontractor under such a contract may have an actual or perceived bias regarding evaluation of its own work. Accordingly, if respondent or a member of respondent's team is a contractor or subcontractor on the project to be evaluated, respondent shall describe in the SOQ the steps it will take to assure that there is no actual or perceived impairment of its objectivity in conducting the evaluation.

12.0 CalMHSA's Performance Standards and Outcome Measures

- 12.1 After the subsequent award of an executed MOU, CalMHSA or its agent will evaluate the respondent's performance on a periodic basis. Such evaluation will include assessing respondent's compliance with all terms in the MOU and performance standards identified in said MOU. Respondent's deficiencies which CalMHSA determines are severe or continuing and that may place the performance of the qualified contractor and any executed agreements in jeopardy if not corrected, may be reported to the CalMHSA Board. The report will include improvement/corrective action measures taken by CalMHSA and contractor and a timeframe for completion. If improvement does not occur consistent with the corrective action measures, CalMHSA may terminate any executed agreement in whole or in part, or impose other penalties as specified in an agreement.
- 12.2 The contractor shall comply with all applicable Federal, State, and CalMHSA policies and procedures relating to performance standards and outcome measures. This is applicable whenever specific federal or state funding, which has policies or procedures for performance standards and/or outcome measures has been included as part of the contractor's executed agreement and shall apply for all CalMHSA policies and procedures approved by the CalMHSA Board of Directors for performance standards and/or outcome measures. These federal, state or CalMHSA performance standards and/or outcome measures will be used as part of the determination of the effectiveness of the services delivered by the contractor.

PART C: INSTRUCTIONS TO RESPONDENTS

This Section contains instructions to respondents on how to prepare and submit their SOQ.

1.0 CalMHSA Responsibility

CalMHSA is not responsible for representations made by any of its officers or employees in the selection process unless such representations are included in this RFSQ solicitation and any addenda to this RFSQ.

2.0 Truth and Accuracy of Representations

False, misleading, incomplete, or deceptively unresponsive statements in connection with an SOQ shall be sufficient cause for rejection of the SOQ. The evaluation and determination in this area shall be at the CalMHSA's sole judgment and its judgment shall be final.

3.0 RFSQ Timetable

The following timetable for this RFSQ is based on CalMHSA Board approval and any delays/changes in the RFSQ timetable will be posted through RFSQ addenda:

- Release of RFSQSeptember 13, 2019
- Last Day for Respondents to Submit Written QuestionsOctober 4, 2019
- Prospective Respondents' WebinarOctober 14, 2019
- SOQ Due Date and TimeNovember 12, 2019 at 5:00 P.M. Pacific Time
- Evaluation PeriodNovember 13, 2019 – November 22, 2019
- Invitations for Interviews for Selected RespondentsNovember 26, 2019
- InterviewsWeek of December 9, 2019
- Notification of Selection DateDecember 2019

4.0 Respondents' Questions

4.1 CalMHSA will host a Prospective Respondents' Webinar on October 14, 2019, to provide prospective respondents with an opportunity to ask questions about this RFSQ.

4.1.1 Participation in the Webinar is encouraged for all respondents submitting a SOQ, as this will be the only opportunity provided for raising questions, in order to be fair to all potential responders and protect the integrity of this competitive bid process.

4.1.2 Prospective respondents are encouraged to RSVP in advance in order to receive the Prospective Respondents' Webinar log-in information or conference call number. To RSVP, contact Erin Jernigan

at rfp@calmhsa.org, by October 9, 2019. Prospective Respondents' Webinar information will be emailed to those who RSVP and will be posted on the CalMHSA website.

4.1.3 Prospective respondents may participate by conference line, or by webinar.

4.2 Respondents may submit written questions regarding this RFSQ by email or mail to the CalMHSA Staff, below. The last date for receipt of written questions by CalMHSA is October 4, 2019, at 5 pm PST. Respondents have the sole responsibility of assuring their written questions are received by CalMHSA by 5 pm PST on October 4, 2019. Respondents will have the opportunity to submit questions during the Prospective Respondent Webinar on October 14, 2019. All questions, without identifying the submitting Prospective Respondent, will be compiled with the appropriate preliminary answers and responded to during the Prospective Respondents' Webinar. **Final responses to all questions received prior to and during the Prospective Respondents' Webinar will be issued as an addendum to the RFSQ following the Webinar.** The addendum will be emailed to all Respondents that CalMHSA's information shows have received the RFSQ, in addition to being posted on the CalMHSA web site. To ensure receipt of any addenda, Respondents should include correct emailing addresses. Written questions should be addressed to:

John Chaquica, Chief Operating Officer

rfp@calmhsa.org

CalMHSA/SH RFSQ Questions

3043 Gold Canal Drive, Suite 200

Rancho Cordova, CA 95670

5.0 Preparation and Format of the SOQ

Respondents must submit an SOQ that must be typewritten in 12-point Calibri, Arial, or similar font, double spaced, securely bound, and identified by the RFSQ title. Any SOQ that deviates from this format may be rejected without review at CalMHSA's sole discretion. An electronic version of the SOQ shall also be submitted via email to rfp@calmhsa.org.

The content and sequence of the SOQ must be as follows:

- Transmittal Letter
- Table of Contents
- Proposer's Qualifications
- Required Forms
- Proof of Insurability (Current Insurance Coverage)
- Provide an Agency/Organization Risk Assessment

5.1 Transmittal Letter

The transmittal letter should be a maximum of two (2) pages and on the respondent's letterhead/stationery. The transmittal letter should specifically indicate that the respondent has substantially demonstrated experience in large-scale project consistent with the SOW described in Part A, Section 1.1. The transmittal letter must also include: 1) if applicable, a statement that respondent is seeking to qualify under the Part B, Section 2.0 (New Organization Eligibility); 2) respondent's legal business name and legal business status (e.g., partnership, corporation, etc.); 3) address, telephone and email addresses of the person or persons to be used for contact; and 4) the names and original signatures of the person(s) authorized to represent the respondent. **The transmittal letter must bear the signature of the person authorized to sign on behalf of the respondent and to bind the applicant in a MOU with CalMHSA.**

5.2 Table of Contents

The Table of Contents must be a comprehensive listing of material included in the SOQ. This section must include a clear definition of the material, identified by sequential page numbers as stated in this RFSQ Part C, Section 5.0 above.

5.3 CalMHSA Vendor Responsibility Questionnaire

Respondents must complete the CalMHSA Vendor Responsibility Questionnaire (Appendix A, Exhibit 1).

5.4 Respondent's Qualifications

5.4.1 Respondents must provide a summary of relevant background information to demonstrate that they meet the minimum qualifications stated in Part B, Section 1.0 (Respondent's Minimum Requirements), and have the capability to perform the required services (as a corporation or other entity) identified in Part A, Section 1.1 (Scope of Work). Respondents must provide a detailed description of their mental health treatment capability as it relates to Part A, Section 1.1 (Scope of Work), including their formal process or approach utilized in a previous engagement(s) with public and/or private sector agencies/organizations.

5.4.2 Respondents should clearly identify service(s) they have recent experience providing (refer to Part A, Section 1.1 - Scope of Work). Respondents must include examples (or a program narrative) of substantial mental health treatment work performed in the last five years that is large-in-scale, multifaceted, and similar in scope and breadth to the services detailed in Part A, Section 1.1 (Scope of Work).

- 5.4.3 If applicable, respondent(s) must provide examples or a detailed description of how they have previously assembled and led a team of individuals or subcontractors/partners and specialists with the skills necessary to conduct the services detailed in Part A, Section 1.1 (Scope of Work). The team may consist of individuals, subcontracts, or partnerships with other consulting organizations. The exact nature of the subcontracts or partnerships must be described, including organization names, key staff, qualifying experience, and contractual relationships between the respondent and the subcontractor(s)/partner(s). It is CalMHSA's expectation that the respondent assembling the team has the knowledge and expertise to be an active participant in the project, not simply an administrative entity managing subcontractors/partners and specialists.
- 5.4.4 Respondents should also provide examples or a description of how they have previously worked collaboratively with diverse interest and stakeholder groups, and successfully established and maintained collaborative, non-hierarchical working relationships with external, partner organizations.
- 5.4.5 Respondents must identify by name, case, and court jurisdiction any pending litigation in which the respondent is a party or where there have been judgments against the respondent in the past five (5) years. Provide a statement describing the size and scope of any pending or threatening litigation against the respondent or principals of the respondent. Include any labor disputes and/or alleged unfair employment practices in the past five (5) years. If none, include a statement to that effect.
- 5.4.6 In addition to the summary information, respondents must complete and include *all* forms provided in Appendix A.
- a. CalMHSA Vendor Responsibility Questionnaire (Exhibit 1).
 - b. Respondent List of Contracts (Exhibit 2).
 - The listing must include all contracts with public entities for the last five (5) years
 - c. Respondent List of References (Exhibit 3).

Respondents must provide five (5) references for which the respondent has provided the same or similar services within the last three (3) years, including one that is a public entity. Indicate:

 - Categories of service
 - Dollar amount of services provided
 - Location
 - Contracting agency
 - Name, phone number, and email of the contracting agency's contact person for the contract.

It is the Respondent's sole responsibility to ensure that the reference's name, and point of contact's name, title, and contact information for each reference is accurate. CalMHSA may disqualify a respondent if:

- References fail to substantiate respondent's description of the services provided; or
- References fail to support that the respondent has a continuing pattern of providing capable, productive and skilled personnel; or
- CalMHSA is unable to reach the point of contact with reasonable effort. It is the respondent's responsibility to provide information for where the point of contact may be contacted during normal working hours.

5.5 Other Certifications/Schedules (to be submitted)

Under the Respondent's Qualifications Section B, the respondent must provide the following certification and schedule on its letterhead:

- 5.5.1 Respondent must include a certification on its letterhead explicitly stating that none of its employees who prepared or participated in the preparation of the SOQ are in violation of the CalMHSA Conflict of Interest Policy, which is available at www.calmhsa.org. (Select Members, then select Governance, then select Resolution No. 10.02).
- 5.5.2 Respondent's Fee Schedule. Please provide your methodology for fee determination. Provide sufficient detail for the project. The final pricing shall be determined subsequent to this RFSQ.
- 5.5.3 Recently audited financial statements.

6.0 **SOQ Submission**

The original SOQ and five (5) copies shall be enclosed in a sealed envelope, plainly marked in the upper left-hand corner with the name and address of the respondent and bear the words: "**SOQ FOR ALTERNATIVES TO STATE HOSPITALS**". An additional copy must be submitted in PDF format to rfp@calmhsa.org.

The SOQ and any related information shall be delivered or mailed to the address shown below by November 12 at 5:00 P.M. PST:

John Chaquica, Chief Operating Officer
CalMHSA/SH RFSQ
3043 Gold Canal Drive, Suite 200
Rancho Cordova, CA 95670

It is the sole responsibility of the submitting respondent to ensure that its SOQ is received by CalMHSA. Submitting respondents shall bear all risks associated with delays in delivery by any person or entity, including USPS. No facsimile (fax) copies will be accepted. Electronic copies will not take the place of the hard copies to be mailed.

All SOQs will be thoroughly reviewed for compliance with the content and format rules provided in Part C (Instructions to Respondents). Minor discrepancies and/or omission in supplying required information will, in the first instance, not be cause for disqualification; but, when any discrepancies/omissions are brought to the respondent's attention, the discrepancies must be promptly rectified.

7.0 SOQ Withdrawals

The respondent may withdraw its SOQ at any time prior to the date and time which is set forth herein as the deadline for acceptance of SOQs, upon written request to CalMHSA addressed to:

John Chaquica, Chief Operating Officer
CalMHSA/SH RFSQ
3043 Gold Canal Drive, Suite 200
Rancho Cordova, CA 95670

PART D: SOQ REVIEW, SELECTION, AND QUALIFICATION PROCESS

1.0 Review Process

An SOQ Evaluation Review Panel will include subject matter experts using a criteria scoring tool specifically developed to reflect the services defined in this RFSQ. CalMHSA may also utilize the services of CalMHSA Board Members to assist in the evaluation process. The SOQ Evaluation Review Panel, of its sole discretion, may delegate certain functions to staff. The review process will include the following steps:

1.1 Minimum Qualifications

An SOQ must adhere to the minimum qualifications outlined in RFSQ Part B (General Information), Section 1.0, (Respondent's Minimum Qualifications). There will be a thorough review of respondent's qualifications using a criteria specific scoring tool, to determine if the respondent meets the Minimum Qualifications. The review will include verification of references submitted, a review of terminated contracts, and a review to determine the magnitude of any pending litigation or judgments against the respondent. Respondents must qualify for work as described in this RFSQ Part A, Section 1.1 (Scope of Work) to meet the Minimum Qualifications of the RFSQ.

1.2 Required Forms

All forms listed in Part C (Instructions to Respondents) must be included in the SOQ.

1.3 Proof of Insurability

Respondent must provide proof of insurability as part of the SOQ.

1.4 Respondent Changes

An SOQ which contains conditions or limitations established by the respondent may be deemed irregular and be rejected by CalMHSA in its sole discretion.

2.0 CalMHSA Appeal Process

CalMHSA, at its sole discretion, may reject any or all Statement of Qualifications submitted in response to this solicitation.

2.1 Filing an appeal as described this section means actual delivery to CalMHSA, whether by USPS, other parcel delivery service, or hand delivery. It is recommended that all appeals be sent to CalMHSA via registered mail or delivery requiring an acceptance signature by CalMHSA.

2.2 Any appeal shall 1) state in detail each and every ground asserted for the appeal, citing to the RFSQ

provision or law on which the appeal is based; 2) explain why the violation prevented the aggrieved person or organization from being selected; and 3) identify the remedy sought.

2.3 All appeals shall be sent to CalMHSA at:

John Chaquica, Chief Operating Officer
ATTN: Appeal of Decision for SOQ, Alternatives to State Hospitals
3043 Gold Canal Drive, Suite 200
Rancho Cordova, CA 95670

2.4 After receiving an appeal, CalMHSA's Executive Director or Chief Operating Officer will provide a written decision. Before issuing a decision, the Executive Director or Chief Operating Officer may, but is not required to, seek additional information or engage in informal discussions in an attempt to resolve the issue. The written decision issued by the Executive Director or Chief Operating Officer will be deemed final as of the date transmitted to the appealing party.

2.5 If the Executive Director or Chief Operating Officer determines that the error identified by the appealing party has deprived that party from receiving the contract, the Executive Director or Chief Operating Officer may cancel the RFSQ or proposed Alternatives to State Hospitals MOU, revise it to comply with these rules, terminate an improperly awarded contract, or affirm an existing contract if the discovered defect is immaterial or if affirmation is in the best interest of CalMHSA.

2.6 Requests for a Requirements not timely submitted will be denied.

3.0 Qualification/Selection Process

3.1 CalMHSA will only qualify respondents based on score and those with experience in providing substantial planning and implementation services for mental health treatment as identified in this RFSQ Part A, Section 1.1 (Scope of Work).

3.2 The most qualified respondent(s) will be the respondent(s) that demonstrates the ability, in CalMHSA's sole discretion, to either lead and assemble the best "team" of experts in all the areas needed for the project, or who individually provides specific necessary and exceptional expertise. If the respondent is a team, it may consist of individuals, subcontracts or partnerships among various consulting organizations. The exact nature of the subcontracts or partnerships must be described in the respondent's SOQ, including organization names, key staff, qualifying experience, and contractual relationships between respondent and the

subcontractor(s)/partner(s). CalMHSA intends to play an administrative role and therefore the most qualified respondent(s) will not solely be an administrator for a variety of experienced subcontractors.

3.3 CalMHSA will subsequently seek to execute an Alternatives to State Hospitals MOU with the respondent or multiple respondents that it deems to be most qualified and capable of satisfying the needs contained in RFSQ Part A, Section 1.1 (Scope of Work).

3.4 In the event that more than one respondent has the requisite qualifications as determined by the initial review, CalMHSA staff will make recommendations to the CalMHSA Board from among them.

4.0 All respondents will be informed of the final selection via electronic correspondence.

DRAFT

APPENDIX A: SUPPLEMENTAL EXHIBITS

DRAFT

CALMHSA VENDOR RESPONSIBILITY QUESTIONNAIRE

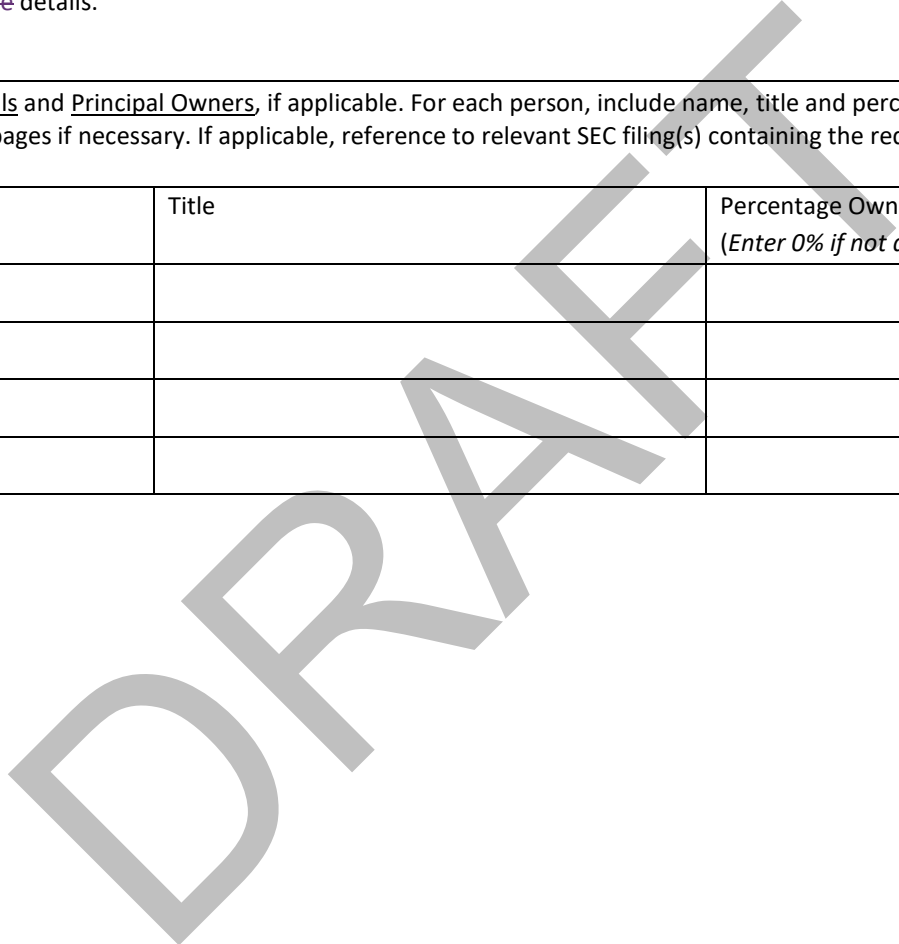
Please complete, sign and date this questionnaire and include it in the beginning of your Statement of Qualifications (SOQ).

COMPLETION & CERTIFICATION
<p>CalMHSA may only award contracts to responsible vendors. A responsible vendor must have:</p> <ul style="list-style-type: none">• Integrity to justify the award or continuation of funding of public dollars; and• The capacity to perform the requirements of the contract. <p>The person(s) completing the questionnaire must be knowledgeable about the vendor’s business and operations. An owner or officer must certify the questionnaire and the signature must be notarized.</p>
RESPONSES
<p>Every question must be answered. Each response must provide all relevant information which can be obtained within the limits of the law. However, information regarding a determination or finding made in error which was subsequently corrected is not required. Individuals and <u>Sole Proprietors</u> may use a Social Security Number but are encouraged to obtain and use a federal <u>Employer Identification Number (EIN)</u>.</p>
BUSINESS ENTITY
<p>Each vendor must file this questionnaire on the legal Business Entity with the federal Employer Identification Number (EIN).</p>
STRUCTURE OF THE QUESTIONNAIRE
<p>The questionnaire is organized into eight sections. Section I is to be completed for the <u>Legal Business Entity</u>. Section VIII requires an authorized contact for the questionnaire information.</p>

APPENDIX A, EXHIBIT 1

I. LEGAL BUSINESS ENTITY INFORMATION			
<u>Legal Business Entity Name</u>		<u>EIN</u>	
Address of the <u>Principal Place of Business</u> (street, city, state, zip code)		Telephone	
		ext.	Fax
Email		Website	
Additional <u>Legal Business Entity</u> Identities: If applicable, list any other <u>DBA</u> , <u>Trade Name</u> , <u>Former Name</u> , <u>Other Identity</u> , or <u>EIN</u> used in the last five (5) years and the status (active or inactive).			
Type	Name	EIN	Status
1.0 <u>Legal Business Entity</u> Type – Check appropriate box and provide additional information:			
<input type="checkbox"/> <u>Corporation</u> (including <u>PC</u>)		Date of Incorporation	
<input type="checkbox"/> <u>Limited Liability Company</u> (<u>LLC</u> or <u>PLLC</u>)		Date of Organization	
<input type="checkbox"/> <u>Partnership</u> (including <u>LLP</u> , <u>LP</u> or <u>General</u>)		Date of Registration or Establishment	
<input type="checkbox"/> <u>Sole Proprietor</u>		How many years in business?	
<input type="checkbox"/> Other		Date Established	
If Other, explain:			
1.1 Was the <u>Legal Business Entity</u> formed or incorporated in the State of California?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'No,' indicate jurisdiction where <u>Legal Business Entity</u> was formed or incorporated and attach a <u>Certificate of Good Standing</u> from the applicable jurisdiction or provide an explanation if a <u>Certificate of Good Standing</u> is not available.			
<input type="checkbox"/> United States		State _____	
<input type="checkbox"/> Other		Country _____	
Explain, if not available:			
1.2 Is the <u>Legal Business Entity</u> publicly traded?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide <u>CIK Code</u> or Ticker Symbol			
1.3 Does the <u>Legal Business Entity</u> have a <u>DUNS</u> Number?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," Enter <u>DUNS</u> Number			

I. LEGAL BUSINESS ENTITY INFORMATION		
1.4 If the <u>Legal Business Entity's Principal Place of Business</u> is not in California, does the <u>Legal Business Entity</u> maintain an office in California? (Select "N/A," if <u>Principal Place of Business</u> is in California.)		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If "Yes," provide the address and telephone number for one office located in California.		
1.5 Is your organization involved in any pending acquisition/merger, including the associated company name?		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
If "Yes," provide the details.		
1.6 Identify <u>Officials</u> and <u>Principal Owners</u> , if applicable. For each person, include name, title and percentage of ownership. Attach additional pages if necessary. If applicable, reference to relevant SEC filing(s) containing the required information is optional.		
Name	Title	Percentage Ownership <i>(Enter 0% if not applicable)</i>



APPENDIX A, EXHIBIT 1

Instructions for Sections II through VII

For each “Yes,” provide an explanation of the issue(s), relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s). For each “Other,” provide an explanation which provides the basis for not definitively responding “Yes” or “No.” Provide the explanation at the end of the section or attach additional sheets with numbered responses, including the Reporting Entity name at the top of any attached pages.

II. LEADERSHIP INTEGRITY <i>Within the past five (5) years, has any current or former reporting entity official or any individual currently or formerly having the authority to sign, execute or approve bids, proposals, contracts or supporting documentation on behalf of the reporting entity with any government entity been:</i>	
2.0 <u>Sanctioned</u> relative to any business or professional permit and/or license?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
2.1 <u>Suspended, debarred, or disqualified</u> from any <u>government contracting process</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
2.2 Have prior experience with public entity contracts?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
2.3 The subject of an <u>investigation</u> , whether open or closed, by any <u>entity</u> for a civil or criminal violation for any business-related conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
2.4 Charged with a misdemeanor or felony, indicted, granted immunity, convicted of a crime or subject to a <u>judgment</u> for: a) Any business-related activity; or b) Any crime, whether or not business-related, the underlying conduct of which was related to truthfulness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
For each “Yes” or “Other” explain:	

III. INTEGRITY – CONTRACT BIDDING <i>Within the past five (5) years, has the business entity:</i>	
4.0 Been <u>suspended or debarred</u> from any <u>government contracting process</u> or been <u>disqualified</u> on any government procurement, permit, license, concession, franchise or lease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.1 Been subject to a denial or revocation of a government prequalification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2 Been denied a contract award or had a bid rejected based upon a <u>non-responsibility finding</u> by a <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.3 Agreed to a voluntary exclusion from bidding/contracting with a <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.5 Initiated a request to withdraw a bid submitted to a <u>government entity</u> in lieu of responding to an information request or subsequent to a formal request to appear before the <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For each “Yes,” explain:	

APPENDIX A, EXHIBIT 1

IV. INTEGRITY – CONTRACT AWARD	
<i>Within the past five (5) years, has the reporting entity:</i>	
4.0 Been <u>suspended</u> , cancelled or <u>terminated for cause</u> on any <u>government contract</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.1 Been subject to an <u>administrative proceeding</u> or civil action seeking specific performance or restitution in connection with any <u>government contract</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2 Entered into a formal monitoring agreement as a condition of a contract award from a <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For each "Yes," explain:	

V. CERTIFICATIONS/LICENSES	
<i>Within the past five (5) years, has the reporting entity:</i>	
5.0 Had a revocation, <u>suspension</u> or <u>disbarment</u> of any business or professional permit and/or license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For each "Yes," explain:	

VI. LEGAL PROCEEDINGS	
<i>Within the past five (5) years, has the business entity:</i>	
6.0 Been the subject of an <u>investigation</u> , whether open or closed, by any <u>government entity</u> for a civil or criminal violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.1 Been the subject of an indictment, grant of immunity, <u>judgment</u> or conviction (including entering into a plea bargain) for conduct constituting a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.2 Received any OSHA citation and Notification of Penalty containing a violation classified as <u>serious or willful</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.3 Had a <u>government entity</u> find a willful prevailing wage or supplemental payment violation or any other willful violation of California Labor Law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.4 Received an enforcement determination by any <u>government entity</u> involving a violation of federal, state or local environmental laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.5 Other than previously disclosed: a) Been subject to fines or penalties imposed by <u>government entities</u> which in the aggregate total \$25,000 or more; or b) Been convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For each "Yes," explain:	

APPENDIX A, EXHIBIT 1

VII. FINANCIAL AND ORGANIZATIONAL CAPACITY	
7.0 Within the past five (5) years, has the Business Entity received any <u>formal unsatisfactory performance assessment(s)</u> from any <u>government entity</u> on any contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), relevant dates, the <u>government entity</u> involved, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
7.1 Within the past five (5) years, has the Business Entity had any <u>liquidated damages</u> assessed over \$25,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), relevant dates, contracting party involved, the amount assessed and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
7.2 Within the past five (5) years, have any <u>liens</u> or <u>judgments</u> (not including UCC filings) over \$25,000 been filed against the Business Entity which remain undischarged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), relevant dates, the Lien holder or Claimant's name(s), the amount of the <u>lien(s)</u> and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
7.3 In the last seven (7) years, has the Business Entity initiated or been the subject of any bankruptcy proceedings, whether or not closed, or is any bankruptcy proceeding pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide the bankruptcy chapter number, the court name and the docket number. Indicate the current status of the proceedings as "Initiated," "Pending" or "Closed." Provide answer below or attach additional sheets with numbered responses.	
7.4 During the past three (3) years, has the <u>Business Entity</u> failed to file or pay any tax returns required by <u>federal</u> , state or local tax laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide the taxing jurisdiction, the type of tax, the liability year(s), the tax liability amount the <u>Reporting Entity</u> failed to file/pay and the current status of the tax liability. Provide answer below or attach additional sheets with numbered responses.	
7.5 During the past three (3) years, has the <u>Business Entity</u> failed to file or pay any California State unemployment insurance returns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide the years the Business Entity failed to file/pay the insurance, explain the situation and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
7.6 During the past three (3) years, has the Business Entity had any <u>government audit(s)</u> completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) If "Yes," did any audit of the <u>Business Entity</u> identify any reported significant deficiencies in internal control, fraud, illegal acts, significant violations of provisions of contract or grant agreements, significant abuse or any <u>material disallowance</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" to 7.6 a), provide an explanation of the issue(s), relevant dates, the <u>government entity</u> involved, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	

VIII. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE		
Name	Telephone ext.	Fax
Title	Email	

Respondent acknowledges and certifies that it meets and will comply with all of the Minimum Respondent Qualifications listed in Part B, Section 1.0 of this Request for Statement of Qualifications (RFSQ).

Applicant further acknowledges that if any false, misleading, incomplete, or deceptively unresponsive statements are made in connection with this SOQ, the SOQ may be rejected. The evaluation and determination in this area shall be at CalMHSA’s sole judgment and its judgment shall be final.

The undersigned certifies that he/she:

- is knowledgeable about the submitting Business Entity’s business and operations;
- has read and understands all of the questions contained in the questionnaire;
- has not altered the content of the questionnaire in any manner;
- has reviewed and/or supplied full and complete responses to each question;
- to the best of his/her knowledge, information and belief, confirms that the Business Entity’s responses are true, accurate and complete, including all attachments, if applicable;
- understands CalMHSA will rely on responses in the questionnaire when entering into a contract or contract continuation with the Business Entity; and
- is under an obligation to update the information provided herein to include any material changes to the Business Entity’s responses at the time of bid/proposal submission through the contract award notification, and may be required to update the information at the request of CalMHSA prior to the award and/or approval of a contract, or during the term of the contract.

Business Name: _____

Mailing Address: _____

Signature: _____ Date: _____

Name: _____

Title: _____

RESPONDENT LIST OF CONTRACTS

Respondent's Name: _____

List of all private and public entities for which the Respondent has provided similar within the last three (5) years. Use additional sheets if necessary.

1.

Name of Organization:		Address of Organization:	
Contact Person:		Contact Phone:	
Contact Email:			
Contract Name or Contract Number:		# of Years/Term of Contract:	
Type of Service		Dollar Amount:	

2.

Name of Organization:		Address of Organization:	
Contact Person:		Contact Phone:	
Contact Email:			
Contract Name or Contract Number:		# of Years/Term of Contract:	
Type of Service		Dollar Amount:	

3.

Name of Organization:		Address of Organization:	
Contact Person:		Contact Phone:	
Contact Email:			
Contract Name or Contract Number:		# of Years/Term of Contract:	
Type of Service		Dollar Amount:	

APPENDIX A, EXHIBIT 2

4.

Name of Organization:		Address of Organization:	
Contact Person:		Contact Phone:	
Contact Email:			
Contract Name or Contract Number:		# of Years/Term of Contract:	
Type of Service		Dollar Amount:	

5.

Name of Organization:		Address of Organization:	
Contact Person:		Contact Phone:	
Contact Email:			
Contract Name or Contract Number:		# of Years/Term of Contract:	
Type of Service		Dollar Amount:	

DRAFT

PROSPECTIVE REFERENCES

Respondent's Name: _____

List five (5) references for which the respondent has provided the same or similar services within the last three (3) years, including one that is a public entity in order to meet the Minimum Qualifications stated in this solicitation.

1.

Name of Organization:		Address of Organization:	
Contact Person:		Contact Phone:	
Contact Email:			
Contract Name or Contract Number:		# of Years/Term of Contract:	
Type of Service		Dollar Amount:	

2.

Name of Organization:		Address of Organization:	
Contact Person:		Contact Phone:	
Contact Email:			
Contract Name or Contract Number:		# of Years/Term of Contract:	
Type of Service		Dollar Amount:	

APPENDIX A, EXHIBIT 3

3.

Name of Organization:		Address of Organization:	
Contact Person:		Contact Phone:	
Contact Email:			
Contract Name or Contract Number:		# of Years/Term of Contract:	
Type of Service		Dollar Amount:	

4.

Name of Organization:		Address of Organization:	
Contact Person:		Contact Phone:	
Contact Email:			
Contract Name or Contract Number:		# of Years/Term of Contract:	
Type of Service		Dollar Amount:	

5.

Name of Organization:		Address of Organization:	
Contact Person:		Contact Phone:	
Contact Email:			
Contract Name or Contract Number:		# of Years/Term of Contract:	
Type of Service		Dollar Amount:	

APPENDIX B: GLOSSARY OF TERMS

CalMHSA – California Mental Health Services Authority

DSH – California Department of State Hospitals

DTO – Danger to Others

DTS – Danger to Self

IMD – Institutions for Mental Diseases

JPA – Joint Powers Authority

LPS – Lanterman-Petris-Short

MOU – Memorandum of Understanding

RFSQ – Request for Statement of Qualifications

SNF – Skilled Nursing Facility

WIC – Welfare Institutions Code

DRAFT



California Mental Health Services Authority

3043 Gold Canal Drive, Suite 200

Rancho Cordova, CA 95670

Office: 916.859.4800

Fax: 916.859.4805

www.calmhsa.org

**Evaluation and Interview Panel Participants
for
Request for Statement of Qualifications for Inpatient Services for Persons with Mental Disorders**

The following county representatives will participate in the evaluation and interview process for the Request for Statement of Qualifications:

- Jolie Gordon Browar, Fresno County
- Robin Taylor, Kern County
- Karen Streich, Los Angeles County
- Annette Mugrditchian, Orange County
- Rod Verbeck, State Hospital Committee Chair, Riverside County
- Kelli Weaver, State Hospital Committee Vice Chair, Sacramento County
- Anne Robin, San Luis Obispo County
- Pam Esparza, Stanislaus County (as a back-up member of the group)



PROGRAM MATTERS
Agenda Item 4.B

SUBJECT: PRESUMPTIVE TRANSFER (AB 1299)

ACTION FOR CONSIDERATION:

None, information only.

BACKGROUND AND STATUS:

RE-LAUNCH

As you are aware, staff has been working diligently with our new in-house tech specialist in the re-launch of the Presumptive Transfer (PT) secure portal. Since the August 12, 2019 re-launch, we have been working to address member questions via live webinars (every Wednesday 12noon-1pm), email and conference calls. In addition, we have referred member counties to the “staging” site, to allow them the freedom of working through the process of creating an invoice and receiving the invoice as the Sending County for review and verification without the fear of making mistakes. A summary guide has also been provided to members to walk them through the portal.

ACTIVITY

To date, we have had many counties using the staging site to work through the process; however, no actual transfers have taken place.

PHASE 2

In Phase 2 of this project we intend to add real-time accounting to allow members to see actuals at a glance and the ability to generate financial reports. Included in this phase we will commence efforts in the assessment and vetting the viability of extracting data from DHCS Form 835 into the portal to reduce the amount of data entry being performed by counties. This would streamline processes and reduce county staff time in the creation of invoices allowing for a more robust and quicker system.

INVOICES

For counties with an existing PA and who have provided their initial funding amount, invoices will be generated and posted in the member portal, to reflect the 5% annual administrative costs. This includes development and staff/administrative expenses. The invoices will not reflect funding request to replenish your PT account as we have yet to perform any transfers.

FINANCIAL ACTIVITY REPORTS

CalMHSA will be uploading your monthly financial activity reports into your secure portal by the 15th of the following month.

AUTHORIZAITON FORMS

The authorization form has been updated to reflect some additional approval processes added to the secure portal. Counties are encouraged to complete the updated forms attached.

FISCAL IMPACT:

None at this time.

RECOMMENDATION:

None, information only.

TYPE OF VOTE REQUIRED:

None

REFERENCE MATERIAL(S) ATTACHED:

None.

PROGRAM MATTERS
Agenda Item 4.C

SUBJECT: EACH MIND MATTERS PRESENTATION

ACTION FOR CONSIDERATION:

None, information only.

BACKGROUND AND STATUS:

Each Mind Matters and other Statewide PEI partners deploy *Mental Health Matters Month* annually to support state and local efforts to increase awareness of mental health and wellbeing. In addition to the tools, events are held throughout the state to reach individuals. Each Mind Matters Program Manager will provide a highlight of the 2019 Mental Health Matters Month tools and events to the CalMHSA Board.

FISCAL IMPACT:

None

RECOMMENDATION:

None, information only.

TYPE OF VOTE REQUIRED:

None

REFERENCE MATERIAL(S) ATTACHED:

- May is Mental Health Month 2019 Highlights



May is Mental Health Month 2019 Highlights

CaMHSA Board Meeting

September 12, 2019

Joseph Robinson, LCSW
Program Manager, Each Mind Matters



WELLNESS • RECOVERY • RESILIENCE



EMM Visibility

- \$219,000.00 Total Sales in FY 18/19
- 298,750 Green Ribbons
Disseminated in FY 18/19
- 129 English, 469 Bilingual May
Activation Kits



Activation Kits

Activation Kit theme “Strength in Community”

- CA tragedies this past year– both natural and human made
- Communities were left distraught and wondered how they’d “bounce back”
- Resiliency can be built/reinforced

Content Highlights

- Connection between mental health and supportive relationships
- How conversations can strengthen community
- Spreading the word in May to find strength in our communities
- Elevate the visibility of mental health within your community:
 - Sharing Resources
 - Fence art activation
 - Lime green ribbons, wristbands, etc.



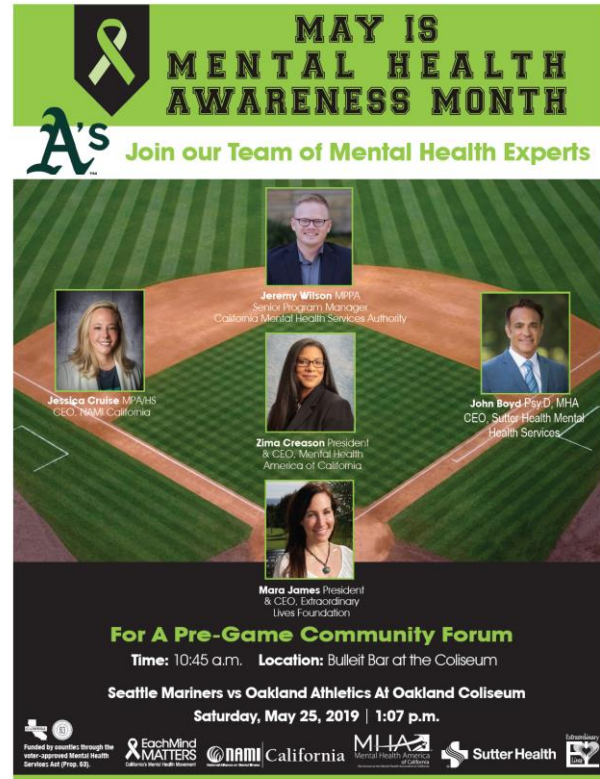
EMM Baseball Events

MLB/AAA River Cats

- Outreach tables
- Foam high five for mental health hands
- Attendees wearing lime green
- Jumbotron video
- 173,020 total attendance of “EMMers”

Sacramento River Cats & Oakland A’s

- Community partnerships
- First pitch
- A’s pre-game mental health forum
- Promoted by A’s



MAY IS MENTAL HEALTH AWARENESS MONTH

A's Join our Team of Mental Health Experts

Jeremy Wilson MPPA
Senior Program Manager
California Mental Health Services Authority

Jessica Cruise MPA/HS
CEO, NEMH California


Zina Creason President
& CEO, Mental Health
America of California

John Boyd Psy.D., MHA
CEO, Sutter Health Mental
Health Services

Mara James President
& CEO, Extraordinary
Lives Foundation

For A Pre-Game Community Forum
Time: 10:45 a.m. **Location:** Bullleit Bar at the Coliseum

Seattle Mariners vs Oakland Athletics At Oakland Coliseum
Saturday, May 25, 2019 | 1:07 p.m.



Mental Health Matters Day at the Capitol



*Mental Health America California
May 22, 2019 | 9:30am - 2:00pm
East Side - California State Capitol*

*High Visibility, Local Media
Over 2000 Attendees*



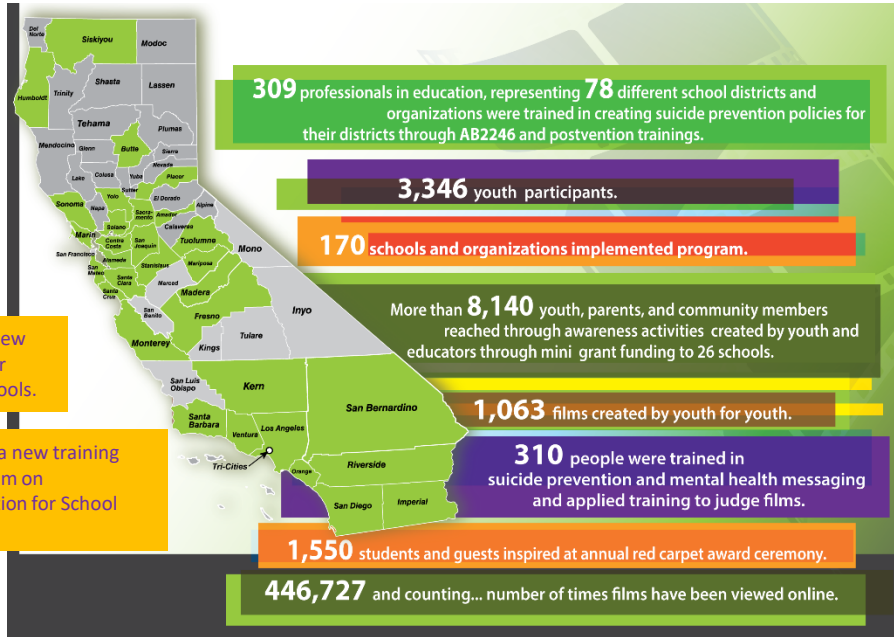
California Senators



California Assembly Members



Directing Change

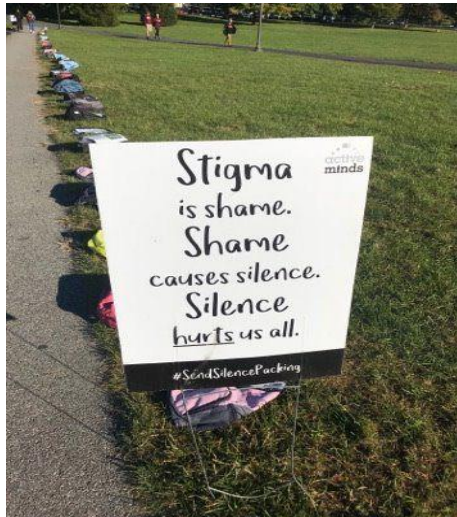


🎗️ EMM/Mental Health Efforts on Campuses

NAMI on Campus



Active Minds



CA Community Colleges

Need help?

Text: **"courage"** To: **741741**

FREE. 24/7. CONFIDENTIAL.

Many of us will experience a mental health challenge in our lifetime. All of us have a reason to speak up.

PROVIDED BY

CRISIS TEXT LINE |

County Highlights

Monterey County



Orange County



Contra Costa County



Fresno County



Humboldt County



San Bernardino County



County Highlights

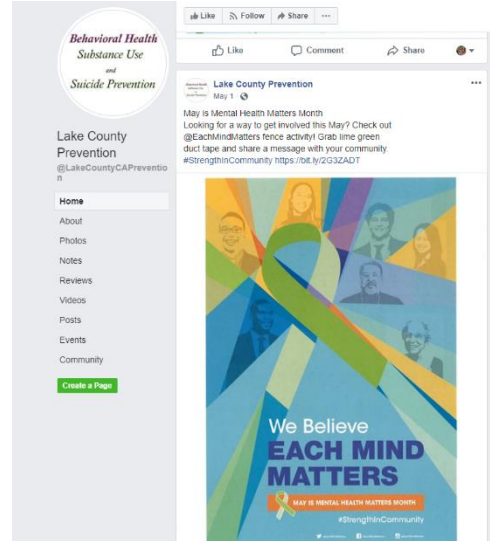
Riverside County



Tuolumne County



Lake County



San Diego County



Contact Information

Joseph Robinson, LCSW CADAC II
Joseph.Robinson@eachmindmatters.org

Office: 916.389.2621



[/eachmindmatters](https://www.facebook.com/eachmindmatters)



[@eachmindmatters](https://twitter.com/eachmindmatters)



[@eachmindmatters](https://www.instagram.com/eachmindmatters)

www.EachMindMatters.org

PROGRAM MATTERS
Agenda Item 4.D (revised)

SUBJECT: PEI UPDATE

ACTION FOR CONSIDERATION:

Approve funding for the additional Statewide PEI areas in the amounts stated in the staff report and authorize the Executive Director to negotiate and execute contract extensions or amendments to implement the approved funding.

BACKGROUND AND STATUS:

At the June 13, 2019 CalMHSA Board of Directors Meeting (BOD), the Board approved the re-constitution of the Sustainability Taskforce (renamed the Statewide PEI Advisory Workgroup) to direct CalMHSA staff on how to allocate the unassigned Statewide PEI funds up to \$1.8 million. A list of potential areas and proposed funding amounts were provided to the CalMHSA Board. CalMHSA staff sent out two email notices to Board Members to solicit interest in joining the Statewide PEI Advisory Workgroup. The following Members are participating in the Workgroup: Butte, Fresno, Modoc, Monterey, Orange, Riverside, Sacramento, Ventura, and Yuba-Sutter.

On August 14, 2019, CalMHSA facilitated the first Statewide PEI Advisory Workgroup. The potential areas for funding were presented to the CalMHSA Board during the June 13, 2019 meeting. Below is an updated list of potential funding opportunities and amounts based on feedback from the Workgroup. A higher Directing Change increase was added due to the increase in film submissions and youth engagement in the project. Strategic Partnerships was deleted as this potential area did not receive comments from the PEI Advisory Workgroup.

Funding Opportunities	Proposed Allocating Amounts
10% increase of current Statewide PEI Contracts	\$355,000
Directing Change Increase	\$165,000
Student (K-12) Mental Health	\$750,000
Social Marketing: SDR and MHSA Successes	\$200,000
Three Year Plan and RFP Consultant	\$150,000
Suicide Prevention and Coordination	\$150,000
Projected Unassigned Total	\$1,770,000

- Workgroup members expressed approval of all the CalMHSA provided recommendations, with the exception of calling out support for “Strategic Partnerships.” All other subjects were individually spoken upon.
- The opportunity to bring back *Walk In Our Shoes* elicited the highest interest from the group.
- Workgroup Members also provided the idea of refreshing the *Each Mind Matters* social marketing/digital marketing materials as they are now almost seven years old.
- All but *Walk In Our Shoes* can be implemented in Fiscal Year 19/20. *Walk In Our Shoes* requires more logistical planning prior to implementation, but CalMHSA staff will move forward, upon Board approval, with the planning for launch in Fiscal Year 20/21.
- *Walk In Our Shoes* and the increase to *Directing Change* are the only potential funding opportunities that would continue beyond Fiscal Year 19/20. The other potential funding areas would be considered one-time funds.
- The second SW PEI Advisory Workgroup Meeting will occur on Friday September 20th from 1:00 p.m. – 2:00 p.m.

FISCAL IMPACT:

None

RECOMMENDATION:

Approve funding for the additional Statewide PEI areas in the amounts stated in the staff report and authorize the Executive Director to negotiate and execute contract extensions or amendments to implement the approved funding.

TYPE OF VOTE REQUIRED:

Majority Vote

REFERENCE MATERIAL(S) ATTACHED:

- None

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.

- Communication Plan
- 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