

Board of Directors Meeting

AGENDA

August 15, 2013

2:45 p.m. – 5:00 p.m.



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

Conference Code: 2250381321

(listen in only)

Meeting Location:

Doubletree Hotel Sacramento
2001 Point West Way
Sacramento, CA 95815
(916) 929-8855

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

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In compliance with the Americans with Disabilities Act, if you are a disabled person and you need a disability-related modification or accommodation to participate in this meeting, please contact Laura Li at (916) 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.

1. CALL TO ORDER

2. ROLL CALL AND INTRODUCTIONS

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

For Agenda items, public comment will be invited at the time those items are addressed. Each interested party is to complete the Public Comment Card and

provide it to CalMHSA staff prior to start of item. When it appears there are several members of the public wishing to address the Board on a specific item, at the outset of the item, the Board President may announce the maximum amount of time that will be allowed for presentation of testimony on that item. Comment cards will be retained as a matter of public record.

4. CMHDA STANDING REPORT

- A. CMHDA Standing Report 6
Recommendation: None, information only.

5. STATEWIDE PEI PROGRAMS

- A. Program Partner Presentation – Mental Health Association – San Francisco SDR Program Two: Values, Practices and Policies Program, Component 1: Resources Development; and SDR Program 3: Promising Practices Program 7
Recommendation: None, information only.

6. APPROVAL OF AGENDA AS POSTED (OR AMENDED)

- 7. CONSENT CALENDAR - If the Board would like to discuss any item listed, it may be pulled from the Consent Calendar.** 9

- A. Routine Matters:
 - a. Minutes from the June 13, 2013 Board of Directors Meeting 38
 - B. Reports/Correspondence:
 - a. CalMHSA Goal Statements Grid 50
 - b. Treasurer’s Report as of June 30, 2013 54
- Recommendation: Staff recommends approval of the Consent Calendar.**

8. MEMBERSHIP

- A. County Outreach Report – Allan Rawland, Associate Administrator– Government Relations 10
Recommendation: None, information only.

9. PROGRAM MATTERS

- A. Report from CalMHSA Program Director – Ann Collentine 11
Recommendation: None, information only.
- B. Report from the CalMHSA Advisory Committee – Maureen Bauman 12
Recommendation: None, information only.

- C. Suicide Prevention Program 3 and the 2014 Directing Change Project 13
Recommendation: Approval of board authority to work with existing programs partners to expend up to \$175,000 in currently approved but uncommitted program funds to support a 2014 Directing Change Program and additionally create a sustainability plan in which CalMHSA continues to be identified as the founder of the event but not as a continued funder.
- D. DHCS Feasibility Study – Short-Doyle 3 16
Recommendations:
1. **Approve an allocation method for determining county share of cost for the DHCS Feasibility Study for Short-Doyle 3, as recommended by the Executive Committee.**
 2. **Approve Presidential appointment of CalMHSA members to participate in the governance and steering committees created for this project.**

10. ADMINISTRATIVE MATTERS

- A. Strategic Planning Session Follow-up – Future Project Planning and Development 19
Recommendation: Review and approve an option from the CalMHSA Options for Future Project Planning and Development, as recommended by the Executive Committee.
- B. Strategic Planning Session Project List 21
Recommendation: Discussion and/or action as deemed appropriate.
- C. Statewide PEI Sustainability Task Force 22
Recommendations:
1. **Approve taskforce recommendation of criteria for priority rating for sustaining current PEI Statewide Projects.**
 2. **Approve criteria for rating projects for implementation of future projects.**
- D. State Hospital Beds 23
Recommendation: None, information only.
- E. Southern Regional Representative 25
Recommendation: Approval of an appointment of a second Southern Region Representative on the CalMHSA Executive Committee for a term ending on June 30, 2014.
- F. Department of Health Care Services Contract 26
Recommendation: Provide staff with direction regarding extension of Program Partner contracts.

11. GENERAL DISCUSSION

- A. Report from CalMHSA President – Wayne Clark 27

- General

Recommendation: Discussion and/or action as deemed appropriate.

- B. Report from CalMHSA Executive Director – John Chaquica 28

- Quorum Discussion
- General

Recommendation: Discussion and/or action as deemed appropriate.

12. PUBLIC COMMENTS

A. Public Comments Non-Agenda Items

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

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

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

- A. Board
- B. Staff

15. ADJOURNMENT

CMHDA STANDING REPORT

Agenda Item 4

SUBJECT: CMHDA Standing Report

ACTION FOR CONSIDERATION:

None, information only.

BACKGROUND AND STATUS:

In discussions amongst CalMHSA and CMHDA staff, and later proposed to CalMHSA officers, there will be a standing agenda item for CMHDA staff to present items that are relevant to be discussed at CalMHSA Board meetings. To the extent there are such items, CMHDA will address CalMHSA at each Board meeting. Such discussions, unless otherwise known, are intended to be informational only and not subject to action.

A special presentation will be made in recognition of Pat Ryan, CMHDA Executive Director.

FISCAL IMPACT:

None

RECOMMENDATION:

None, information only.

TYPE OF VOTE REQUIRED:

Majority vote of the Board of Directors.

REFERENCE MATERIAL(S) ATTACHED:

- None

STATEWIDE PEI PROGRAMS

Agenda Item 5

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

ACTION FOR CONSIDERATION:

None, information only.

BACKGROUND AND STATUS:

The Mental Health Association of San Francisco, through its Center for Dignity, Recovery, and Stigma Elimination (The Center) is contracted to provide activities for CalMHSA Stigma and Discrimination Reduction (SDR) Values, Practices and Policies Resources Development Program and the SDR Promising Practices Program (PPP). The mission of the Center is to advance human dignity and wellbeing on a sustained basis by changing behavior and bias associated with mental health and mental illness in California through integrated evaluation, refinement and dissemination of best practices in stigma reduction that are effective in the state's many communities; and to advance the field of stigma and discrimination practice and research globally.

The Center provides direct training and technical assistance to:

- Develop culturally relevant tools for fighting stigma within California's diverse cultural, ethnic and racial communities.
- Inform dialogue on how community-based programs address stigma around mental health challenges.
- Promote statewide initiatives that support community-led best and promising practices.
- Empower communities through collaborative input and action.
- Increase visibility and exposure of community-based programs.
- Share expertise with similar programs and programs focused on cultural, ethnic, and racial communities statewide.

Resource Development

The Center's Resource Development Program represents a unique effort to identify and support community-based, mental health SDR programs across the state through a process of engagement, assessment, and the provision of training and technical assistance. This highly collaborative program works in partnership with experts in stigma elimination, statewide consumer leaders, and consumer-run organizations to provide resources and supports in ways that empower SDR programs to become effective agents for stigma elimination in their own communities.

Promising Practices

The primary objective of the CalMHSA PPP project is to identify SDR activities and/or practices that have a particular promise to reduce mental illness stigma within the context of their specific cultural, ethnic, and racial community programs, in hopes of creating recognition and exposure for existing practices, as well as to offer collaborative, effective, and culturally responsive training and technical assistance. PPP engages directly with California communities to identify culturally, ethnically and racially specific attitudes towards mental health; examine cultural, ethnic and racial strengths and resources; and support approaches that reduce stigma within culturally, ethnically, and racially diverse communities.

FISCAL IMPACT:

None

RECOMMENDATION:

None, information only.

TYPE OF VOTE REQUIRED:

None

REFERENCE MATERIAL(S) ATTACHED:

- Center for Dignity, Recovery & Stigma Elimination Board Brief
- Center for Dignity, Recovery & Stigma Elimination PowerPoint

CONSENT CALENDAR
Agenda Item 7

SUBJECT: Consent Calendar

ACTION FOR CONSIDERATION:

Approval of the Consent Calendar.

BACKGROUND AND STATUS:

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

A. Routine Matters

1. Minutes from the June 13, 2013 Board of Directors Meeting

B. Reports/Correspondence

1. CalMHSA Goal Statements Grid
2. Treasurer's Report as of June 30, 2013

FISCAL IMPACT:

None

RECOMMENDATION:

Staff recommends approval of the Consent Calendar.

TYPE OF VOTE REQUIRED:

Majority of the Board of Directors.

REFERENCE MATERIAL(S) ATTACHED:

- Minutes from the June 13, 2013 Board of Directors Meeting
- CalMHSA Goal Statements Grid
- Treasurer's Report as of June 30, 2013

MEMBERSHIP
Agenda Item 8.A

SUBJECT: County Outreach Report - Allan Rawland, Associate Administrator - Government Relations

ACTION FOR CONSIDERATION:

None, information only.

BACKGROUND AND STATUS:

During each Board of Directors meeting, Allan Rawland, Associate Administrator–Government Relations, will update the Board on the status of prospective new members. Staff has developed a spreadsheet to track activity of prospective members, which is attached as reference material.

FISCAL IMPACT:

None.

RECOMMENDATION:

None, information only.

TYPE OF VOTE REQUIRED:

Majority of the Board of Directors.

REFERENCE MATERIAL(S) ATTACHED:

- CalMHSA Membership Roster
- County Outreach By Region

PROGRAM MATTERS

Agenda Item 9.A

SUBJECT: Report from CalMHSA Program Director – Ann Collentine

ACTION FOR CONSIDERATION:

None, information only.

BACKGROUND AND STATUS:

CalMHSA Program Director, Ann Collentine, will provide general information and updates regarding the Statewide Prevention and Early Intervention Projects.

Implementation Status

- Stigma and Discrimination Reduction
- Suicide Prevention
- Student Mental Health

Training/Technical Assistance and Capacity Building

Evaluation

Statewide Coordination Workgroup

FISCAL IMPACT:

None

RECOMMENDATION:

None, information only.

TYPE OF VOTE REQUIRED:

None

REFERENCE MATERIAL(S) ATTACHED:

- CalMHSA Program Director's Update Report
- Updated CalMHSA Org Chart

PROGRAM MATTERS

Agenda Item 9.B

SUBJECT: Report from the CalMHSA Advisory Committee – Maureen Bauman

ACTION FOR CONSIDERATION:

None, information only.

BACKGROUND AND STATUS:

The CalMHSA Advisory Committee held a meeting on July 11, 2013 in Sacramento. Committee discussion focused on the following:

- *New Member Appointment—New Co-Chair*
On May 29, 2013, CalMHSA Advisory Committee Co-Chair and Bay Area Stakeholder, Joseph Robinson, accepted a position as Program Manager of CalMHSA's Stigma and Discrimination Reduction Consortium, therefore, submitting his resignation as Advisory Committee Co-Chair. On June 6, 2013, staff posted, for wide distribution, an announcement for the vacant Bay Area stakeholder position. To date, staff has received three inquiries and one application; therefore, the position will remain open until filled.

A selection committee, made up of staff, a committee stakeholder and a committee member, will be designated to interview and recommend a Bay Area stakeholder to the committee co-chair. At the same time, new stakeholder co-chair will be recommended by the selection committee. The co-chair will appoint the new member and stakeholder co-chair.
- *United Advocates for Children and Families*
United Advocates for Children and Families (UACF), one of CalMHSA's program partner in the Stigma and Discrimination Reduction (SDR) component presented on their activities. UACF's focuses on building capacity to support on-going stigma and discrimination reduction efforts at the local level and across the state. One of the primary strategies UACF employs to build this capacity is through the use of Community Roundtables.
- *Statewide PEI Sustainability (see Agenda Item 10.C)*

FISCAL IMPACT:

None

RECOMMENDATION:

None, information only.

TYPE OF VOTE REQUIRED:

None

REFERENCE MATERIAL(S) ATTACHED:

- None

PROGRAM MATTERS

Agenda Item 9.C

SUBJECT: Suicide Prevention Program 3 and the 2014 Directing Change Project

ACTION FOR CONSIDERATION:

Support funding for a second year of the Directing Change Program and developing a sustainability and transition planning for the program after 2014.

BACKGROUND:

During the 2012–2013 school year, Suicide Prevention (SP) Program 3, Social Marketing contractor AdEase worked in partnership with Student Mental Health (SMH) and Stigma and Discrimination Reduction (SDR) Program Partners to develop and implement the *Directing Change Student Video Contest*. As part of the program, students throughout California were invited to “direct change” by submitting 60-second videos in two categories—suicide prevention and eliminating stigma about mental illness. A total of 371 submissions were received, representing 922 students and 142 schools from 35 counties. The purpose of the contest was to engage students with the topics, increase the number of schools implementing suicide prevention and mental health programs, and to expose reporters and community members to safe messaging guidelines. In addition, the contest aimed to provide an experience through creation of the videos that would inspire youth to become agents of change, standing up for and reaching out to others who are experiencing tough times.

Key outcomes:

- 92% of students who participated said that the contest changed the way they think about mental health and suicide prevention
- 93% of students pledged to reach out to others who are experiencing tough times
- 98% of school advisors said the contest stimulated discussion among students about mental health, stigma, and suicide prevention
- 47% of school advisors said that the contest encouraged school administration to discuss implementing or increasing suicide prevention and mental health programs on campus
- More than 100 students, parents and school personnel participated in a State Capitol visit , which included a legislative briefing with elected officials and staff
- Each school that participated is receiving a donated Suicide Prevention Yellow Ribbon presentation or a NAMI-based Breaking the Silence presentation

Key Testimonials from Students, Teachers and Parents:

- “I participated in this contest because this year alone I have heard about five different teen suicides. I have had to deal with depression and know many other kids have who have been

so depressed that they thought about suicide. Teen suicide is an issue that can't be ignored and when I learned about this contest I knew that it was my chance to stand up and really make a difference."

- "I have been teaching for 16 years and although it's not uncommon to discuss the topic of suicide with students, I admit I've never discussed the topic of mental illness. I teach video production and my students make public service announcements every year, we always get several suicide prevention PSAs but have never touched the mental illness topic. I will assure you that from this point on, I will educate my students about the need to eliminate the stigma of mental illness. This is a direct result of being involved in your program and efforts."
- "Not only did you give my daughter the opportunity to express herself through film regarding the importance of mental health awareness but you motivated her and all of the students to continue the good work of advocating for those with mental illness. Directing Change is helping to eliminate mental illness barriers, stigma, and preventing suicide."

STATUS:

The response from the Directing Change Project has been positive. CalMHSA staff and other partners ranging from counties to advocates are currently exploring a variety of impactful ways to use the PSAs in on-going education and advocacy at the state and local levels.

The 2013 Directing Change project was funded as a one-time event solely through AdEase's contract and resulted in leveraged in-kind contributions from K-12 SMH partners, and SDR partners such as NAMI-California and Runyon, Saltzman, and Einhorn (RSE). Considering the effective impact of the program and the investment already made to develop infrastructure (Website, judging structure, materials/fact sheets, etc.), the program model and relationships, CalMHSA staff has explored the value of supporting the program again for FY 2013-2014 as well as the value of working to identify and engage potential organizations who can sustain the program in the future without CalMHSA funds. Moreover, the Directing Change program by design requires collaborative efforts from all three PEI statewide component areas and provides significant opportunities to leverage existing resources.

While initial investments provide some cost-savings if the program were to be funded again, preparations for a possible second year of funding must take into consideration the likelihood of increased statewide participation and therefore increased need for resources to meet demand. A projected budget for conducting Directing Change for 2013/14 is \$300,000. Staff calculated that approximately \$125,000 of this amount will be committed from current project savings and other non-CalMHSA sources. Staff is seeking Board authorization to fund the gap of up \$175,000 to sponsor Directing Change 2013/2014.

CalMHSA staff has conducted preliminary discussions with key program partners to gauge interest in supporting the program for another year. AdEase, RSE, NAMI-California, the University of California, and others have expressed a willingness to explore some available resources and to leverage support. Additionally, NAMI-California has expressed interest in sustaining the Directing

Change program in a modified manner after 2014 as a component of their High School Stigma Reduction Program – Breaking the Silence.

Staff is recommending CalMHSA provide funding for a 2014 Directing Change Program with suggested modifications including:

- Work to create a sustainability plan with NAMI-California for years beyond 2014. Support NAMI-California in taking the personnel lead to work directly with schools, students and judges for the program
- Work with RSE to refine and strengthen the Eliminating Stigma Category to be more aligned with SDR messaging (Reach Out Here, Each Mind Matters, and the Walk in Our Shoes Campaigns)
- Work with key program partners to solicit sponsors, fundraise and to leverage in-kind contributions
- Work with the SDR consortium and seek their assistance in producing an effective Legislative Advocacy/ Briefing event for the students, teachers and parents
- Explore how to leverage local or regional resources

FISCAL IMPACT:

None, as funds would come from currently approved but uncommitted program funds.

RECOMMENDATION:

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

TYPE OF VOTE REQUIRED:

Majority vote of the Board of Directors.

REFERENCE MATERIAL(S) ATTACHED:

- Directing Change Budget for 2013-14 Implementation

PROGRAM MATTERS

Agenda Item 9.D

SUBJECT: DHCS Billing System Feasibility Study – Short-Doyle 3

ACTION FOR CONSIDERATION:

1. Approve an allocation method for determining county share of cost for the DHCS Feasibility Study for Short-Doyle 3, as recommended by the Executive Committee.
2. Approve Presidential appointment of CalMHSA members to participate in the governance and steering committees created for this project.

BACKGROUND AND STATUS:

At the recent CiMH/CMHDA Information Technology Conference, the Department of Health Care Services (DHCS) Chief Information Officer (CIO) indicated the need to explore options to transition from Short-Doyle 2 Medi-Cal to a new billing system. DHCS leadership emphasized the need to engage counties in the process of determining options for the new system, referred to as Short-Doyle 3. In response, the CMHDA Financial Services and Information Technology (IT) Committee members and staff proposed a migration from the state-operated Short-Doyle 2 system to HIPAA-compliant county-based encounter data systems that use certified vendors/systems to collect and store encounter information in a HIPAA-compliant format locally. This solution is intended to simplify the federal reimbursement process for the state and counties, and allow counties and their vendors to fully implement the federal information coding and exchange requirements. For more information, please refer to the attached Short Doyle 3 Project Feasibility and Development Steering Committee Opportunity (Alternative Policy Paper).

CMHDA and CalMHSA Board Actions to Date

At the CMHDA Governing Board Meeting on May 8, 2013, members voted to approve the IT Committee's CMHDA/DHCS Short-Doyle 3 Feasibility Study Partnership Proposal. Subsequently, CMHDA and DHCS recommended that CalMHSA provide fiscal and administrative support to implement the feasibility study.

At the July 25, 2013 meeting, the Executive Committee authorized staff to work with CMHDA and DHCS to implement the Short-Doyle 3 Feasibility Study. In addition, the Committee discussed allocation methods for calculating cost per county for the study, considering allocation formulas based on population and MHSAs funding. The Committee then recommended the adoption of the MHSAs allocation formula, with a minimum contribution of \$250 per county. This recommendation is now presented to the full Board for consideration.

Summary of Proposed Short-Doyle 3 Feasibility Study

Staff members from CMHDA, CalMHSA, and DHCS have begun to plan for the implementation of the Short-Doyle 3 Feasibility Study. The following project details have been proposed by DHCS, and are considered to be in draft form, pending discussion and input from CMHDA and CalMHSA:

- A governance group will be created, to include executive leadership from CMHDA, CalMHSA and DHCS. A steering committee will also be created, to include subject matter experts, CMHDA committee co-chairs from Financial Services, Information Technology and Medi-Cal Policy, regional county representatives, a CalMHSA Board officer and staff from CMHDA, CalMHSA and DHCS.
 - The CalMHSA President seeks the approval of CalMHSA members to identify participants in the governance and steering committees created for this project.
 - Additional steering committee representation has been proposed, including Drug Medi-Cal, providers, Electronic Health Record vendors and others that utilize or must be interoperable with the billing system.
- A Memorandum of Understanding (MOU) will be developed between CMHDA, CalMHSA, and DHCS to delineate the roles and responsibilities of each organization.
- A scope of work to guide the Short-Doyle 3 Feasibility Study will be developed, reviewed, and approved by the governance and steering committees. The feasibility study will then be competitively procured during the fall of 2013, with the evaluation of bids and vendor selection conducted by the governance and steering committees.
- The anticipated timeframe for the feasibility study is six to nine months from contract execution to study completion. Ideally, the study would be completed by the end of fiscal year 2013–14.

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

Next Steps for County Participation

CalMHSA member counties opting to participate in the Short-Doyle 3 Feasibility Study may do so by entering into a Participation Agreement with CalMHSA. For those counties that are not currently CalMHSA members, a Memorandum of Understanding may be completed instead. Drafts of both documents are attached for review.

FISCAL IMPACT:

The total cost of implementing the Short-Doyle 3 Feasibility Study is estimated to be up to \$300,000. This includes an estimated \$250,000 for the vendor contract. In addition, it is anticipated that CalMHSA will assume a substantial administrative and fiscal role in:

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

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

The proposed County Cost Allocation Scenarios are attached for consideration. The CalMHSA Executive Committee recommended the adoption of the MHSA allocation formula, with a minimum contribution of \$250 per county. This recommendation is now presented to the full Board for consideration.

RECOMMENDATIONS:

1. Approve an allocation method for determining county share of cost for the DHCS Feasibility Study for Short-Doyle 3, as recommended by the Executive Committee.
2. Approve Presidential appointment of CalMHSA members to participate in the governance and steering committees created for this project.

TYPE OF VOTE REQUIRED:

Majority vote of the Board of Directors.

REFERENCE MATERIAL(S) ATTACHED:

To be distributed under separate cover.

ADMINISTRATIVE MATTERS

Agenda Item 10.A

SUBJECT: Strategic Planning Session Follow-up – Future Project Planning and Development

ACTION FOR CONSIDERATION:

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

BACKGROUND AND STATUS:

At the CalMHSA Strategic Planning Meeting on April 12, 2013, the CalMHSA Board unanimously validated the following:

1. CalMHSA should reaffirm counties' desire to work together for fiscal and administrative reasons to achieve overall efficiencies.
2. CalMHSA should sustain certain MHSA Statewide Prevention and Early Intervention (PEI) Initiatives.
3. CalMHSA should expand into other non-MHSA (non-PEI) Initiatives, as well as other non-MHSA projects (e.g., State Hospital Beds).
4. CalMHSA should be available to assist in the following fiscal and administrative capacity:
 - a. Statewide
 - b. Regional
 - c. Local

As part of the discussion at the Strategic Planning meeting regarding these validations, Board members discussed a number of possible ways to fund projects in the future and directed CalMHSA staff to develop options for their consideration and discussion. From the various options that were discussed, the numerous options have been refined by the Executive Committee to two options for Board discussion and consideration.

1. Counties pool funds when interested in a potential project(s) to cover cost of planning and development. This option has two scenarios:
 - B. Project participation and funding would be optional for each county member and project. If project is approved, initial investment of planning and development would be returned for all participating members. This return would be derived by those members joining post planning and development (this way each program participant has interest in equal shares).

2. Project funding would be based on the estimated cost of FTE(s) for research specialist or other skill sets to work on the project. The counties have an option to participate, and fund a project. FTE or a portion would be dedicated to planning and development with the cost of the FTE allocated to member counties—rather than having dues or funding a process, counties would be funding a position.

The attached Draft CalMHSA Options for Future Project Planning and Development explains all of the options and the advantages and disadvantages of each option.

FISCAL IMPACT:

\$100,000–\$200,000, depending upon approval and projects

RECOMMENDATION:

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

TYPE OF VOTE REQUIRED:

Majority vote of the Board of Directors.

REFERENCE MATERIAL(S) ATTACHED:

To be distributed under separate cover.

ADMINISTRATIVE MATTERS

Agenda Item 10.B

SUBJECT: Strategic Planning Session Project List

ACTION FOR CONSIDERATION:

Discussion and/or action as deemed appropriate.

BACKGROUND AND STATUS:

At the CalMHSA Strategic Planning Meeting on April 12, 2013, the CalMHSA Board validated the desire of the Board to continue funding PEI Statewide Projects. At the time, Board members were provided with a timeline and a framework regarding the development of a PEI Statewide Projects Sustainability Plan for Board consideration at the December 2013 Board Meeting. Additionally, members requested early preliminary projections of annual cost per county at the next Board meeting. This document is attached.

As part of their discussion the board was presented with 18 potential projects on which to vote by a show of hands. At each year's strategic planning session, staff envisions the board will select three projects for staff to analyze and report back for approval or abandonment. If, during the subsequent year, a more vital project is identified, the board or Executive Committee may make changes to the list. With assistance from the CalMHSA officers, staff developed a list of seven (7) projects for analysis and potential development during fiscal year 2013-14. If in fact Agenda Item 10.A is approved and the board would like to approve funding of projects, the list is as follows:

| Project Name | Yes | No | Maybe |
|---|-----|----|-------|
| State Hospital Beds (funded by participants) | 16 | 0 | 3 |
| Suicide Prevention Program | 15 | 2 | 4 |
| Getting grant funding (e.g., SAMHSA) | 14 | 1 | 5 |
| Workforce Education Training (WET) | 12 | 7 | 0 |
| Database Management | 11 | 1 | 8 |
| Litigation Pool Management | 8 | 1 | 12 |
| Individual and Collective Mental Health Projects/Joint Purchasing | 4 | 4 | 10 |

FISCAL IMPACT:

None, all funds would come from planning and development

RECOMMENDATION:

Discussion and/or action if deemed necessary.

TYPE OF VOTE REQUIRED:

Majority vote of the Board of Directors.

REFERENCE MATERIAL(S) ATTACHED:

- None

PROGRAM MATTERS

Agenda Item 10.C

SUBJECT: Statewide PEI Sustainability Task Force

ACTION FOR CONSIDERATION:

Approval of criteria for sustaining or adding PEI Statewide Projects.

BACKGROUND AND STATUS:

The PEI Statewide Projects Sustainability Taskforce Workgroup met on July 25, 2013. Taskforce members discussed the results of the survey which had been sent out to members regarding the PEI Statewide Projects. Taskforce members requested that staff resend the survey and add a question regarding suggestions for other possible projects. The results and summary of the survey results are included in the referenced materials below.

Taskforce members discussed draft Criteria for rating PEI Statewide Projects currently being implemented by CalMHSA which had been revised after input from the Advisory Committee. Taskforce members recommended the revised criteria to be brought to the full CalMHSA board for discussion and possible approval on August 15th. Additionally, the Taskforce determined that adopting criteria for assessing future programs or projects not currently being implemented would be valuable to consider at the August board meeting for discussion and possible adoption. Both documents are attached.

FISCAL IMPACT:

None

RECOMMENDATIONS:

1. Approve taskforce recommendation of criteria for priority rating for sustaining current PEI Statewide Projects.
2. Approve criteria for rating projects for implementation of future projects.

TYPE OF VOTE REQUIRED:

Majority vote of the Board of Directors.

REFERENCE MATERIAL(S) ATTACHED:

- Survey Results
- Criteria for Rating Current Projects for Sustaining
- Criteria for Rating Projects for Implementation of Future Projects

PROGRAM MATTERS

Agenda Item 10.D

SUBJECT: State Hospital Beds

ACTION FOR CONSIDERATION:

None

BACKGROUND AND STATUS:

On June 3, 2013, staff provided an update of all activity related to the Work Group and Department of State Hospital (DSH) meetings. To date, the Work Group, CMHDA and CalMHSA, have met with DSH five times, with the last meeting on August 5, 2013. At this meeting the following items are under discussion, and/or have reached consensus:

| Section | Description | Status |
|----------------------------------|--|------------------|
| I. Recitals | Added: All hospitals shall comply with responsibilities noted for DSH in this agreement. | Consensus |
| II. Terms and Conditions | B. County Referred Patients | Consensus |
| | C. Description of Covered Hospital Services | Consensus |
| | D. Admission & Discharge Procedures | Consensus |
| | E. Bed Type Transfers | Consensus |
| | F. Penalties | Consensus |
| | H. Coordination of Treatment/Case Management | |
| | 2. Case manager/team Information available on-line | Consensus |
| | K. Bed Usage Commitment | Under discussion |
| | L. Bed Payment | Under discussion |
| | M. Utilization Review - Hospital Operations | Consensus |
| | N. Records | |
| | 2. Financial Records | Consensus |
| | O. Revenue | Under discussion |
| P. Inspections and Audits | Consensus | |
| Q. Notices | Consensus | |
| III. Special Provision | A. No intent to amend or waive any statutory provisions | Consensus |
| | C. Indemnification (mutual indemnification) | Under discussion |

Note: see attached redlined MOU for details.

Doug Alliston, counsel for CalMHSA, continues to have ongoing discussions with the County Counsel Association in an effort to receive their input on recommended changes to the MOU.

Additional effort would be completion of a mutually acceptable MOU, redefining and presenting the operational plan and consideration of reviewing alternatives for DSH.

NEXT STEPS:

- Follow up meeting with Work Group to discuss DSH proposed changes
- CMHDA to meet with the Department of Finance (DOF) RE: 3rd Party payments and WIC 17601
- CMHDA/CalMHSA to meet with Department of General Services (DGS)RE: Mutual Indemnification
- Work Group to meet with DSH in September to hopefully finalize MOU
- Extent of operationalizing any responsibilities on a joint basis, at which time a budget can be finalized

FISCAL IMPACT:

None

RECOMMENDATION:

None, information only.

TYPE OF VOTE REQUIRED:

Majority vote of the Board of Directors.

REFERENCE MATERIAL(S) ATTACHED:

- None

ADMINISTRATIVE MATTERS

Agenda Item 10.E

SUBJECT: Southern Regional Representative

ACTION FOR CONSIDERATION:

Approval of an appointment of a second Southern Regional Representative on the CalMHSA Executive Committee.

BACKGROUND AND STATUS:

With CaSonya Thomas' appointment to the position of Secretary, the second Southern Regional Representative seat on the Executive Committee is vacant. A member of the Southern Region shall be nominated for a term ending on June 30, 2014.

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

Staff polled members of the Southern Region to determine interest in filling the position.

FISCAL IMPACT:

None

RECOMMENDATION:

Approval of an appointment of a second Southern Region Representative on the CalMHSA Executive Committee for a term ending on June 30, 2014.

TYPE OF VOTE REQUIRED:

Majority vote of the Board of Directors.

REFERENCE MATERIAL(S) ATTACHED:

- None

ADMINISTRATIVE MATTERS

Agenda Item 10.F

SUBJECT: Department of Health Care Services Contract

ACTION FOR CONSIDERATION:

Provide staff with direction regarding extension of Program Partner contracts.

BACKGROUND AND STATUS:

The contract between the Department of Health Care Services (DHCS)—formerly Department of Mental Health (DMH)—for the PEI Statewide Projects became effective April 2009. The contract was drafted so that it would run for four years. However, the original duration for these funds was planned over six years. As such, early on (December 2009) staff identified this concern to the then DMH, requesting a no-cost extension. Primarily this was in order to have an effective evaluation performed as opposed to having the projects end at the same time as an evaluation report is due. There have been several meetings and ongoing discussion with DMH and DHCS and while there have been indications verbally and in writing that DHCS is planning to extend the contract, details and written contract amendments are yet to be completed.

As of the date of this agenda posting, no official word has been received and it is becoming imperative that CalMHSA has clear direction and/or moves forward on the assumption that this extension will be granted. Staff has requested that Doug Allison, Legal Counsel, prepare a letter informing DHCS of our intentions to proceed as if a contract extension has occurred based on past representations. Staff is seeking direction regarding informing certain Program Partners that extension of time will be proposed in the form of a contract amendments.

FISCAL IMPACT:

None

RECOMMENDATION:

Provide staff with direction regarding extension of Program Partner contracts.

TYPE OF VOTE REQUIRED:

Majority vote of the Board of Directors.

REFERENCE MATERIAL(S) ATTACHED:

- None

GENERAL DISCUSSION
Agenda Item 12.A

SUBJECT: Report from CalMHSa President – Wayne Clark

ACTION FOR CONSIDERATION:

Discussion and/or action as deemed appropriate.

BACKGROUND AND STATUS:

CalMHSa President, Wayne Clark, PhD, will provide general information and updates on the following items:

- 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 12.B

SUBJECT: Report from CalMHSA Executive Director – John Chaquica

ACTION FOR CONSIDERATION:

Discussion and/or action as deemed appropriate.

BACKGROUND AND STATUS:

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

- Quorum Discussion
- General

FISCAL IMPACT:

None

RECOMMENDATION:

Discussion and/or action as deemed appropriate.

TYPE OF VOTE REQUIRED:

None

REFERENCE MATERIAL(S) ATTACHED:

- None

the center for **Dignity, Recovery & Stigma Elimination**

The Center for Dignity, Recovery & Stigma Elimination (the Dignity and Recovery Center) is a project of the Mental Health Association of San Francisco (MHASF), with primary funding from CalMHSA. In partnership with statewide county agencies, governments, PEI partners, the National Consortium on Stigma and Empowerment, Columbia University Mailman School of Public Health and other key community-based consumer/family and ethnically-focused organizations, the Center is working to advance the effectiveness of community-driven stigma change programs as informed by the world's foremost researchers.

Our experienced staff understands how California's diverse communities deal with stigma and discrimination and brings the field's best knowledge and practice together to help communities or individuals seeking to eradicate the stigma of mental health conditions. The Center works as a 'living laboratory' using our regional partners and community development partners, both regional and statewide, to test, develop, research and refine all its training and TA materials targeted to ethnic/cultural communities, children and youth, and a wide array of government and community agencies.

Designed on a Technical Assistance, Research and Training Center Model, the Dignity and Recovery Center is comprised of 3 core units: Research, Training and Technical Assistance, and Outreach and Dissemination. Through these focal units, each of which is directed by MHASF and program partner leadership, the Dignity Recovery Center assists programs with developed technical assistance tools, training, and knowledge resources with a mission to advance effective mental health supports grounded in hope and human dignity through development and dissemination of culturally relevant best practices for recovery and the reduction of prejudice associated with mental health conditions.

The Dignity and Recovery Center has 2 main programs: Promising Practices & Resource Development and 3 additional efforts COPp, CAMPHRO, and Suicide Prevention Program.

Promising Practices

Program that engages directly with California communities to identify culturally, ethnically and racially specific attitudes towards mental health; examine the various diverse strengths, resource and support approaches that have the potential for reducing stigma within cultural communities.

Resource Development

Program that represents a unique effort to identify and support community-based, mental health stigma and discrimination reduction (SDR) Programs across California through a process of engagement, assessment and the provision of training and technical assistance.

the center for **Dignity, Recovery & Stigma Elimination**

Coming Out Proud (COPp)

The Coming Out Proud Program (COPp), developed by Dr. Patrick Corrigan with the National Consortium on Stigma and Empowerment, is an innovative program in which participants are provided a safe forum for examining disclosure and trained on effective methods of disclosing mental health conditions.

CAMHPRO

As research (Corrigan, 2009) and national projects (SAMHSA) have shown, the power of consumer-run programs to reduce stigma by reflecting success and achievement is significant. Across California there are many consumer-driven initiatives, from entirely consumer-run organization to small programs housed within larger provider or county agencies. Many of these organizations, however, lack the infrastructure, training or resources to fully realize their community stigma-change potential. A new consumer-run statewide organization, the California Association of Mental Health Peer-run Organizations (CAMHPRO), has emerged with a focus on expanding the roles and capacities of consumer run entities by providing training and technical assistance to foster CAMHPRO to develop the capacity of local consumer-run programs to mount new or expanded anti stigma efforts. CAMHPRO and MHASF will partner to generate a simple RFP process that invites/engages different consumer-driven programs to apply for technical assistance provided by CAMHPRO according to their needs for program development.

Challenging suicide stigma and bias / Preventing Suicide through community supports

The objective of this project mini-portfolio is to develop resources for communities to reduce suicide behaviors and death through programs that promote messages of hope and recovery, encourage help-seeking, foster support and empowerment for people who have attempted suicide, thus reducing the stigma and shame (self-stigma) associated with suicidal thoughts and behaviors.

Tools For Change Conference

The national "Tools For Change" conference is the premier conference targeted specifically at providing resources, training, and knowledge across the lifespan and bringing together communities and consumers from various cultural communities in an effort to provide the necessary tools for stigma reduction within California and nationwide.


the center for **Dignity, Recovery & Stigma Elimination**

The Dignity Recovery Center aims to provide:

- Quality Technical Assistance to SDR Programs statewide using a variety of successfully developed cornerstone elements for stigma reduction. (CQI-FAIR, Platform Skills Fidelity Measure Toolkit)
- Provide community defined culturally relevant tools for fighting stigma within California's diverse communities.
- Promote statewide initiatives that support community-defined best practices, including identifying and highlighting cultural, ethnic and racial programs.
- Provide safe forums for people with lived experience to examining disclosure and training efforts
- Collaboratively work with CalMHSA and additional PEI partners in identifying, training and providing technical assistance for program development of local consumer-run programs.
- Provide resources and a sense of empowerment for survivors of attempted suicide

mhaosf the center for Dignity, Recovery & Stigma Elimination

the center for
**Dignity, Recovery
& Stigma Elimination**



Eduardo Vega
Executive Director, *MHASF*
Co-Principal Investigator, *the Center for Dignity, Recovery, and Stigma Elimination*
Eduardo@mentalhealthsf.org

Who We Are **mhaosf** the center for Dignity, Recovery & Stigma Elimination

the center for
**Dignity, Recovery
& Stigma Elimination**

is a project of the **Mental Health Association of San Francisco (MHASF)**, with primary funding from **CalMHSA**. In partnership with statewide county agencies, governments, PEI partners, the National Consortium on Stigma and Empowerment, Columbia University Mailman School of Public Health and other key community-based consumer/family and ethnically-focused organizations, the Center is working to advance the effectiveness of community-driven stigma change programs as informed by the world's foremost researchers.

Who We Are



the center for
Dignity, Recovery &
Stigma Elimination

Our experienced staff understands how California's diverse communities deal with stigma and discrimination and brings the field's best knowledge and practice together to help communities or individuals seeking to eradicate the stigma of mental health conditions.



The Center works as a 'living laboratory' using our regional partners and community development partners, both regional and statewide, to test, develop, research and refine all its training and TA materials targeted to ethnic/cultural communities, children and youth, and a wide array of government and community agencies.

Who We Are



the center for
Dignity, Recovery &
Stigma Elimination

Designed on a Technical Assistance, Research and Training Center Model, the Dignity and Recovery Center is comprised of:

3 Core Units

- » Research/Evaluation
- » Training/TA
- » Outreach & Dissemination



Through these focal units, each of which is directed by MHASF and program partner leadership, the Dignity Recovery Center assists programs with developed technical assistance tools, training, and knowledge resources with a mission to advance effective mental health supports grounded in hope and human dignity through development and dissemination of culturally relevant best practices for recovery and the reduction of prejudice associated with mental health conditions.

Project Overview

mhaosf the center for Dignity, Recovery & Stigma Elimination

Primary Programs

Resource Development

Promising Practices Program

Additional Efforts

- Coming Out Proud Program
- Suicide prevention Program
- CAMHPRO

REMKDCO
Racial & Ethnic Mental Health Disparities Coalition

Project Return Peer Support Network

Mental Health Association of California
Lansing Up Youth Program

PEERS

CalMHSA

Primary Programs

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Resource Development

RD is a program that represents a unique effort to identify and support community-based, mental health stigma and discrimination reduction (SDR) Programs across California through a process of engagement, assessment and the provision of training and technical assistance.

Promising Practices Program

PPP is a program that engages directly with California communities to identify culturally, ethnically and racially specific attitudes towards mental health; examine the various diverse strengths, resource and support approaches that have the potential for reducing stigma within cultural communities.

Primary Programs



the center for
**Dignity, Recovery &
Stigma Elimination**

The national "Tools For Change" conference is the premier conference targeted specifically at providing resources, training, and knowledge across the lifespan and bringing together communities and consumers from various cultural communities in an effort to provide the necessary tools for stigma reduction within California and nationwide.

2014 Tools for Change Conference

Pre-register to receive upcoming conference information at dignityandrecoverycenter.org/toolsforchange2014

the center for
DIGNITY, RECOVERY & STIGMA ELIMINATION
dignityandrecoverycenter.org



Additional Efforts



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Stigma Elimination**



Coming Out Proud Program

The Coming Out Proud Program (COPp), developed by Dr. Patrick Corrigan with the National Consortium on Stigma and Empowerment, is an innovative program in which participants are provided a safe forum for examining disclosure and trained on effective methods of disclosing mental health conditions.

Suicide Prevention Program

The objective of this project mini-portfolio is to develop resources for communities to reduce suicide behaviors and death through programs that promote messages of hope and recovery, encourage help-seeking, foster support and empowerment for people who have attempted suicide, thus reducing the stigma and shame (self-stigma) associated with suicidal thoughts and behaviors.



Additional Efforts



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Stigma Elimination

California Association Mental Health Peer-Run Organizations (CAMHPRO)

A new consumer-run statewide organization has emerged with a focus on expanding the roles and capacities of consumer run entities by providing training and technical assistance to foster CAMHPRO to develop the capacity of local consumer-run programs to mount new or expanded anti stigma efforts. CAMHPRO and MHASF will partner to generate a simple RFP process that invites/engages different consumer-driven programs to apply for technical assistance provided by CAMHPRO according to their needs for program development.



Goals



the center for
Dignity, Recovery &
Stigma Elimination

The Dignity Recovery Center aims to provide:

- Quality Technical Assistance to SDR Programs statewide using a variety of successfully developed cornerstone elements for stigma reduction. (CQI-FAIR, Platform Skills Fidelity Measure Toolkit)
- Provide community defined culturally relevant tools for fighting stigma within California's diverse communities.
- Promote statewide initiatives that support community-defined best practices, including identifying and highlighting cultural, ethnic and racial programs.

Goals

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The Dignity Recovery Center aims to provide:

- Provide safe forums for people with lived experience to examining disclosure and training efforts
- Collaboratively work with CalMHSA and additional PEI partners in identifying, training and providing technical assistance for program development of local consumer-run programs.
- Provide resources and a sense of empowerment for survivors of attempted suicide

Contact Us

mhaosf the center for Dignity, Recovery & Stigma Elimination

| | |
|---|--|
| <p>Eduardo Vega Executive Director, <i>MHASF</i> Co-Principal Investigator, <i>the Center for Dignity, Recovery, and Stigma Elimination</i></p> <p>Eduardo@mentalhealthsf.org</p> | <p>Luba Botcheva Statewide Projects Manager, <i>MHASF</i></p> <p>Luba@mentalhealthsf.org</p> |
|---|--|

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MINUTES

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY (CaMHSA) STRATEGIC PLANNING SESSION AND BOARD OF DIRECTORS MEETING

Sacramento, California

June 13, 2013

MEMBERS PRESENT

Wayne Clark, PhD, CalMHSA President, Monterey County
Maureen F. Baumann, LCSW, CalMHSA Vice President, Placer County
Karen Baylor, PhD, MFT, CalMHSA Secretary, San Luis Obispo County
Scott Gruendl, MPA, CalMHSA Treasurer, Glenn County
Brad Luz, PhD, Central Region Representative, Sutter/Yuba County
Rita Austin, LCSW, Central Region Representative, Tuolumne County
William Arroyo, MD, Los Angeles Region Representative, Los Angeles County
CaSonya Thomas, MPA, CHC, Southern Region Representative, San Bernardino County
Karen Stockton, PhD, MSW, Superior Region Representative, Modoc County
Anne Robin, MFT, Superior Region Representative, Butte County
Terence M. Rooney, PhD, Colusa County
Patricia Charles-Heathers, El Dorado County
Dawan Utecht, Fresno County
Barbara LaHaie, Humboldt County
Kristy Kelly, MFT, Lake County
John Lawless, LCSW, Mariposa County (alternate)
Tom Pinizzotto, Mendocino County (alternate)
Jaye Vanderhurst, LCSW, Napa County
Jenny Qian, MA, Orange County (alternate)
Jerry Wengerd, LCSW, Riverside County
Mary Ann Carrasco, Sacramento County
Nancy Pena, PhD, Santa Clara County
Donnell Ewert, MPH, Shasta County
Madelyn Schlaepfer, PhD, Stanislaus County
Noel J. O'Neill, MFT, Trinity County
Meloney Roy, LCSW, Ventura County
Kim Suderman, Yolo County

MEMBERS/ALTERNATES LISTENING IN

Debby Estes, LCSW, Madera County (alternate)

ALTERNATES PRESENT

Tom Sherry, Sutter/Yuba (alternate)

MEMBERS ABSENT

Michael Kennedy, MFT, Sonoma County
Jo Robinson, Bay Area Region Representative, San Francisco City and County
Karyn Tribble, PsyD, LCSW, City of Berkeley
Mary Roy, MFT, Contra Costa County
Gary R. Blatnick, Del Norte County
Michael Horn, MFT, Imperial County
Gail Zwier, PhD, Inyo County
Jim Waterman, PhD, Kern County
Mary Ann Ford Sherman, MA, Kings County
Barbara Pierson, Lassen County
Margaret Kisliuk, HHS, Marin County
Robin Roberts, MFT, Mono County
Michael Heggarty, MFT, Nevada County
Alan Yamamoto, LCSW, San Benito County
Stephen Kaplan, San Mateo County
Alfredo Aguirre, San Diego County
Vic Singh, LCSW, San Joaquin County
Stephen Kaplan, San Mateo County
Rama Khalsa, PhD, Santa Cruz County
Terry Barber, Siskiyou County
Halsey Simmons, MFT, Solano County
Jesse Duff, Tri-City Mental Health Center
Timothy Durick, PsyD, Tulare County

STAFF PRESENT

John Chaquica, CPA, MBA, ARM, CalMHSA Executive Director
Doug Alliston, Legal Counsel, Murphy Campbell Guthrie & Alliston
Kim Santin, CPA, CalMHSA Finance and Administration Director
Ann Collentine, MPPA, CalMHSA Program Director
Allan Rawland, Associate Administrator – Government Relations
Stephanie Welch, MSW, CalMHSA Senior Program Manager
Sarah Brichler, MEd, CalMHSA Program Manager
Maya Maas, CalMHSA Executive Assistant
Michelle Yang, CalMHSA Executive Assistant
Jaikelle Meeks, CalMHSA Executive Assistant

MEMBERS OF THE PUBLIC

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

John T. Liddle, Morgan Stanley Smith Barney
Susan Gallagher, Mental Health America of Northern California (MHANCA)
Anara Guard, Education Development Center (EDC)
Autumn Valero, California Institute for Mental Health (CiMH)
Pat Ryan, California Mental Health Directors Association (CMHDA)
Taisha Caldwell, UC Office of the President

1. CALL TO ORDER

The regular meeting of the Board of Directors of the California Mental Health Services Authority (CalMHSA) was called to order by President Wayne Clark, PhD, Monterey County, at 2:46 p.m. on June 13, 2013, at the Doubletree Hotel Sacramento, located at 2001 Point West Way, Sacramento, California. President Clark welcomed those in attendance as well as those listening in on the phone.

President Clark asked Doug Alliston, Legal Counsel, Murphy Campbell Guthrie & Alliston, to call roll in order to confirm a quorum of the Board.

2. ROLL CALL AND INTRODUCTIONS

Mr. Alliston called roll and informed President Clark and fellow Board members a quorum had been met.

3. INSTRUCTIONS FOR PUBLIC COMMENT AND STAKEHOLDER INPUT

Mr. Alliston reviewed the instructions for public comment, including the process of public comment cards, and noted items not on the agenda would be reserved for public comment at the end of the agenda.

President Clark presented Karen Baylor, San Luis Obispo County, who has served as a CalMHSA officer since the JPA's inception, with a plaque acknowledging her dedication and service to mental health services in California as well as the development of CalMHSA.

4. CMHDA STANDING REPORT

President Clark invited Pat Ryan, CMHDA Executive Director, to provide a report on CMHDA. Ms. Ryan gave a quick overview of CMHDA's budget review noting the 1991 realignment revenue sources remain stable and unchanged. The Steinberg Mental Health Wellness Proposal has been included in the budget (AB 82).

CMHDA has been approached by the Department of Health Care Services to participate and contribute financially in a feasibility study to change the current Short-Doyle 2 claims processing system. One alternative being considered is having CalMHSA administer the study on behalf of the counties.

Work continues on the state hospital beds project and staff will be meeting soon with the Department of State Hospitals (DSH) and the Department of Finance. DSH has informed CMHDA they will provide an opportunity for feedback on any language put forth for future legislation.

Action: *None, information only.*

5. STATEWIDE PEI PROGRAMS

A. Program Partner Presentation – University of California Office of the President – Student Mental Health Initiative: University of California Student Mental Health Program (UCSMHP)

Ann Collentine, CalMHSA Program Director, introduced Dr. Taisha Caldwell, University of California Office of the President. Dr. Caldwell provided the Board with an overview of the UC's projects throughout the state. The UC team is committed to prevention and early intervention, focusing on resilience and overall wellness. She reviewed some of the collaboration and networking efforts between the UC campuses and counties as well as the resources made available to UC staff and students. Dr. Caldwell screened a public service announcement (PSA) focusing on veterans—one of the customizable PSAs being provided to the campuses and counties. The PSAs will be hosted on Vimeo.

Action: *None, information only.*

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

Susan Gallagher, Mental Health America of Northern California (MHANCA)

6. APPROVAL OF AGENDA AS POSTED (OR AMENDED)

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

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

Motion: *William Arroyo, Los Angeles County*

Second: *Karen Stockton, Modoc County*

Motion carried by unanimous consent.

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

None

7. CONSENT CALENDAR

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

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

Motion: *Kristy Kelly, Lake County*

Second: *Jaye Vanderhurst, Napa County*

Motion carried unanimously.

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

None

8. MEMBERSHIP

A. CalMHSA New County Membership Application(s)

President Clark called on Maureen Bauman, Placer County, to announce the membership application of Alameda County. They will be the 51st member of CalMHSA.

Action: *A motion was made to approve CalMHSA membership for Alameda County.*

Motion: *Brad Luz, Sutter/Yuba County*

Second: *Karen Stockton, Modoc County*

Motion carried unanimously.

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

None

B. County Outreach Report

Allan Rawland, CalMHSA Associate Administrator – Government Relations, provided an update on outreach efforts. Eight counties have yet to pursue membership with two in the queue—Sierra and Merced counties.

Mr. Rawland reminded the Board of the amended JPA agreement. Staff have received 18 signed agreements with 13 in the queue.

Action: *None, information only.*

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

None

9. FINANCIAL MATTERS

A. Report from the CalMHSA Finance Committee – Scott Gruendl

Scott Gruendl, CalMHSA Treasurer, introduced John T. Liddle, Morgan Stanley Smith Barney (MSSB), who gave an update on the CalMHSA investments. The goal was to have a conservative portfolio while outperforming riskless investments within the Local

Agency Investment Fund (LAIF). MSSB has done this successfully with \$1.3 million in net income, almost double what has been achieved in LAIF. At the Finance Committee meeting, maturities were extended to mid June 2015 based on extension of projects.

Mr. Gruendl gave an update on the Finance Committee Task Force's review of the George Hills Company contract. The current contract ends on June 30, 2014. The Task Force has two recommendations to be presented for action at a later date. The first would be based on administrative cost staying below 7.5% (4.1% for FY 2013-2014). The second would be based on performance.

Action: *None, information only.*

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

B. CalMHSA Annual Revenue and Expenditure Report – Proposed Budget June 30, 2014

Mr. Gruendl directed the Board to the proposed budget for the upcoming year provided in the agenda packet and asked Kim Santin, CalMHSA Finance Director, to review the budget as well as the allocation form presented on page 109. Statewide PEI Programs make up 97% of the CalMHSA budget. The budget is built on the Implementation Plan and addendums approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC). Ms. Santin reviewed the funds, which include various projects being implemented by CalMHSA, project planning and development dues, and interest earnings. The estimated carryover of funds from the previous fiscal year is \$90 million due to Programs have been slower to expend than anticipated. CalMHSA estimates ending the 2013-2014 fiscal year with a carryover of \$30 million. Originally \$10.8 million was designated for administrative costs, but it has been determined, based on expenditure pattern that amount is not needed and can be reduced in half. This budget reflects \$5 million, currently in administrative costs to be moved into program funds. This reduces the administrative costs percentage to 4.1% from 7.5%. The remaining balance is shown at \$2.8 million, which represents the interest earnings.

Mr. Gruendl then provided a background on the project planning development dues line item of \$300,000. This line item was placed in the budget to start a conversation.

Following discussion at the April 12, 2013 Strategic Planning Session, the Board voted for the development of a process for counties to be able to act jointly. Following the planning session, the Finance Committee took up the topic of a general funding process for how to fund the development of programs beyond PEI Statewide efforts. There was general agreement as to the need to plan for and develop projects prior to them being presented to the JPA for implementation. The cost of program planning and development could be allocated based on PEI assignment percentage or other provisions. A mechanism is needed to fund project planning and development as well as

basic ongoing operation costs. A thoughtful discussion ensued regarding how to fund program planning and development. As a result, the Finance Committee was directed to go back, look at the various alternatives, and come up with a more specific process for Board members to consider. President Clark added that this discussion flows from the Strategic Planning Session discussion and will be focused on various options for pursuing potential projects in the future—FTE assigned solely to development, revolving pre-fund approach, county staff assigned, CMHDA staff developing project concept papers for potential projects. Mr. Gruendl will take the Board’s feedback to the Finance Committee for further discussion and development of reasonable options to be presented at a future Board meeting.

Action: *Adopt the Annual Revenue and Expenditure Report – Proposed Budget, June 30, 2014 without the \$300,000 dues structure.*

Motion: *Brad Luz, Sutter/Yuba County*

Second: *Kim Suderman, Yolo County*

Motion carried unanimously.

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

10. PROGRAM MATTERS

A. Report from CalMHSA Program Director – Ann Collentine

President Clark called on Ann Collentine, CalMHSA Program Director, for a review of program activities. Ms. Collentine stated all regional contract specialist positions have been filled to assist with connecting the regional and local projects with the statewide projects and thanked the Board for authorizing the extension of their contracts through June 2014. Each Mind Matters was launched during May with Mental Health Month activities. September is Suicide Prevention Month. The higher education program partners are working with the county liaisons to enhance collaboration and participation through the Send Silence Packing exhibit.

Action: *None, information only.*

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

B. Report from the CalMHSA Advisory Committee – Maureen Bauman

Maureen Bauman, CalMHSA Vice President, Placer County, who serves as CalMHSA Advisory Committee Co-chair, gave an update on the Committee’s May 9, 2013 meeting. The Committee reviewed the continuation of the Stigma and Discrimination Reduction (SDR) Consortium (Item 10.C), the plan update (Item 10.D), the efforts to reduce disparities (Item 10.E), planning framework, and levels for sustainability.

The Committee has lost Joseph Robinson as the Stakeholder Co-chair of the Committee. He has joined the SDR Consortium project as Project Manager.

Action: *None, information only.*

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

C. SDR Consortium Administration

Stephanie Welch, CalMHSA Senior Program Manager, updated the Board on the administration of the SDR Consortium. Following direction given by the CalMHSA Executive Committee, a contract has been executed with George Hills Company. Several staff positions have been filled and Adele James has been hired to facilitate Consortium meetings.

Action: *None, information only.*

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

D. Plan Update Contract Amendments

Ms. Welch presented the two contract amendments, which have both been vetted by the review committee process as well as the Advisory Committee. Following the approval of the Plan Update on August 9, 2012, CalMHSA's Program Partners had the opportunity to ask for more funding to improve their geographic and cultural reach. The amendments are for the Mental Health Association in California (to expand the number of Wellness Works trainings their regional hubs offer and adapt their tools for Spanish and Chinese employers) and for the Community Care Initiative – Integrated Behavioral Health Project (to partner with CASRA to enhance the integrated behavioral health toolkit).

Recommendation: *Authorize staff to negotiate amended contracts for Program Partners, as recommended by the Advisory Committee, and authorize the Executive Director and President to execute such amendments on behalf of CalMHSA.*

Motion: *Karen Stockton, Modoc County*

Second: *Jerry Wengerd, Riverside County*

Motion carried unanimously.

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

E. Enhancing Efforts to Reduce Disparities – Supporting Cultural Responsiveness

Ms. Welch provided a quick background on enhancing efforts to reduce disparities and supporting cultural responsiveness. A needs assessment of the Program Partners was conducted by CiMH to help identify areas of strength and areas where technical assistance is needed. The recommendation supports the next phase of this process. CiMH will provide technical assistance in the areas of improving strategies for collecting and analyzing demographic data by race, ethnicity, sexual orientation and gender identity; enhancing linguistic competency and language access; strengthening skills in terms of culturally appropriate community defined practices and learning how to adapt those practices for particular racial and ethnic populations; adapting the work our Partners do for traditionally underserved communities. Trainings would begin in the new fiscal year.

CaSonya Thomas, San Bernardino County, recommended staff work with the CMHDA Committee that includes Ethnic Services Manger to provide guidance on the project with CRDP partners.

Recommendations:

- 1. Approval to extend contract with CiMH for up to \$100,000 to coordinate and deliver expedited training and technical assistance based on findings from the assessment to enhance efforts to reduce disparities.***
- 2. Approve contracting with interested California Reducing Disparities Project (CRDP) contractors, or their identified partners, to develop tool kits or other relevant resources, based on the findings of their population reports and extensive knowledge of underserved communities, that identify key cultural considerations for Suicide Prevention, Stigma and Discrimination Reduction, and Student Mental Health efforts no later than the third quarter of FY 13-14 for a total of no more than \$150,000.***

Motion: CaSonya Thomas, San Bernardino County

Second: William Arroyo, Los Angeles County

Motion carried unanimously.

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

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

Susan Gallagher, Mental Health America of Northern California (MHANCA)

F. State Hospital Beds

John Chaquica, CalMHSA Executive Director, provided an update on the state hospital beds project. CalMHSA has been working on this project for one year and since January has been meeting with DSH. The five critical areas are bed type, bed payment (WIC 17601), bed commitment, Medicare, and indemnification. Mr. Chaquica emphasized the

importance of the counties acting jointly. Documents have been provided for counties to take this item to Boards of Supervisors.

Recommendation: *Approval to continue negotiations for a joint contract and operationalize the DSH Beds with CalMHSA for FY 2013-14.*

Motion: *William Arroyo, Los Angeles County*
Second: *Jerry Wengerd, Riverside County*
Abstain: *Barbara LaHaie, Humboldt County*
Kristy Kelly, Lake County
Karen Stockton, Modoc County
Mary Ann Carrasco, Sacramento County
Madelyn Schlaepfer, Stanislaus County

Motion carried unanimously.

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

11. ADMINISTRATIVE MATTERS

A. Executive Committee Election

President Clark explained the nominating committee process used to determine the Executive Committee slate being presented. Nominations were requested from the Board, which the Committee used to create the slate. Ms. Bauman noted President Clark has agreed to a one year term instead of the allotted two year term.

| | |
|----------------|--|
| President | Wayne Clark, Monterey County |
| Vice President | Maureen Bauman, Placer County |
| Secretary | CaSonya Thomas, San Bernardino County |
| Treasurer | Scott Gruendl, Glenn County |
| Bay Area | Jo Robinson, San Francisco City & County |
| Central | Brad Luz, Sutter/Yuba Counties |
| Los Angeles | Marvin Southard, Los Angeles County |
| Southern | Alfredo Aguirre, San Diego County |
| Superior | Karen Stockton, Modoc County |

Action: *Approve recommended slate of officers and Executive Committee members representing the five CMHDA regions.*

Motion: *Jerry Wengerd, Riverside County*
Second: *William Arroyo, Los Angeles County*

Motion carried unanimously.

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

B. Strategic Planning Session Follow-up

Ms. Collentine presented on the Strategic Planning Task Force, made up of Board members. President Clark will appoint the members during his report. At the request of Board members during the Strategic Planning meeting, staff created a document which showed preliminary funding needed from each county to sustain PEI Statewide projects at half the current funding. The goal of the Task Force will be to discuss development of a PEI Statewide Projects Sustainability Plan and vet milestones related to this plan prior to presentation to the full Board.

At the April Strategic Planning Session, a return on investment document was presented to the Board. The Task Force, along with the RAND Corporation, will assist with refining that document to show the local impact and/or outcomes of PEI Statewide Project dollars.

Mr. Chaquica directed the Board to the project vote conducted at the April Strategic Planning Session. The Agenda Review team has created a list of the top seven projects based on those votes.

Action: *No action needed.*

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

12. GENERAL DISCUSSION

A. Report from CalMHSA President – Wayne Clark

President Clark presented the members of the Strategic Planning Task Force:

William Arroyo, Los Angeles County, Los Angeles Region
Martin Malin, Napa County, Bay Area Region
Alfredo Aguirre, San Diego County, Southern Region
Jane Anne LeBlanc, Sacramento County, Central Region
Donnell Ewert, Shasta County, Superior Region

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

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

B. Report from CalMHSA Executive Director – John Chaquica

Mr. Chaquica reported while a verbal extension of the DHCS has been given, nothing in writing has been obtained. The CalMHSA website now includes a Media page for any articles or media postings related to CalMHSA projects.

Recommendation: *None, information only.*

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

President Clark called on Mr. Gruendl to provide an alternative to the closed session originally planned to follow the meeting. The closed session was to discuss the evaluation process for the administration contract. In place of the closed session, Mr. Gruendl requested the officers create a template to be distributed to the Board the results of which will be discussed at a future meeting.

13. PUBLIC COMMENTS

A. Public Comments – Non-Agenda Items

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

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

14. NEW BUSINESS AND CLOSING COMMENTS

President Clark asked the Board if there was any new business or closing comments. Hearing none, he entertained a motion to adjourn.

15. ADJOURNMENT

There being no further comments, the meeting was adjourned at 5:01 p.m.

Action: *To adjourn meeting.*

Motion: *Kim Suderman, Yolo County*

Second: *Karen Stockton, Modoc County*

Motion carried unanimously.

Respectfully submitted,

Karen Baylor, PhD, LMFT
Secretary, CalMHSA

Date

2013 STRATEGIC PLANNING SESSION

RECOMMENDATION 1: Renew Commitment to Statewide PEI.

| Strategies | Progress | Target Completion Date | Status |
|--|--|------------------------|-----------------------|
| The SPTF is recommending as its number one priority that the members of CalMHSa renew their commitment to Statewide and regional PEI. As such, the task force is recommending the CalMHSa board approve and authorize staff to begin the development of a PEI Strategic Plan, which will come back to the board for approval and funding. This development shall be funded by the Statewide PEI planning funds. Task force members and staff will present a status update of the Statewide PEI Initiatives and drafts of the Strategic Planning Process and Timeline, Strategic Plan Framework and Return on Investment (ROI). | Task Force meeting monthly with criteria for sustaining program approved | 12/2013 | PEI Task Force formed |

RECOMMENDATION 2: A mechanism and process for counties to fund projects jointly.

| Strategies | Progress | Target Completion Date | Status |
|--|--|------------------------|------------|
| CalMHSa members have inquired as to the methodology and process of members funding approved projects where members act jointly to achieve overall efficiencies. The SPTF has developed a conceptual process that members may use as a template for local approval. Since members have varied methodologies and process, the task force is seeking input and alternatives to ensure the template is as broad as necessary. The task force is recommending approval of funding and a general process for future projects. This process for funding is critical for CalMHSa to consider performing other projects, including expanding into other non-MHSA initiatives. Task force members and staff will present a draft JPA Funding Process for discussion, as well as example documents for members to take to their BOS for approval. | Mechanism and process presented at the June 13, 2013 Board meeting. Feedback was gathered and a slate of options discussed at the July 25, 2013 Executive Committee meeting. A final slate of options will be presented for final approval at the August 15, 2013 Board meeting. | 12/2013 | In process |

RECOMMENDATION 3: Approve methodologies in selection of additional projects for counties to act jointly.

| Strategies | Progress | Target Completion Date | Status |
|--|--|------------------------|---------------------------------------|
| At previous Strategic Planning meetings, CalMHSa had identified several ideas for projects for CalMHSa to engage in. The task force recommended the board approve a process that not only identifies projects for consideration but a selection for staff planning and development. The concept is for the board to agree annually in the selection of the highest priorities for staff to analyze and report findings for approval of funding the project or abandon the idea. This will be done at the annual Strategic Planning meeting. It is anticipated that the board may select up to three projects. However, if during the course of the year, a more immediate project is identified, the board or Executive Committee may add or replace projects. | Discussed at the Agenda Review Call and June 13, 2013 Board meeting. On hold until funding resolved. | 8/2013 | Refinement of project to be discussed |

2012 STRATEGIC PLANNING SESSION

GOAL 1: Provide Effective Services to Member Counties

| Objectives | Strategies | Target Completion Date | Status |
|---|--|------------------------|---|
| 1.1 Complete the three statewide PEI projects | 1.1.1 Continue to implement the funded statewide PEI projects. | 6/30/14 | In process |
| | 1.1.2 Develop a sustainability plan for those projects that prove successful. | 6/30/14 | Task Force formed |
| 1.2 Provide additional services in fiscal and administrative management | 1.2.1 Prepare analysis of the capacity CalMHSA needs to implement objectives (e.g., staff, other resources) for Executive Committee and determine options and pricing. | Unknown | On hold until objectives determined |
| | <i>1.2.2 Serve as fiscal agent for the counties' EPSDT funds.</i> | <i>n/a</i> | <i>CalMHSA not eligible</i> |
| | 1.2.3 Serve as fiscal agent and project manager for local PEI funds (at risk of reversion). | 5/9/2012 | Position research paper completed |
| | 1.2.4 Upon direction of CMHDA, negotiate contracts with the state (e.g., to manage state hospital beds). | 12/31/13 | Joint MOU with state in development, operational plans on hold until finished |
| | 1.2.5 Serve as fiscal and administrative agent for procurement of services (e.g., legal, public relations, facilitation, fiscal, economic or financial expertise). <ul style="list-style-type: none">• Work with Executive Committee to draft language that counties could use with their Board of Supervisors to create the mechanism that enables them to use these services (amend JPA agreement). | On-going and available | Proposed changes to JPA Agreement (December 2012) February 15, 2013 |
| | 1.2.6 On a case-by-case basis, procure services for counties in order to achieve economies of scale (e.g., to purchase residential services for adolescents or to manage risk). | | |
| | a. Prepare list of regional needs and ideas, send to CalMHSA Executive Committee | 8/2012 | Not started |
| | <i>b. Discuss topic of electronic medical records with Scott Gruendl</i> | | <i>New software vendor being utilized alleviating the need</i> |

2012 STRATEGIC PLANNING SESSION

GOAL 1: Provide Effective Services to Member Counties

| Objectives | Strategies | Target Completion Date | Status |
|---|--|------------------------|--|
| | c. Meet with Small Counties Group to vet possibilities. | 12/2013 | CMHDA Small Counties Committee discussing locum tenens |
| | 1.2.7 Assist in the fiscal management of AB100 and 2011 realignment county mental health revenues and risk pools. | Unknown | On hold pending further direction |
| | 1.2.8 At the request of counties, hold and manage contracts with the state. | n/a | None requested |
| | 1.2.9 Offer fiscal and administrative support to counties and associations (e.g., CADPAAC). | Unknown | On hold pending further direction |
| | 1.2.10 On behalf of counties, apply for state or federal grants. | Unknown | Responded to recent grant |
| 1.3 Assure effective communication and public relations | 1.3.1 Develop public information resources for county mental health departments and CMHDA. | In process | PEI brochure distributed |
| | 1.3.2 In collaboration with county and CMHDA staff, develop and implement a short and long term public communication and information program that educates and informs the public and other stakeholders regarding the role of counties in the community mental health system. | 6/2014 | In process |

GOAL 2: Assure Accountability to Counties

| Objectives | Strategies | Target Completion Date | Status |
|--|--|------------------------|---|
| 2.1 Assure project tracking systems are in place | 2.1.1 Continual use of CalMatrix for project tracking and reporting. | n/a | On-going |
| 2.2 Assure governance systems are effective | 2.2.1 Conduct CalMHSA Evaluation of Performance (governance, administration, fiscal, program, etc.). | n/a | Finance Committee Task Force reviewing GHC performance and contract |

2012 STRATEGIC PLANNING SESSION

GOAL 1: Provide Effective Services to Member Counties

| Objectives | Strategies | Target Completion Date | Status |
|---|--|------------------------|----------|
| 2.3 Assure fiscal systems are in place | 2.3.1 Regularly report to Finance Committee. | n/a | On-going |
| 2.4 Assure staff receive appropriate training and development | 2.4.1 Staff to assess and develop a training plan. | n/a | On-going |



"A George Hills Company Administered JPA"

Treasurer's Report

As of June 30, 2013

| | Book Balance | Market Value | Effective Yield |
|-----------------------------------|---------------------|---------------------|------------------------|
| Local Agency Investment Fund | \$14,013,591 | \$14,017,420 | .244% |
| Morgan Stanley Smith Barney | 81,377,953 | 81,435,859 | 1.70% |
| Cash with California Bank & Trust | 216,032 | 216,032 | 0.00% |
| Total Cash and Investments | \$95,607,577 | \$95,669,311 | |

Attached are the Local Agency Investment Fund (LAIF) statements detailing all investment transactions.

The LAIF market value was derived by applying the March fair value factor of 1.0002732070 to the book balance.

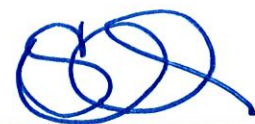
I certify that this report reflects all cash and investments and is in conformance with the Authority's Investment Policy. The investment program herein shown provides sufficient cash flow liquidity to meet the Authority's expenditures for the next six (6) months.

Respectfully submitted,

Accepted,



Kim Santin, Finance Director



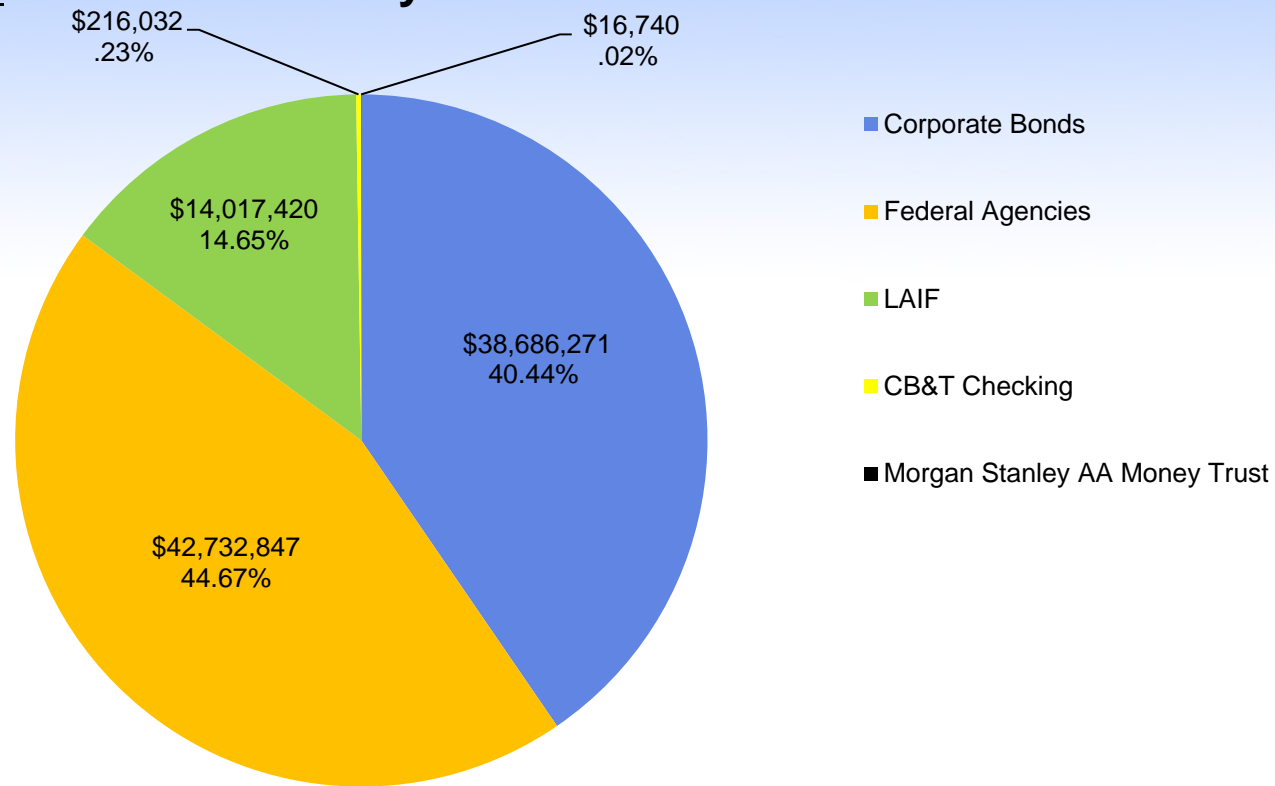
Scott Gruendl, Treasurer

Total Cash Portfolio Dollars – June 30, 2013

Investment Policy Objectives

- Safety of Principal
- Meeting Liquidity Needs
- Rate of Return

Summary of Investment Portfolio



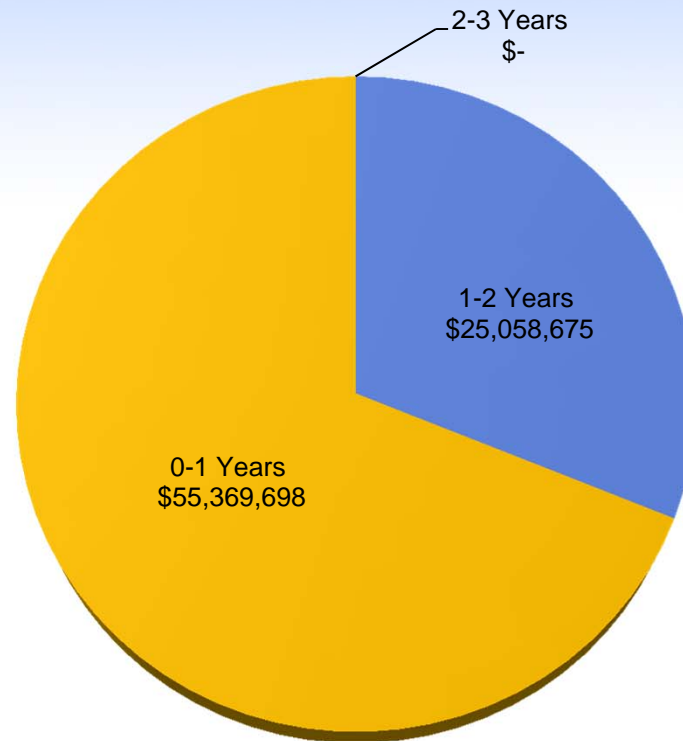
Total Cash and Investments \$95,669,310

Compassion. Action. Change.



Total Cash Portfolio Dollars – June 30, 2013

Summary of Maturities



Total Investments \$81,419,119

Compassion. Action. Change.



**CALMHSA'S QUARTERLY TREASURER'S REPORT
AS OF JUNE 30, 2013**

| | Date of Purchase | Date of Maturity | Par Value | Adjusted Cost | Market Value | YTM (at Cost) | YTM (at Market) | YTD Unrealized Gains/(Losses) |
|-------------------------------------|------------------|------------------|-------------------|-------------------|-------------------|---------------|-----------------|-------------------------------|
| INVESTMENTS | | | | | | | | |
| Corporate Bonds: | | | | | | | | |
| PepsiCo Inc/NC | 1/20/2012 | 10/25/2013 | 4,950,000 | 4,956,664 | 4,956,633 | 0.87% | 0.87% | (31) |
| Westpac Bking Corp NY | 12/3/2012 | 12/3/2013 | 5,000,000 | 5,000,000 | 5,003,700 | 0.38% | 0.38% | 3,700 |
| General Electric Capital Corp | 3/14/2013 | 9/15/2014 | 2,820,000 | 2,959,637 | 2,954,740 | 4.53% | 4.53% | (4,897) |
| John Deere Capital Corp | 1/20/2012 | 3/3/2014 | 2,275,000 | 2,289,023 | 2,293,496 | 1.59% | 1.59% | 4,473 |
| Royal Bank of Canada NY | 4/19/2013 | 4/17/2014 | 5,000,000 | 5,000,000 | 5,001,400 | 0.29% | 0.29% | 1,400 |
| Bank of New York Mellon | 1/20/2012 | 5/15/2014 | 2,760,000 | 2,841,309 | 2,852,736 | 4.18% | 4.16% | 11,427 |
| JPMorgan Chase & Co | 1/20/2012 | 6/1/2014 | 2,795,000 | 2,867,396 | 2,895,313 | 4.53% | 4.49% | 27,917 |
| Walt Disney Company | 5/17/2013 | 12/1/2014 | 4,000,000 | 4,031,811 | 4,022,080 | 0.87% | 0.87% | (9,731) |
| Wells Fargo Company | 5/17/2013 | 2/13/2015 | 4,000,000 | 4,043,384 | 4,022,840 | 1.24% | 1.24% | (20,544) |
| Coca-Cola Co | 12/13/2012 | 3/13/2015 | 4,667,000 | 4,686,715 | 4,683,335 | 0.75% | 0.75% | (3,381) |
| Total corporate bonds | | | <u>38,267,000</u> | <u>38,675,939</u> | <u>38,686,271</u> | 1.59% | 1.59% | <u>10,332</u> |
| Federal Agencies | | | | | | | | |
| FHLB Notes .5% | 1/20/2012 | 8/28/2013 | 4,970,000 | 4,971,604 | 4,972,833 | 0.50% | 0.50% | 1,229 |
| FHLMC Notes 4.5% | 1/20/2012 | 7/15/2013 | 4,700,000 | 4,707,761 | 4,708,037 | 4.49% | 4.49% | 276 |
| FHLMC 5% | 1/20/2012 | 7/15/2014 | 2,695,000 | 2,820,816 | 2,828,079 | 4.78% | 4.76% | 7,263 |
| FNMA .5% | 1/20/2012 | 8/9/2013 | 4,970,000 | 4,971,085 | 4,971,889 | 0.50% | 0.50% | 803 |
| FNMA DEBS 4.125% | 1/20/2012 | 4/15/2014 | 2,740,000 | 2,819,445 | 2,824,365 | 4.01% | 4.00% | 4,920 |
| FHLMC 1% | 1/20/2012 | 7/30/2014 | 2,940,000 | 2,956,031 | 2,964,549 | 0.99% | 0.99% | 8,518 |
| FHLMC .375% | 1/20/2012 | 10/30/2013 | 4,990,000 | 4,990,411 | 4,993,693 | 0.37% | 0.37% | 3,281 |
| FNMA 2.75% | 1/20/2012 | 2/5/2014 | 2,825,000 | 2,863,963 | 2,868,901 | 2.71% | 2.71% | 4,938 |
| FNMA MED 2.75% | 6/6/2012 | 12/18/2013 | 650,000 | 651,303 | 651,905 | 0.75% | 0.75% | 602 |
| FNMA 3% | 1/20/2012 | 9/16/2014 | 2,785,000 | 2,867,487 | 2,878,437 | 2.91% | 2.90% | 10,950 |
| FHLB Notes .25% | 6/10/2013 | 2/20/2015 | 3,100,000 | 3,096,435 | 3,095,629 | 0.25% | 0.25% | (806) |
| FNMA .75% | 1/20/2012 | 12/18/2013 | 4,960,000 | 4,968,934 | 4,974,533 | 0.75% | 0.75% | 5,598 |
| Total government & GSE bonds | | | <u>42,325,000</u> | <u>42,685,274</u> | <u>42,732,847</u> | 1.80% | 1.80% | <u>47,573</u> |
| Total Portfolio Investments | | | 80,592,000 | 81,361,213 | 81,419,119 | | | 57,906 |
| Local Agency Investment Fund (LAIF) | | | - | 14,013,591 | 14,017,420 | | | - |
| Morgan Stanley AA Money Trust | | | - | 16,740 | 16,740 | | | - |
| Checking Account | | | - | 216,032 | 216,032 | | | - |
| Total Cash and Investments | | | 80,592,000 | 95,607,577 | 95,669,311 | | | 57,906 |

*Government Sponsored Entity

| Summary of Portfolio Investments | | Year to Date Activity of | | NOTES: |
|----------------------------------|----------------------|-------------------------------|--------------|---|
| Corporate Bonds | 38,686,271 | Fair Market Value 7/1/12 | 90,699,394 | Market Value is an approximation of the total worth of the asset, and fluctuates on a daily basis depending on market factors. YTM at Cost is the constant interest rate that makes the net present value of future principals & interest cash flows equal the purchase price of the security on the acquisition date. YTM at Market is the constant interest rate that makes the net present value of future principal & interest cash flows equal the current market price of the security. Market values and Yields are from the following sources: Morgan Stanley Smith Barney Financial Management Account Summaries; all investments are in compliance with CalMHSA's current investment policy. CalMHSA has sufficient funds to meet its expenditure requirements for the next six months. |
| Federal Agencies | 42,732,847 | Purchases | 54,259,033 | |
| | | Sales/Maturities | (62,394,097) | |
| | 81,419,119 | Net Unrealized Gains/(Losses) | (1,145,212) | |
| | | Fair Market Value 6/30/13 | 81,419,119 | |
| 1-2 year | \$ 27,449,688 | | | |
| 0-1 year | 53,969,431 | | | |
| | <u>\$ 81,419,119</u> | | | |



Current Membership Roster

51 members (50 counties, 1 JPA, 1 City)

- San Bernardino County (July 9, 2009)
- Solano County (July 9, 2009)
- Colusa County (July 9, 2009)
- Monterey County (July 9, 2009)
- San Luis Obispo County (July 9, 2009)
- Stanislaus County (July 9, 2009)
- Sutter/Yuba County (August 13, 2009)
- Butte County (November 13, 2009)
- Placer County (January 14, 2010)
- Sacramento County (March 12, 2010)
- Glenn County (April 7, 2010)
- Trinity County (April 15, 2010)
- Sonoma County (May 13, 2010)
- Modoc County (May 13, 2010)
- Santa Cruz County (June 10, 2010)
- Los Angeles County (June 10, 2010)
- Marin County (August 12, 2010)
- Orange County (August 12, 2010)
- Yolo County (August 12, 2010)
- Contra Costa County (October 14, 2010)
- Fresno County (October 14, 2010)
- Imperial County (October 14, 2010)
- Kern County (October 14, 2010)
- Lake County (October 14, 2010)
- Riverside County (October 14, 2010)
- Santa Clara County (October 14, 2010)
- Siskiyou County (October 14, 2010)
- Ventura County (October 14, 2010)
- Madera County (November 12, 2010)
- Mendocino County (December 9, 2010)
- San Diego County (February 10, 2011)
- San Francisco City & County (February 10, 2011)
- El Dorado County (March 11, 2011)
- San Mateo County (March 11, 2011)
- Napa County (June 9, 2011)
- Humboldt County (July 14, 2011)
- Lassen County (July 14, 2011)
- Mariposa County (August 11, 2011)*
- Tuolumne County (August 11, 2011)
- San Benito County (October 13, 2011)*
- Tri-City Mental Health Center (October 13, 2011)
- Del Norte County (December 15, 2011)*
- Shasta County (February 10, 2012)*
- Tulare County (February 10, 2012)*
- Kings County (April 13, 2012)*
- San Joaquin County (April 13, 2012)[§]
- City of Berkeley (June 14, 2012)*
- Inyo County (June 14, 2012)
- Mono County (June 14, 2012)
- Nevada County (June 14, 2012)*
- Alameda County (June 13, 2013)*

Non-Member Counties w/Assigned Funds

Amador, Calaveras, Merced and Santa Barbara

Remaining Non-Member Counties

Alpine, Plumas, Sierra and Tehama

CalMHSA's Regional Representatives

| | |
|--------------------------------------|--|
| Bay Area Regional Representatives | Michael Kennedy, Sonoma County |
| | Jo Robinson, San Francisco City & County |
| Central Regional Representatives | Brad Luz, Sutter/Yuba Counties |
| | Rita Austin, Tuolumne County |
| Los Angeles Regional Representatives | Marvin Southard, Los Angeles County |
| | William Arroyo, Los Angeles County |
| Southern Regional Representatives | Karen Baylor, San Luis Obispo County |
| | Alfredo Aguirre, San Diego County |
| Superior Regional Representatives | Karen Stockton, Modoc County |
| | Anne Robin, Butte County |

*Member has elected not to assign funds to CalMHSA.

§Member has elected to participate only in the Statewide PEI Suicide Prevention Project, Program 3: Social Marketing Program.

CalMHSA COUNTY OUTREACH

Superior Region

1. **Calaveras** (*assigned funds*), Allan Rawland to follow-up with David Sackman upon Rita Downs' retirement;
2. **Del Norte**, County staff has reached out to CalMHSA for assistance relative to Statewide PEI projects. Allan Rawland to follow up with county staff.
3. **Amador** (*assigned funds*), staff continues to reach out to the county for possible membership in the future.
4. **Tehama**, interested in joining; Scott Gruendl and Allan Rawland continue to work Mr. Michael Peña to address questions;
5. **Plumas**, staff has been working with Kimball Pier in providing the necessary information for County Counsel and BOS approval on August 6, 2013;
6. **Sierra**, staff continues to work with Janice Maddox and their County Counsel to address questions as they prepare to present to their BOS;

Central Region

7. **Merced** (*assigned funds*), staff continues to work with Manuel Jimenez to address questions as they prepare to present to their BOS; staff has responded to request for additional information;
8. **Alpine**, interested in joining, Allan Rawland continues to work with Christopher Stewart and Michael Ritter and address all questions;

Southern Region

10. **Santa Barbara** (*assigned funds*), MHD has retired, and staff continues to work with Ms. Garrity/ Cuco Rodriguez to address questions as they consider membership.

CalMHSA Program Director's Update Report

PEI Statewide Project Implementation Status

Stigma and Discrimination Reduction

Each Mind Matters –California's Mental Health Movement

Each Mind Matters is a unifying message for organizations, health systems and millions of Californians working to break down the barriers that stop people from getting the help they need, and the support they deserve. This campaign focuses on outreach within the lifespan approach, and diverse audiences.

Since its debut in May 2013, www.EachMindMatters.org has become a highly visible online resource for stigma and discrimination reduction activity. As of July 15, 2013, the Each Mind Matters Website has had nearly 20,000 visitors and over 40,000 page views.

In addition to the strides that the Each Mind Matters Campaign is making online, on the ground efforts to extend the reach of the campaign are taking place, which include the utilization of speaker's bureaus throughout the state. On August 1, 2013, 21 speakers' bureaus were awarded mini-grants, which enable them to expand their stigma and discrimination efforts through sharing stories of living with mental illness (<http://calmhsa.org/wp-content/uploads/2013/08/SDR-Grantees-Master-List.pdf>).

As part of the youth outreach, www.ReachOutHere.com and its Spanish counterpart www.BuscaApoyo.org are part of a social marketing launch which connects with 14–24 year olds by using online ads, radio spots and print ads. Both sites encourage visitors to get involved by contributing to online forums, or by accessing ready-made tools used for individual conversations about stigma and mental illness.

In an effort to engage children ages 9–13 years of age, CalMHSA, Runyon Salzman and Einhorn (RS&E), and the B Street Theater have partnered to create school-based performances that are aimed at debunking myths about mental illness. The performance tour begins in the fall, and will visit schools all over California throughout the school year.

To round out engagement with 9–13 year old children, a Website entitled "Walk in our Shoes" will launch in August. This Website will host individual stories of children who discuss their experiences with mental illness. Also the Website will include educational materials, as well ways children can take action in their communities, or how a youth can help a friend or themselves to get help.

As the traditional school year approaches, SDR partners, CalMHSA staff, and higher education partners have begun discussion on strategies that would bring Each Mind Matters and related SDR campaigns to campuses statewide. The SDR Consortium has taken a lead role in coordinating the dissemination of campaign items to campuses, while higher education partners have already begun planning events, which would disseminate the materials.

A New State of Mind: Ending the Stigma of Mental Illness

After its landmark debut on May 30, 2013, this documentary continued to re-broadcast statewide. Since its airing, CalMHSA has received multiple requests for copies of the DVD from local and international mental health advocates. The documentary is also available online, and has been viewed nearly 5,000 times. The documentary has been downloaded and shared with local clinics, on individual social media sites and featured in community resource directories locally and abroad.

As part of the dissemination process of the documentary and in response to national and even international demand, CalMHSA has finalized the copyright/licensing language, which allows for broad sharing, copying and downloading of the film. Viewers can access the documentary via the Each Mind Matters Website or the Vimeo page, to stream the video live on their computers. CalMHSA staff is also working with RS&E to revamp the Each Mind Matters Website to host a downloadable version of the documentary.

Toolkits created by RS&E, will accompany a copy of the DVD as they are delivered to counties, Program Partners and stakeholders. The toolkits provide a messaging packet, promotional tools, and guidance on planning individual screening events. Toolkits should have arrived to your county liaison by the August board meeting. If you have not received your toolkit please contact Jamie Sepulveda at jamie.sepulveda@calmhsa.org.

Suicide Prevention

California Suicide Prevention Network Program

Crisis centers are partnering to improve and standardize data collection among callers to suicide prevention hotlines, in order to understand the reach and impact of crisis center services. Six “common metrics” were identified and are currently being collected by crisis centers around the state: level of risk, prevalent problems, demographic information, call volume, call resolution, and accessibility.

Didi Hirsch Mental Health Services is partnering with stakeholders (counties, crisis centers, individuals participating in the regional task force meetings, etc.) around the state to develop best practices in each region. Local planning committees reviewed needs assessment data and existing suicide prevention practices and selected the following priority topics for further development and submission to a national registry:

- Bay Area Region – Community Gatekeeper Program. Provides suicide prevention education and awareness information to the general community. Will be adapted to include modules focused on LGBTQ older adults and law enforcement.
- Central Region – Older Adult Depression Screening (OADS) Program. Provide screening and early intervention services to older adults to reduce suicide risk and prevent the development of serious mental illness.
- Los Angeles Region – Survivors of Suicide Attempts (SOSA) Support Group. SOSA provides support and resources to people who have attempted suicide in the past or struggle with chronic thoughts of suicide.

- Southern CA (Kern) Region – Survivor Outreach Team. This team consists of trained survivors that provide support and assistance to families who have recently lost someone to suicide.
- Southern CA (San Diego) Region – “It’s Up to Us” Media Campaign. This multi-media education and awareness campaign aims to empower the local community to talk openly about mental illness, recognize warning signs of suicide, and utilize local resources to seek help.
- Superior Region – Reducing Means Program. This program seeks to increase community education and awareness about decreasing access to lethal means, in partnership with gun owners.

Best Practice committees are meeting in each region; for more information or to get involved, please contact Lyn Morris at (310) 895-2305 or LMorris@didihirsch.org.

Suicide Prevention Marketing Campaign

AdEase, as part of their work on the Know the Signs campaign, is seeking the participation of underserved and culturally diverse populations in their efforts to further develop culturally and linguistically competent suicide prevention materials. Recruitment is underway for the LGBTQ, Asian Pacific Islander, Latino, African-American and Native American campaign materials workgroups. Include contact information for the workgroups.

My3 Mobile Phone App

The Know the Signs Campaign, in partnership with the National Suicide Prevention Lifeline, is developing *My3*, a mobile application that will connect users who are at-risk for suicide directly to their support network and a crisis hotline if they are experiencing a suicidal crisis. Secondary features include a safety plan and a resource page. It is currently under development with a projected release date of November 2013. My3 will be marketed primarily to crisis centers, survivor support groups, school counselors, and healthcare providers so they can inform clients and patients at risk for suicide about My3. An associated Website is being created to promote My3. Ownership and national rollout of the My3 will be given to the National Suicide Prevention Lifeline by June 2013.



Student Mental Health

K-12 Student Mental Health Policy Workgroup

The Student Mental Health Policy Workgroup (SMHPWG), convened by State Superintendent of Public Instruction, Tom Torlakson, released its first policy recommendations. This recommendation which supports the introduction of training educators in mental health and wellness as a part of the credentialing curriculum for California’s Educators as endorsed by CalMHSA and CMHDA. As this opportunity occurs once per decade, CalMHSA and stakeholders outreached to garner support for the

Workgroups recommendation. On August 1st, the Commission on Teacher Credentialing met to consider credential requirements. Recommendations of the SMHPWG were influential in the addition of new content language regarding Mental Health competencies for the California Administrator Credential Content Expectations. The Commission on Teacher Credentialing deferred making a final decision on language until the September 26th meeting in Sacramento. Language on mental health was included in three competency areas for Administrative Credentials, including Visionary Leadership, Instructional Leadership and Community Leadership. It was evident that letters to the Commission supporting the recommendations of the SMHPWG were influential in staff recommendations to the Commission. More details are available in the August 5th edition of the CalMHSAs Express (<http://calmhsa.org/in-the-news/newsletters-reports/>).

PreK-12 Statewide

CCSESA reported that in the quarter from April 1–June 30, 2013, more than 6,500 individuals participated in 170 trainings that were conducted throughout the state. Demonstration programs throughout the state reached more than 40,000 students and 4,600 adults. The regional coordinators in the eleven CCSESA regions continue to partner with other CalMHSAs program partners and counties to expand the reach of the PEI Statewide projects. The training evaluation survey for the evaluation being conducted by RAND has now been translated into Spanish, Cantonese, Mandarin, Vietnamese, Korean, and Farsi languages.

Higher Education

UC – Each of the UC campuses have developed unique campus activities which help prepare incoming freshmen for their college experience. Part of this effort includes orienting students to wellness, available campus mental health services such as counseling and peer supports, in addition to transition or adjustment to campus life for students.

In addition to the individual campus efforts to provide student mental health education and wellness, the UC system has begun to roll out system-wide public service announcements (PSAs). The first of these PSA's is focused on Veteran's mental health; aimed at breaking down stigma on campuses and in communities, and encourage Veterans to seek support if needed (<http://vimeo.com/68637891>).

CSU – On July 10, 2013, The California State University Office of the Chancellor released an update on the impacts of PEI programs in the CSU system. To date, all 23 campuses have strengthened their collaboration efforts with local county and higher education partners. Through workshops, trainings, activities and events from October 2013 through June 2013, 83,429 students have been touched by one or more of the PEI Initiative programs. As of June 2013, 4,663 students, faculty, staff, and community members have received training in one of many trainings sponsored by CalMHSAs: Mental Health First Aid, Applied Suicide Intervention Skills Training, Question-Persuade-Refer, and Kognito.

CCCCO – California Community Colleges are leaders in innovation. Earlier this year, the CCC system released the first “Campus Based Grant Profiles” publication. This booklet is

the product of regional and state meetings of CCC representatives, where each brought a description of the programs available on individual campuses. In California, there are 112 community colleges, each with its own specific methods to introduce and engage student in mental health and wellness education and activities.

The CCC SMHP Transition Age Foster Youth Program is moving forward in its efforts to expand community college foster youth training programs to include. training curriculum that educates youth about mental health and wellness issues, and provide tools to help them avoid negative and risky behaviors and relationships.

Training/Technical Assistance and Capacity Building

A cohort of counties is continuing to fund the Training, Technical Assistance and Capacity Building (TTACB) program in 2013–14 in order to receive technical assistance from the RAND/SRI team, and participate in regional evaluation activities. Based on recommendations from participating counties, the following activities are proposed:

- Program Level Data Collection Webinar – In September 2013, resources developed based on the Making the Value Case for PEI Funding workgroups will be shared and explained in a webinar format. Resources include a data collection form and an Excel form that produces graphic displays of data for slides or reports.
- Advanced Getting to Outcomes (GTO) – Analysis and Decision Making Webinar – In spring 2013, introductory webinars were offered on the RAND Getting to Outcomes approach to continuous quality improvement for PEI programs. The next GTO webinar in November 2013 will focus on how to use data to do analysis and make decisions about how to improve the delivery of programs to reach desired outcomes.
- County PEI Data Systems – Facilitated Work Group: Planned for February or March 2014, the work group will provide a forum for counties to discuss data systems for tracking participation and outcomes for PEI programs, share their experiences and benefit from hearing about lessons learned. RAND will provide structured facilitation for main and breakout sessions (e.g., those with data systems, those contemplating data systems).
- Evaluation Approaches for Different Kinds of PEI Programs – Work Group: This one-day work group will focus on presenting evaluation approaches developed by RAND for the CalMHSA evaluation and specifically for county programs that conduct different types of activities—training and education, dissemination of information, networking and collaboration, social marketing, screening and referral, and evidence based programs. The evaluation approaches include development of logic models, identification of core activities, developing evaluation questions and a design, and collecting and analyzing data. It is anticipated that these work groups will occur in May–June, 2014 in several locations around the state.

The activities described above are pending feedback from the counties participating in the TTACB program.

Please contact Sarah Brichler at 916-859-4827 or sarah.brichler@calmhsa.org with any questions.

Evaluation

CalMHSA will be receiving an Evaluation Update Report from RAND in August. The CalMHSA Statewide Evaluation Expert Team will meet in August to review the report and provide an update to the full Board at the October Board Meeting.

Statewide Coordination Workgroup

Save the Date: CalMHSA Statewide Coordination Workgroup: Leveraging Statewide Projects with Local MHSA Activities

Dates: Wednesday, September 18, 2013 – Thursday, September 19, 2013

Venue: The Four Points Hotel, Los Angeles (convenient to LAX airport)

The focus of this meeting will be a discussion of initial outcomes, state and local collaboration, integration of tools and best practices and sustainability. The meeting will focus on strategies to leverage Statewide Projects with local MHSA activities, including specific examples of county level implementation.

Objectives:

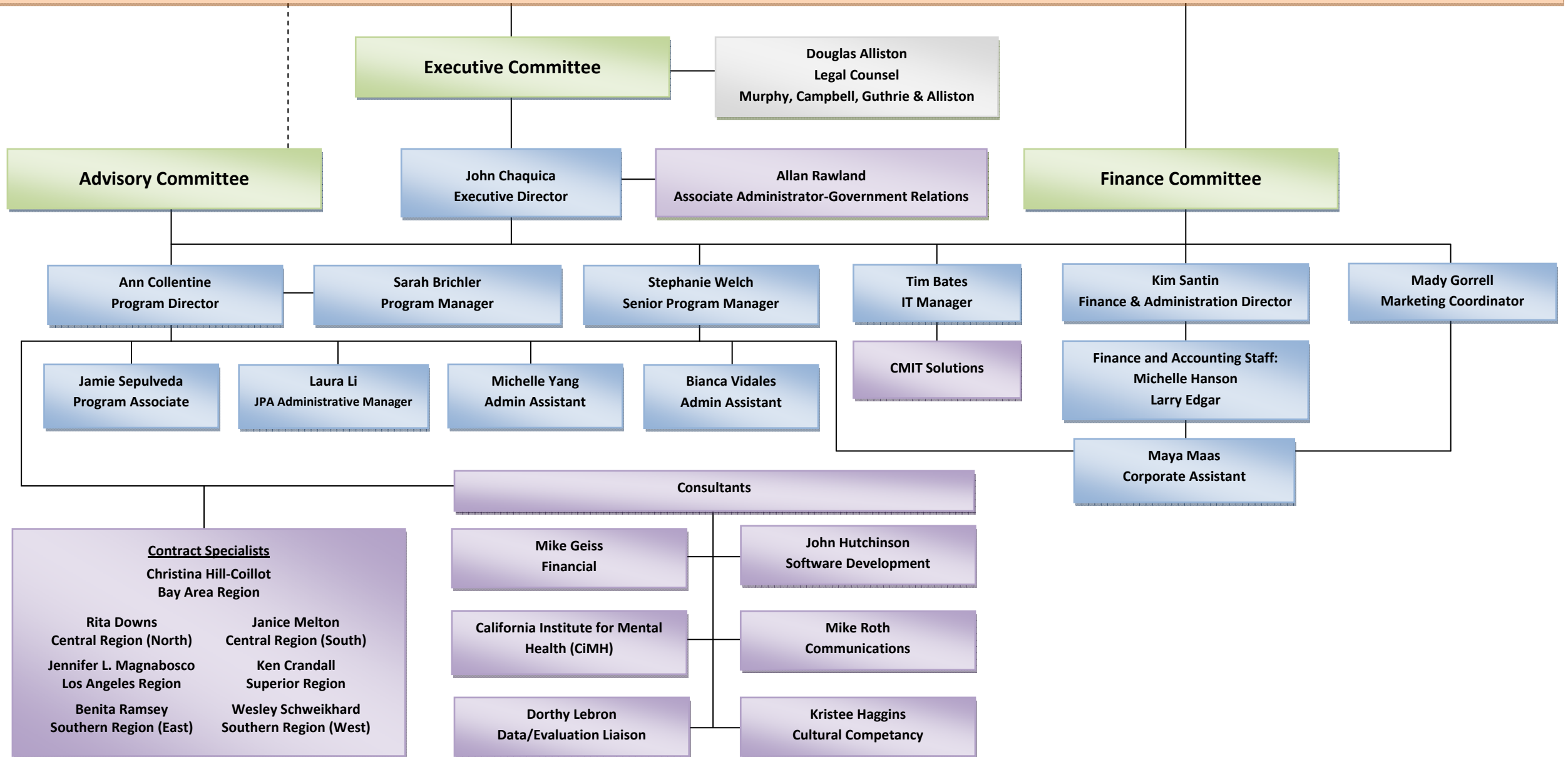
- Provide substantial information and status reports on key activities within the PEI statewide projects.
- Inform counties and program partners about the capacities, networks and initial impacts of the PEI statewide projects based on emerging data and evaluation.
- Facilitate the opportunity for counties and program partners to share about the tools, resources, and best practices that have been developed locally, regionally or statewide to prevent suicide, reduce stigma, and improve student mental health. Plan for the local integration of efforts.
- Support collaboration and relationship building among counties and program partners to create an open dialogue about criteria and strategies for sustaining efforts that are effective and desired by local interests.

Participation:

Each county is invited to attend this semi-annual event, and provide their input into program development and implementation. If a county determines that several staff would benefit from participation, (e.g., PEI coordinator, Ethnic Services Manager, county liaison), CalMHSA can accommodate counties' request on a case by case basis. Attending the event will also be representatives from all of the CalMHSA program partners, including presentations from all three of the statewide initiatives. Also in attendance are the regional contract specialists, who will be on hand to assist in bridging the gap between counties and program partners.

Please RSVP by August 15th to Michelle Yang at michelle.yang@calmhsa.org.

CalMHSA Board of Directors



Directing Change Budget for 2013/14 Implementation

| Hards Costs to be allocated to CallMHSA or other Program Partners (possibly offset by sponsors) | |
|--|--------------------|
| Line Item | Estimated |
| Prize Money and Trophies | |
| Regional and Statewide First Prize (\$500 school/\$500 team) | \$44,000.00 |
| Regional Second Prize (\$250 school/\$250 team) Regional Third Prize (\$250 school/\$250 team). <i>Might be less depending on the number of entries received.</i> | |
| Purchase and engrave plaques for individuals that receive 1st, 2nd and 3rd prize in each category on the regional level. Purchase statewide winner trophies for schools and students (6 schools/10 students) <i>Cost can be offset by sponsors</i> | \$5,000.00 |
| Award mailings | \$800.00 |
| Goody Bags <i>(only if sponsored)</i> | |
| Prize Money and Trophies | \$49,800.00 |
| Student Travel | |
| Student Travel <i>Cost depends on number of students on team and where they are coming from</i> | \$25,000.00 |
| Subtotal Student Travel | \$25,000.00 |
| Post Contest | |
| Mail each school a DVD with winning PSAs and tips how to use them, as well as information about suicide prevention programs. | |
| DVD duplication and packaging (\$2/\$1000 copies) | \$2,000.00 |
| Mailing (approximate) | \$3,000.00 |
| Subtotal Post Contest | \$ 5,000.00 |
| TOTAL \$ | 79,800.00 |

| AdEase Budget (Hard Costs) | |
|--|--------------------|
| Line Item | Budget |
| Promotion | |
| Website updates | \$5,000.00 |
| Design updates (text only) to poster and card (labor) | \$2,500.00 |
| Print promotional materials (20,000 11 by 17; ; 50,000 8.5 by 5.5) | \$8,500.00 |
| Printing and mailing promotional materials | \$14,000.00 |
| Subtotal Promotion | \$30,000.00 |
| Award Event | |
| Crest Theater | \$3,525.00 |
| Update design for event program, signage, event invitation (labor) | \$6,000.00 |
| Production stage signage | |
| Production programs (1000) | \$1,007.00 |
| | \$ 2,007.96 |
| Design and Production outcome statements | |
| Production other signage and easels | \$1,000.00 |
| Photographer | \$1,060.00 |
| Limo <i>sponsored in 2013</i> | \$500.00 |
| Catering and Student Lunches | \$5,000.00 |
| DVD for event/prepping files for event | \$3,603.54 |
| Security <i>donated in 2013</i> | \$200.00 |
| Resource table printing, give-aways, Other (thank you gifts etc) | \$1,341.61 |
| Subtotal Event Cost (Hard Costs) | \$25,245.11 |
| TOTAL \$ | 55,245.11 |

| Labor Budget | |
|---|------------------------|
| Line Item | Budget |
| AdEase | |
| AdEase Technical support- formatting videos, uploading them to vimeo, overseeing video updates. | \$25,000.00 |
| AdEase Account Services | \$20,000.00 |
| AdEase Labor Subtotal | \$45,000.00 |
| Your Social Marketer | |
| Jana Sczerputowski- Project Manager (400 hours) | \$50,000.00 |
| Stan Collins- Deputy Project Manager (1000 hours) | \$50,000.00 |
| Administrative Support (800 hours) | \$20,000.00 |
| Your Social Marketer Subtotal | \$120,000.00 |
| Other Labor (SDR Program Partner) | |
| Public Relations, promote contest winners regionally and statewide, promote event | NYD |
| Develop entry form and criteria for eliminating stigma category, recruit judges, train judges, review submissions, review judge scores, write up winners for website. | Estimated at 500 hours |
| Manage Social media for Directing Change | NYD |
| Other Subtotal | NYD |
| TOTAL \$ | 165,000.00 |



WELLNESS • RECOVERY • RESILIENCE

CALMHSA STATEWIDE PEI PROJECTS SUSTAINABILITY TASKFORCE STATEWIDE PROJECTS SURVEY

RESULTS

August 5, 2013

As CalMHSA enters its final contract year for the Prevention and Early Intervention Statewide Plan, discussion and planning for sustainability has begun. The Prevention and Early Intervention Statewide Project Sustainability Taskforce requested that staff survey California County Mental Health Directors and Liaisons to get a “10,000 foot” view of County’s perspective of the implementation of PEI Statewide Projects and local community impact without getting into the minutiae of individual programming.

A nine-item survey that utilizes multiple choice and subjective/open-ended questions was distributed.

The questions asked the respondents to reflect on the impact of each PEI initiative in their respective counties, but does not require an open-ended answer. However, for each of the nine items, respondents offered comments and feedback beyond “yes”, “no”, or “unsure”.

The survey was sent out via Survey Monkey and a summary of responses as of August 5, 2013 follows:

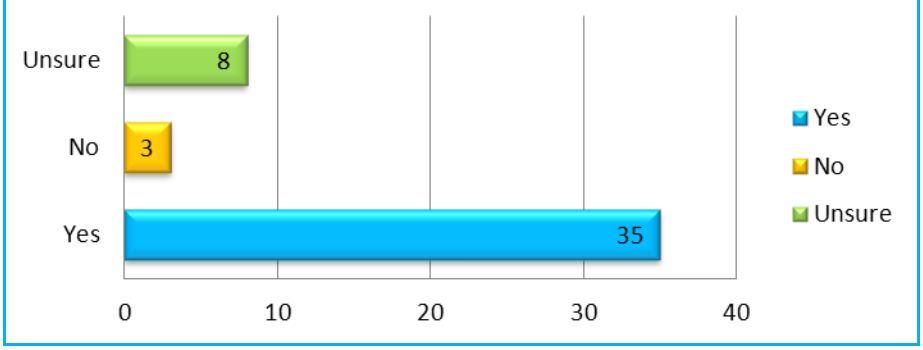
Summary:

⇒ 46 individual respondents, representing 39 counties
 3 counties submitted two responses
 1 county submitted three responses

- **Question 1:** Has the CalMHSA Statewide Suicide Prevention Initiative had impact in your county?
 Yes: 76% (35) No: 7% (3) Unsure: 17% (8)
- **Question 2:** Has the CalMHSA Statewide Stigma and Discrimination Reduction Initiative had impact in your county?
 Yes: 61% (28) No: 15% (7) Unsure: 24% (11)
- **Question 3:** Has the CalMHSA Student Mental Health Pre-K-12 Initiative had impact in your county?
 Yes: 41% (19) No: 17% (8) Unsure: 41% (19)
- **Question 4:** Has the CalMHSA Student Mental Health Higher Education Mental Health Initiative had impact in your county?
 Yes: 46% (21) No: 22% (10) Unsure: 30% (14) Skipped: 2% (1)
- **Question 5*:** Based on your knowledge of the CalMHSA PEI Statewide Projects, what stands out as being very impactful in your county?
 Suicide Prevention: 33% (19) Stigma and Discrimination Reduction: 33% (19) Student Mental Health: 10% (6)
 Miscellaneous: 14% (8) Skipped: 10% (6)
**Of note: Some respondents identified more than one initiative for this question.*
- **Question 6:** If there is one project within any of the initiatives that must be continued?
 Yes: 63% (29) No: 0% (0) Unsure: 35% (16) Skipped: 2% (1)
 Part Two*: If yes, please specify:
 Suicide Prevention: 26% (15) Stigma and Discrimination Reduction: 26% (15) Student Mental Health: 14% (8)
 Miscellaneous: 8% (5) Skipped: 26% (15)
**Of note: Some respondents identified more than one initiative for this question. Further, not all respondents answered part two of the question*
- **Question 7:** Is there one project within any of the initiatives that should be discontinued?
 Yes: 17% (8) No: 17% (8) Unsure: 66% (30)
 Part Two*: If yes, please specify:
 Suicide Prevention: 4 % (2) Stigma and Discrimination Reduction: 7% (3) Student Mental Health: 2% (1)
 Miscellaneous: 17% (8) Skipped: 70% (32)
**Of note: Some respondents identified more than one initiative for this question. Further, not all respondents answered part two of the question*
- **Question 8*:** Are there any other statewide or regional initiative that CalMHSA should consider implementing?
- **Question 9*:** Other comments that you wish the Taskforce to hear?
**Survey responses provided for questions 8 & 9 ranged from very positive to negative, and very specific to very general. The Taskforce members will consider the input and remarks provided by respondents.
 (Due to implied confidentiality, they are not shared here.)*

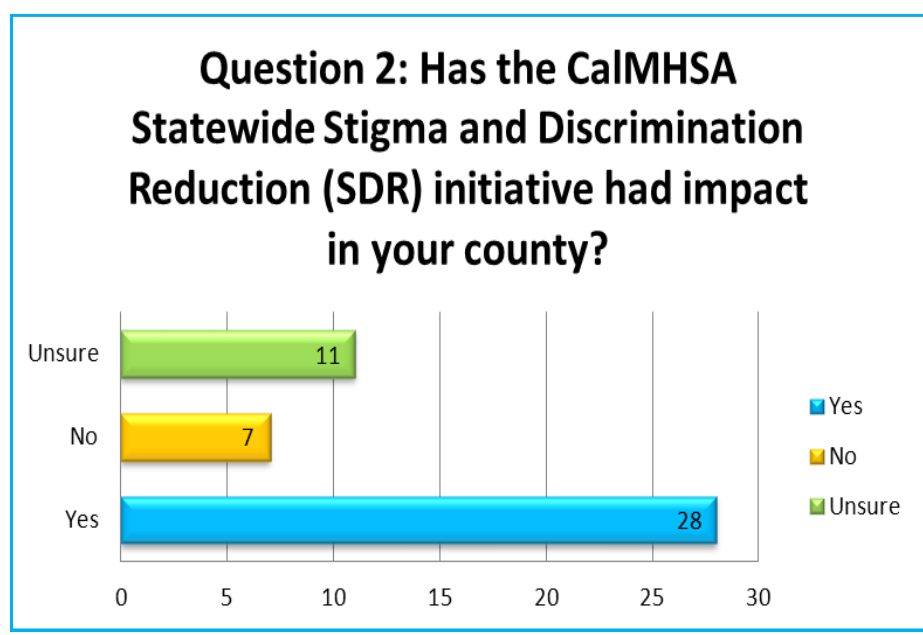
Question 1: Has the CalMHSA Statewide Suicide Prevention Initiative had impact in your county?

| | |
|--------|----|
| N=46 | |
| Yes | 35 |
| No | 3 |
| Unsure | 8 |
| Skip | 0 |



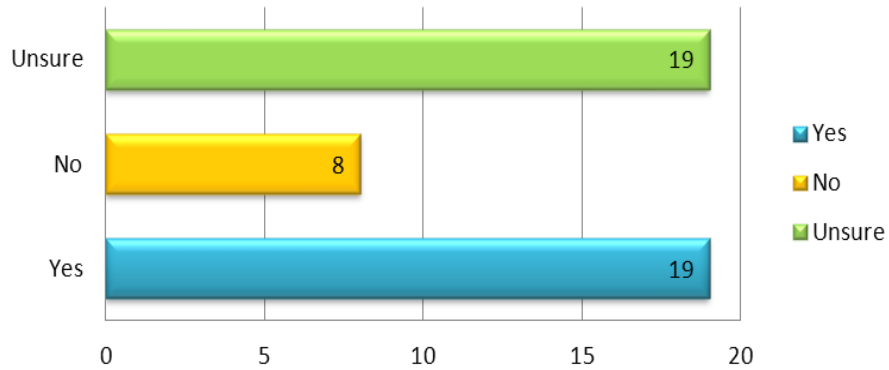
Question 2: Has the CalMHSA Statewide Stigma and Discrimination Reduction (SDR) initiative had impact in your county?

| | |
|--------|----|
| N=46 | |
| Yes | 28 |
| No | 7 |
| Unsure | 11 |
| Skip | 0 |



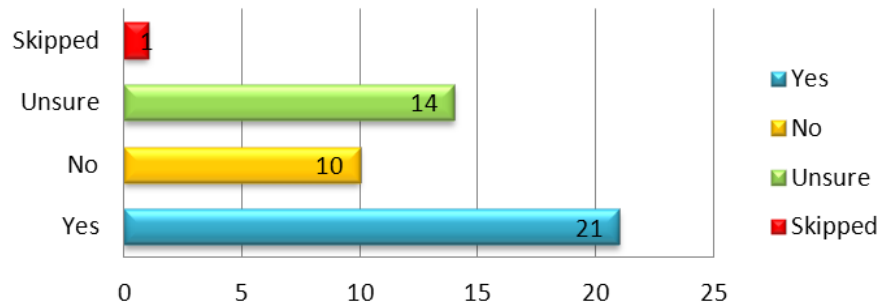
Question 3: Has the CalMHSa Student Mental Health pre-K-12 initiative had impact in your county?

| | |
|--------|----|
| N=46 | |
| Yes | 19 |
| No | 8 |
| Unsure | 19 |
| Skip | 0 |



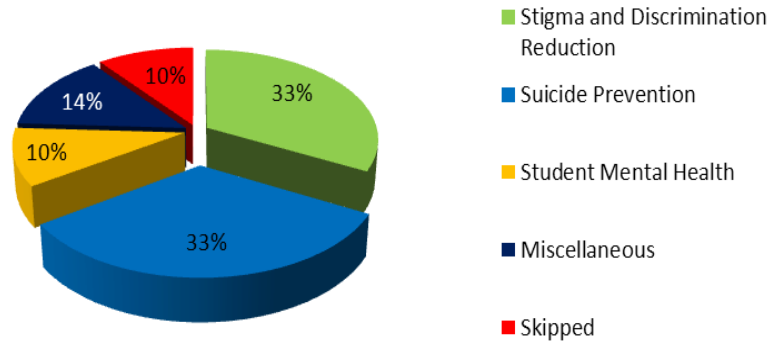
Question 4: Has the CalMHSa Student Mental Health Higher Education Initiative had impact in your county?

| | |
|--------|----|
| N=46 | |
| Yes | 21 |
| No | 10 |
| Unsure | 14 |
| Skip | 1 |



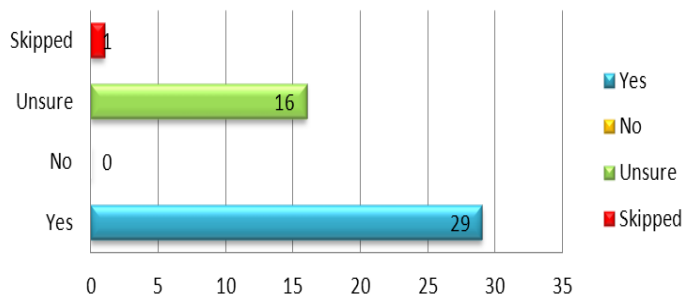
Question 5: Based on your knowledge of the CalMHSA PEI Statewide Projects, what stands out as being very impactful in your county?

| |
|---------|
| N=58 |
| SP 19 |
| SDR 19 |
| SMH 6 |
| Skip 6 |
| Misc. 8 |



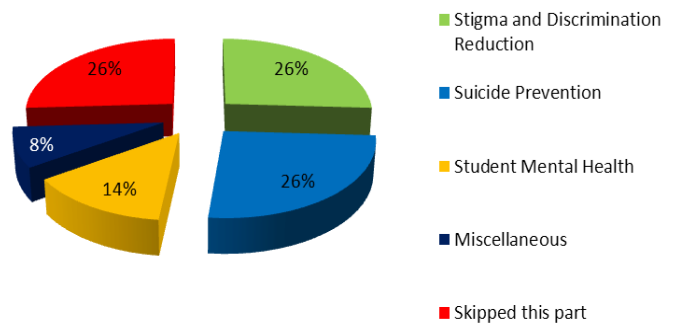
* Though 46 respondents completed the survey, some respondents identified one or more programs for this question. In consideration of this, the percentages have been derived using every program identified from respondents, there were a total of 58.

Question 6: Is there one project within any of the initiatives that must be continued?



| |
|--------|
| N=46 |
| Yes 29 |
| No 0 |
| Un- 16 |
| Skip 1 |

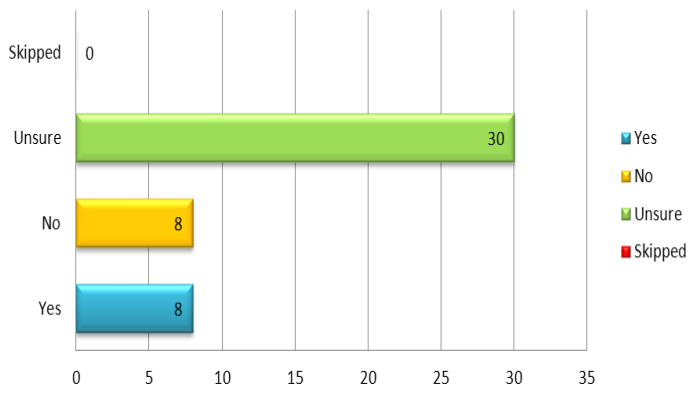
Question 6 -Part Two: If yes, please specify:



| |
|---------|
| N=58 |
| SP 15 |
| SDR 15 |
| SMH 8 |
| Skip 15 |
| Misc. 5 |

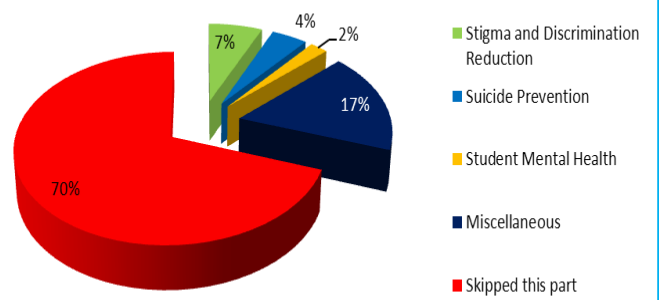
* Though 46 respondents completed the survey, some respondents identified one or more programs for this question. In consideration of this, the percentages have been derived using every program identified from respondents, there were a total of 58.

Question 7: Is there one project within any of the initiatives that should be discontinued?



| | |
|--------|----|
| N=46 | |
| Yes | 8 |
| No | 8 |
| Unsure | 30 |
| Skip | 0 |

Question 7 -Part Two: If yes, please specify:



| | |
|-------|----|
| N=46 | |
| SP | 2 |
| SDR | 3 |
| SMH | 1 |
| Skip | 32 |
| Misc. | 8 |

Criteria for rating current projects for sustaining

(revised 7/25/2013)

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

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

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

Criteria for rating projects for implementation of future projects

(July 25, 2013)

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