

Board of Directors Meeting

AGENDA

August 14, 2014

Open Meeting

2:45 p.m. – 5:00 p.m.



Call-In Information: 1-888-301-4288

Conference Code: 84044532

(listen in only)

Meeting Location:

Sonoma County
3322 Chanate Road
Santa Rosa, CA
(707) 565-5157

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

Fresno County
Heritage Building
3133 N Millbrook,
Room 165
Fresno, Ca 93703
(559) 600-6886

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.

A. BOARD OF DIRECTORS MEETING

2:45 p.m. – 5:00 p.m.

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 20 minutes total.

For agenda items, public comment will be invited at the time those items are addressed. Each interested party is to complete the Public Comment Card and provide it to CalMHSA staff prior to start of item. When it appears 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. CBHDA STANDING REPORT

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

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

- A. Routine Matters:
 - 1. Minutes from the June 12, 2014 Board of Directors Meeting..... 8
 - B. Reports/Correspondence:
 - 1. Treasurer’s Report as of June 30, 2014..... 20
 - 2. CalMHSA Investment Update..... 23
- Recommendation: Staff recommends approval of the Consent Calendar.**

6. STATEWIDE PEI PROGRAMS EVALUATION

- A. RAND Evaluation Update..... 46
Recommendation: None, information only.

7. MEMBERSHIP

- A. County Outreach Report – Allan Rawland, Associate Administrator
Government Relations..... 55
Recommendation: None, information only.

8. FINANCIAL MATTERS

- A. Report from the CalMHSA Finance Committee – Wayne Clark, Chairperson 58
Recommendation: None, information only.

9. REPORT FROM CALMHSA SEARCH COMMITTEE

- A. Report from CalMHSA Search Committee..... 63
Recommendation: None, information only.

10. PROGRAM MATTERS

- A. Report from CalMHSA Program Director – Ann Collentine..... 65
Recommendation: None, information only.
- B. Report from CalMHSA Advisory Committee – Anne Robin..... 94

Recommendation: None, information only.

- C. Draft of Phase Two Plan..... 95
 - 1.) **Recommendation: Adopt the Draft Phase Two Sustainability Plan for CalMHSA Statewide Prevention and Early Intervention Projects, for implementation from July 1, 2015 – June 30, 2017.**
 - 2.) **Delegate development of next steps and key operational recommendations to the Sustainability Taskforce for presentation to the CalMHSA Board at the October 2014 Board Meeting.**
- D. Update on Phase One and Board Action..... 128

Recommendation: None, information only
- E. Department of State Hospitals Update – Request for Information (RFI) 129

Recommendation: Approve release of a Request for Information (RFI) for opportunities to state hospital beds.
- F. RAND Evaluation Contract Amendment..... 142
 - 1.) **Recommendation: Authorize staff to negotiate a contract amendment with current evaluation contractor, RAND, for up to \$800,000.00 as part of the approved Phase One FY 14 -15 Program Plan.**
 - 2.) **Authorize an extended term for the RAND contract until June 30, 2016.**

11. GENERAL DISCUSSION

- A. Report from CalMHSA President – Maureen Bauman..... 146
 - Executive Committee Election – Superior Region Alternate, Donnell Ewert
 - General

Recommendation: Approve recommended Executive Committee Alternate member, representing Superior Region.
- B. Report from CalMHSA Executive Director – John Chaquica 147
 - 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 20 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. CLOSING COMMENTS

16. ADJOURNMENT

CBHDA STANDING REPORT

Agenda Item 4

SUBJECT: CBHDA Standing Report

ACTION FOR CONSIDERATION:

None, information only.

BACKGROUND AND STATUS:

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

FISCAL IMPACT:

None

RECOMMENDATION:

None, information only.

TYPE OF VOTE REQUIRED:

None

REFERENCE MATERIAL(S) ATTACHED:

- None

CONSENT CALENDAR

Agenda Item 5

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 12, 2014 Board of Directors Meeting

B. Reports/Correspondence:

1. Treasurer's Report as of June 30, 2014
2. CalMHSA Investment Update

FISCAL IMPACT:

None

RECOMMENDATION:

Approval of the Consent Calendar.

TYPE OF VOTE REQUIRED:

Majority of the Board of Directors.

REFERENCE MATERIAL(S) ATTACHED:

- Minutes from the June 12, 2014 Board of Directors Meeting
- Treasurer's Report as of June 30, 2014
- CalMHSA Investment Update



"A George Hill: Company Administered JPA"

**CalMHSAs Board of Directors
Meeting Minutes from June 12, 2014**

BOARD MEMBERS PRESENT

Maureen F. Bauman, LCSW, CalMHSAs President, Placer County
Wayne Clark, PhD, CalMHSAs Treasurer, Monterey County
CaSonya Thomas, MPA, CHC, CalMHSAs Secretary, San Bernardino County
Scott Gruendl, MPA, CalMHSAs Vice President, Glenn County
Rita Austin, LCSW, Central Region Representative, Tuolumne County
William Arroyo, MD, Los Angeles Region Representative, Los Angeles County
Karen Stockton, PhD, MSW, Superior Region Representative, Modoc County
Manuel Jimenez Jr., Alameda County
Terence M. Rooney, PhD, Colusa County
Don Ashton, El Dorado County
Asha George, Humboldt County
Michael Horn, MPA, Imperial County
Bill Walker, Kern County
Kristy Kelly, MFT, Lake County
Melody Brawley, Lassen County
Dennis Koch, Madera County
Suzanne Tavano, PHN, PhD, Marin County
Tom Pinizzotto, Mendocino County
Michael Heggarty, MFT, Nevada County
Mary Hale, Orange County
Jerry Wengerd, LCSW, Riverside County
Jane Ann LeBlanc, Sacramento County
Susan Bower, San Diego County
Vic Singh, San Joaquin County
Anne Robin, San Luis Obispo County
Stephen Kaplan, San Mateo County
Nancy Pena, PhD, Santa Clara County
Donnell Ewert, MPH, Shasta County
Madelyn Schlaepfer, PhD, Stanislaus County
Tony Hobson, Sutter/Yuba Counties
Noel J. O'Neill, MFT, Trinity County

Joan Beesley, MSW Yolo County

MEMBERS/ALTERNATES LISTENING IN

Dorian Kittrell, Butte County

Jeremy Wilson, Butte County

Karen Markland, RN, Fresno County

Ahmadreza Bahrami, Kings County

Andra Kuhlen, Imperial County

OTHERS LISTENING IN (non-posted location)

Warren Hayes, Contra Costa County

Amy Springmeyer, California Community Colleges Chancellor's Office

Aubrey Lara, Program Manager, Each Mind Matters

Betsy Sheldon, California Community Colleges Chancellor's Office

Cheryl Raney, Sacramento County Office of Education Director, California County Superintendents Educational Services

Diane Lampe, Sacramento County Office of Education Coordinator, California County Superintendents Educational Services

Jamie Sepulveda, CalMHSA Program Associate

Joseph Robinson, Program Director, Each Mind Matters

Keith Erselius

Kelly Bitz

Kimberly Ganade – Torres, Program Manager San Francisco Department of Public Health

Pamela Robinson, Sacramento County Office of Education Director, California County Superintendents Educational Services

Scott Rose, Vice President, Runyon Saltzman & Einhorn, Inc.

BOARD MEMBERS ABSENT

Steven Grolnic-McClurg, LCSW, City of Berkeley

Gary R. Blatnick, Del Norte County

Gail Zwier, PhD, Inyo County

John Lawless, Mariposa County

Robin Roberts, MFT, Mono County

Harold Malin, Napa County

Alan Yamamoto, LCSW, San Benito County

Jo Robinson, San Francisco City and County

Erik Riera, Med, CAS, MBA, Santa Cruz County

Terry Barber, Siskiyou County

Michael Kennedy, Bay Area Region Representative, Sonoma County

Halsey Simmons, MFT, Solano County

Jesse Duff, Tri-City Mental Health Center
Timothy Durick, PsyD, Tulare County
Susan Kelly, Ventura County

STAFF PRESENT

John Chaquica, CPA, MBA, ARM, CalMHSA Executive Director
Doug Alliston, CalMHSA Legal Counsel, Murphy Campbell Alliston & Quinn
Allan Rawland, MSW, ACSW, Associate Administrator – Government Relations
Ann Collentine, MPPA, CalMHSA Program Director
Stephanie Welch, MSW, CalMHSA Senior Program Manager
Sarah Brichler, MEd, CalMHSA Program Manager
Theresa Ly, CalMHSA Program Manager
Laura Li, CalMHSA JPA Administrative Manager
Kim Santin, CPA, CalMHSA Finance Director
Bianca Vidales, CalMHSA Administrative Assistant
Armando Bastida, CalMHSA Administrative Assistant

MEMBERS OF THE PUBLIC PRESENT

Kristen Barlow, California Mental Health Directors Association (CMHDA)
Anara Guard, Education Development Center – Know the Signs Campaign
Jeff Brown, Placer County
Phebe Bell, Nevada County Representative

1. CALL TO ORDER

The Board of Directors of the California Mental Health Services Authority (CalMHSA) was called to order by President, Maureen F. Bauman, LCSW, Placer County at 2:40 p.m. on June 12, 2014, at the Doubletree Hotel Sacramento, located at 2001 Point West Way, Sacramento, California. President Bauman welcomed those in attendance as well as those listening in on the phone.

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

2. ROLL CALL AND INTRODUCTIONS

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

3. INSTRUCTIONS FOR PUBLIC COMMENT AND STAKEHOLDER INPUT

Doug Alliston, CalMHSA Legal Counsel, Murphy Campbell Alliston & Quinn, 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 Bauman then asked for members of the public to introduce themselves.

4. CMHDA STANDING REPORT

With no CMHDA staff present, President Bauman moved on to the next item

Action: *None, information only.*

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

None

5. CONSENT CALENDAR

President Bauman acknowledged the consent calendar and asked for comment from Board members. Hearing a request from CaSonya Thomas, CalMHSA Secretary, San Bernardino County, to pull board Item 5.C Phase One Plan Contract Amendments from the consent calendar President Bauman entertained a motion for approval of the remaining items and moving 5.C to item 9.D.

Action: *Approval of the consent calendar with the exception of Item 5.C.*

Motion: *Kristy Kelly, Lake County*

Second: *Wayne Clark, Monterey County*

Motion passed unanimously.

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

None

6. MEMBERSHIP

A. County Outreach Report – Allan Rawland, Associate Administrator – Government Relations

Allan Rawland, CalMHSA Associate Administrator – Government Relations, deferred to a brief report within the board packet outlining current outreach activity.

Action: *None, information only.*

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

None

7. FINANCIAL MATTERS

A. Report from the CalMHSA Finance Committee – Scott Gruendl

Scott Gruendl, Treasurer, Glenn County, provided an update on the Finance Committee’s May 12, 2014 teleconference and reviewed the documents included in the agenda packet. Mr. Gruendl touched briefly on Financial Committee Members who will be terming out.

Action: *None, information only.*

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

None

**B. CALMHSA ANNUAL REVENUE AND EXPENDITURE REPORT – PROPOSED BUDGET
JUNE 30,2015**

Kim Santin, CalMHSA Finance Director, directed the Board to page 83 of the agenda and provided an overview of the timeline for compilation of the Annual Revenue and Expenditure Report – Proposed Budget, June 30, 2015. The Board asked for clarification on current versus sustainability money.

Action: *Adopt the CalMHSA Annual Revenue and Expenditure Report – Proposed Budget, June 30, 2015.*

Alameda County	A	Madera County	A	San Joaquin County	A
Berkeley, City of		Marin County	A	San Luis Obispo County	A
Butte County	A	Mariposa County		San Mateo County	A
Colusa County	A	Mendocino County	A	Santa Clara County	A
Contra Costa County		Modoc County	A	Santa Cruz County	
Del Norte County		Mono County		Shasta County	A
El Dorado County	A	Monterey County	A	Siskiyou County	
Fresno County	A	Napa County		Solano County	
Glenn County	A	Nevada County		Sonoma County	
Humboldt County	A	Orange County	A	Stanislaus County	A
Imperial County	A	Placer County	A	Sutter/Yuba County	A
Inyo County		Riverside County	A	Tri-City Health Center	
Kern County	A	Sacramento County	A	Trinity County	A
Kings County	A	San Benito County		Tulare County	
Lake County	A	San Bernardino County	A	Tuolumne County	A
Lassen County	A	San Diego County	A	Ventura County	
Los Angeles County	A	San Francisco City & County		Yolo County	A

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

Motion passed with thirty-four ayes, zero objections, and zero abstentions.

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

C. George Hills Company Contract With CalMHSA

Board Treasurer Gruendl introduced the topic of approval of the Third Amendment to the George Hills Contract, to include additional funding per fiscal year, for PEI sustainability, which would be effective from July 1, 2014 to June 30, 2017. Mr. Gruendl re-iterated the previously approved contract language from the December 2013 Board meeting, and the requests from the Board, to come back with additional information.

John Chaquica, CalMHSA Executive Director, referred to pages 114-115 of the Board packet and reviewed the various funding scenarios in an effort to provide clarity to the proposal.

Discussion took place at it relates to the term of the contract with final support of the proposed three-year contract.

A motion was made to approve the three-year contract, with a friendly amendment by Wayne Clark, Monterey County, tasking the Finance Committee with monitoring the levels of funding with regular reporting back to the board. The motion was seconded by Board Member Noel J. O’Neill, MFT, Trinity County.

Recommendation: Finance Committee recommends approval of the Third Amendment to the George Hills Contract, to include additional funding per fiscal year, for PEI sustainability, which would be effective from July 1, 2014 to June 30, 2017.

Action: Approval of the three-year contract with George Hills Company, Inc. and assigning the Finance Committee to monitor the level of funds for going below/over the 20M – 60M range.

Alameda County	A	Madera County	A	San Joaquin County	A
Berkeley, City of		Marin County	A	San Luis Obispo County	A
Butte County	A	Mariposa County		San Mateo County	A
Colusa County	A	Mendocino County	A	Santa Clara County	A
Contra Costa County		Modoc County	AB	Santa Cruz County	
Del Norte County		Mono County		Shasta County	A
El Dorado County	AB	Monterey County	A	Siskiyou County	
Fresno County	A	Napa County		Solano County	
Glenn County	A	Nevada County		Sonoma County	
Humboldt County	AB	Orange County	A	Stanislaus County	A
Imperial County	A	Placer County	A	Sutter/Yuba County	A

Inyo County		Riverside County	A	Tri-City Health Center	
Kern County	A	Sacramento County	AB	Trinity County	A
Kings County	A	San Benito County		Tulare County	
Lake County		San Bernardino County	N	Tuolumne County	A
Lassen County	A	San Diego County	A	Ventura County	
Los Angeles County	A	San Francisco City & County		Yolo County	A

Motion: *Wayne Clark, Monterey County*
Second: *Noel J. O’Neill, MFT, Trinity County*

Motion passed with twenty-nine ayes and one no, and four abstentions

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

8. REPORT FROM SEARCH COMMITTEE

President Bauman led the discussion from the Search Committee, regarding the restructuring of CalMHSA with the addition of a new Executive Director, including the additional funding of \$280,000.

The Board approved the restructuring plan, including recruitment of the new Executive Director, within the budget amounts and timelines established by the Search Committee.

The motion was approved with the following friendly amendment by Anne Robin, San Luis Obispo, seconded by Board Member Wayne Clark, Monterey County. The friendly amendment from Ms. Robin was that the contracting details be left open in an effort to negotiate in the best interest for CalMHSA. Additionally, once the individual is identified and knowledge of the expertise they bring to the table, the current staffing structure is to be re-evaluated for changes as needed. Motion and friendly amendment was accepted by Jerry Wengerd, Riverside County and Dr. William Arroyo, Los Angeles County.

Recommendation: *Approval of the restructuring plan, including recruitment of new Executive Director, within the budget amounts and timelines established by the Search Committee. Search and recommendation shall be performed by the Search Committee with final approval by the CalMHSA Board.*

Action: *Approved subject to a friendly amendment that contracting details be left open in an effort to negotiate in the best interest for CalMHSA. After considering a candidate, reevaluate staffing as a whole will be re-evaluated to make changes as needed.*

Alameda County	A	Madera County		San Joaquin County	N
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Berkeley, City of		Marin County	AB	San Luis Obispo County	A
Butte County	AB	Mariposa County		San Mateo County	A
Colusa County	A	Mendocino County	AB	Santa Clara County	A
Contra Costa County		Modoc County	A	Santa Cruz County	
Del Norte County		Mono County		Shasta County	A
El Dorado County	A	Monterey County	A	Siskiyou County	
Fresno County	A	Napa County		Solano County	
Glenn County	A	Nevada County		Sonoma County	
Humboldt County	AB	Orange County	A	Stanislaus County	A
Imperial County	N	Placer County	A	Sutter/Yuba County	A
Inyo County		Riverside County	A	Tri-City Health Center	
Kern County	N	Sacramento County	A	Trinity County	A
Kings County	AB	San Benito County		Tulare County	
Lake County		San Bernardino County	A	Tuolumne County	A
Lassen County	AB	San Diego County		Ventura County	
Los Angeles County	A	San Francisco City & County		Yolo County	A

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

Motion passed with twenty-two ayes, six abstentions and three noes

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

9. PROGRAMS MATTERS

A. Report from CalMHSA Program Director – Ann Collentine

President Bauman called on Ms. Collentine to give a report to the Board. Due to time constraints, Ms. Collentine referred the Board to pages 150–159 of their Board packet.

Action: None, information only.

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

B. Report from the CalMHSA Advisory Committee – Anne Robin

This item was not discussed.

Action: None, information only.

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

None

C. PHASE TWO SUSTAINABILITY PLAN STATUS

This item was not discussed.

Action: *None, information only.*

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

None

D. Phase One Plan Contract Amendments

Ann Collentine, CalMHSA Program Director, led a discussion on the priorities as endorsed by the Executive Committee, Advisory Committee and the Sustainability Taskforce; outlined program activities for Phase One Contract Amendment Priorities, and emphasized the reduction in contract amounts. Ms. Collentine directed the Board to attachments in the Board packet and entertained discussion of the recommendation and addressed member questions. The Board discussed process and means to sustain the CalMHSA PEI Statewide Projects for continuation of the programs from July 1, 2014 – June 30, 2015. President Bauman proposed the Action before the Board of implementation Phase One prioritized based upon available funding.

Action: Authorize staff to negotiate contracts with current contractors, and subcontractors working on the Directing Change Program, consistent with the Phase I Prioritized Program recommendations approved by the Executive Committee in April 2014, for amounts that in the aggregate do not exceed the approved budget and subject to availability of funds. Authorize execution of such contracts by President of the Board.

Alameda County	A	Madera County		San Joaquin County	A
Berkeley, City of		Marin County		San Luis Obispo County	A
Butte County	A	Mariposa County		San Mateo County	A
Colusa County	A	Mendocino County	A	Santa Clara County	A
Contra Costa County		Modoc County	A	Santa Cruz County	
Del Norte County		Mono County		Shasta County	A
El Dorado County	A	Monterey County	A	Siskiyou County	
Fresno County	A	Napa County		Solano County	
Glenn County	A	Nevada County		Sonoma County	
Humboldt County	A	Orange County	AB	Stanislaus County	A
Imperial County		Placer County	A	Sutter/Yuba County	A
Inyo County		Riverside County	A	Tri-City Health Center	
Kern County	A	Sacramento County	A	Trinity County	A
Kings County	A	San Benito County		Tulare County	

Lake County		San Bernardino County	A	Tuolumne County	A
Lassen County	A	San Diego County	A	Ventura County	
Los Angeles County	A	San Francisco City & County		Yolo County	A

Motion: *Karen Stockton, Modoc County*
Second: *Noel J. O’Neill, MFT, Trinity County*

Motion passed with twenty-nine ayes, zero noes, and one abstention.

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

10. ADMINISTRATIVE MATTERS

A. Executive Committee Election

Wayne Clark, Monterey County, did a quick overview of the proposed slate of Executive Committee members. President Bauman entertained the recommendation to approve the recommended slate of officers and Executive Committee members representing the five CMHDA regions .

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

Motion: *Anne Robin, San Luis Obispo*
Second: *Manual Jimenez, Alameda County*

Motion passed with all those present in favor.

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

B. Finance Committee and Appointments

President Bauman entertained the recommendation to approve the Finance Committee member appointments to a two year term.

Action: *Approval of Finance Committee member appointments to a two year term.*

Motion: *Mary Hale, Orange County*
Second: *Wayne Clark, Monterey County*

Motion passed with all those present in favor.

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

None

11. GENERAL DISCUSSION

A. Report from CalMHSA President – Maureen Bauman

President Bauman suggested to only consider critical items due to time restraint.

Ann Collentine introduced new CalMHSA Program Manager Theresa Li, who would replace Sarah Brichler as Suicide Prevention Program Manager.

Action: Discussion and/or action as deemed appropriate.

Motion passed with all those present in favor

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

None

B. Report from CalMHSA Executive Director – John Chaquica

This item was not discussed.

Action: None, information only.

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

None

12. PUBLIC COMMENTS

A. Public Comments Non- Agenda Items

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

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

None

13. NEW BUSINESS AND CLOSING COMMENTS

President Bauman asked the Board if there was any new business or closing comments.

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

None

14. ADJOURNMENT

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

None

Hearing no further comments, the meeting was adjourned at 5:04 p.m.

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

Motion passed with all those present in favor.

Respectfully submitted,

CaSonya Thomas, MPA, CHC
Secretary, CalMHSA

Date



"A George Hills Company Administered JPA"

Treasurer's Report As of June 30, 2014

	Book Balance	Market Value	Effective Yield
Local Agency Investment Fund	\$420,219	\$420,344	.228%
Morgan Stanley Smith Barney	45,086,219	44,042,605	.7%
Cash with California Bank & Trust	344,039	344,039	0.00%
Total Cash and Investments	\$45,850,477	\$44,806,988	

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

The LAIF market value was derived by applying the June 2014 fair value factor of 1.00029875 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

Wayne Clark, Treasurer

**CALMHSA'S QUARTERLY TREASURER'S REPORT
AS OF JUNE 30, 2014**

	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:								
General Electric Capital Corp	3/14/2013	9/15/2014	2,820,000	2,992,330	2,845,859	2.24%	2.35%	3,342
Walt Disney Company	5/17/2013	12/1/2014	4,000,000	4,034,240	4,011,200	0.43%	0.44%	(1,386)
Credit Suisse New York	12/18/2013	12/18/2014	5,000,000	5,000,000	5,004,250	0.51%	0.51%	5,050
Wells Fargo Company	5/17/2013	2/13/2015	4,000,000	4,046,280	4,023,360	1.24%	1.24%	7,697
Pepsico Inc	12/9/2013	3/5/2015	2,485,000	2,500,627	2,492,554	0.75%	0.75%	(3,928)
Coca-Cola Co	12/13/2012	3/13/2015	4,667,000	4,986,729	4,683,428	0.70%	0.75%	10,057
Toyota Motor	12/4/2013	6/17/2015	2,365,000	2,500,748	2,429,967	3.03%	3.11%	(3,504)
JPMorgan Securities, LLC C/P	12/4/2013	8/29/2014	5,000,000	4,985,167	4,998,500	0.00%	0.00%	9,133
BNP Paribas Finance Inc C/P	3/3/2014	9/2/2014	5,000,000	4,992,922	4,998,450	0.00%	0.00%	1,128
Total corporate bonds			35,337,000	36,039,043	35,487,568	0.80%	0.82%	27,589
Federal Agencies								
FHLMC 5%	1/20/2012	7/15/2014	2,695,000	2,994,037	2,700,121	2.25%	2.50%	2,939
FHLMC 1%	1/20/2012	7/30/2014	2,940,000	2,977,250	2,942,117	0.49%	0.50%	3,203
FNMA 3%	1/20/2012	9/16/2014	2,785,000	2,965,050	2,801,961	1.41%	1.49%	5,271
Total government & GSE bonds			8,420,000	8,936,337	8,444,198	1.39%	1.47%	11,413
Total Portfolio Investments			43,757,000	44,975,380	43,931,766			39,001
Local Agency Investment Fund (LAIF)			-	420,219	420,344			-
Morgan Stanley AA Money Trust			-	110,839	110,839			-
Checking Account			-	344,039	344,039			-
Total Cash and Investments			43,757,000	45,850,477	44,806,988			39,001

*Government Sponsored Entity

Summary of Portfolio Investments	Year to Date Activity of	NOTES:
Corporate Bonds	35,487,568 Fair Market Value 7/1/12	<p>Market Value is an approximation of the total worth of the asset, and fluctuates on a daily basis depending on market factors.</p> <p>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.</p> <p>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.</p> <p>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.</p>
Federal Agencies	8,444,198 Purchases	
	Sales/Maturities (124,215,038)	
	Net Unrealized Gains(Losses) (1,782,587)	
	Fair Market Value 6/30/14 43,931,766	
1-2 year	\$ -	
0-1 year	43,931,766	
	\$ 43,931,766	

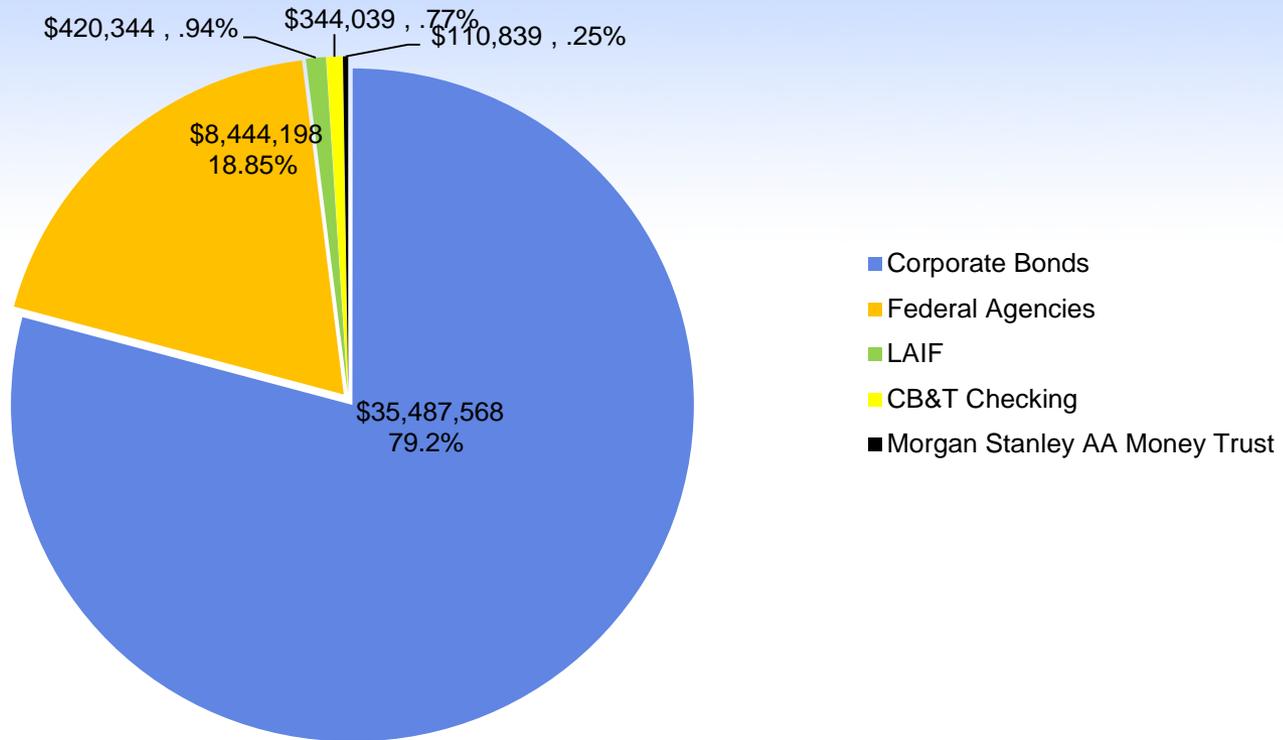
Total Cash Portfolio Dollars – June 30, 2014



Investment Policy Objectives

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

Summary of Investment Portfolio



Total Cash and Investments \$44,806,988



Morgan Stanley

CalMHSA Account Review

Wednesday, July 16, 2014

Prepared for: CalMHSA Finance Committee Meeting: July 29, 2014

155 Cadillac Drive
Sacramento, CA 95825
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John T. Liddle
Sr. Vice President
Sr. Investment Management Consultant

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POSITIONS: Custom View

As of 05:38 PM EDT, 07/15/2014

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY (PFM)
 178-116821-451 Consulting and Evaluation Services
 Corp Account / Profit Corporation / MGR: PFM Asset Mgmt
 - ST 1-3 yr FI
 \$44,022,049.33 (prev. close) / Reserved Prestige

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY (PFM)
 SUITE 200
 RNCHO CORDOVA CA 95670-6394
 (916) 859-4800 (B) | kim.santin@georgehills.com

POSITIONS 14 NET CASH \$2,873,213.63																	
Symbol/ CUSIP ▲	Security Description	Quantity	Price (\$)	Market Value (\$)	Chg. (\$)	Unit Cost (\$)	Total Cost (\$)	G/L (\$)	G/L (%)	Net Value Incr/Decr (\$)	% Of Account (LMV)	Product	Div Re/ CG Re	Accrued Interest	APY	Curr Yield	MS Rtg
-	Cash	-	-	2,762,375.00	2,762,375.00	-	-	-	-	-	6.27	Cash	-	-	-	-	-
0556N1J20	BNP PARIBAS FINANCE INC C/ PCoupon 0.00% Mature 09/02/2014 (B2W6F)	5,000,000.000	99.978	4,998,900.00	-	99.86	4,992,922.20	5,977.80	0.12	-	11.34	Corporate Fixed Income	-	0.00	-	0.00	-
191216AX8	COCA-COLA COCoupon 0.75% Mature 03/13/2015 (A2P6X)	4,667,000.000	100.320	4,681,934.40	-	100.16	4,674,653.85	7,280.55	0.16	-	10.62	Corporate Fixed Income	-	11,764.71	-	0.74	-
22549TQD3	CREDIT SUISSE NEW YORK YDCoupon 0.51% Mature 12/18/2014 (B2KE3)	5,000,000.000	100.082	5,004,100.00	-	100.00	5,000,000.00	4,100.00	0.08	-	11.35	Corporate Fixed Income	-	0.00	-	0.50	-
25468PCQ7	WALT DISNEY COMPANY Coupon 0.88% Mature 12/01/2014(AJ6H0)	4,000,000.000	100.249	4,009,960.00	-	100.21	4,008,433.12	1,526.88	0.04	-	9.10	Corporate Fixed Income	-	4,180.52	-	0.87	-
3134A4UU6	FED HOME LN MTG CORPCoupon 5.00% Mature 07/15/2014 (GNP32)	0.000	100.000	0.00	-2,695,000.00	-	See Details	-	-	-	0.00	Government Securities	-	0.00	-	5.00	-
3137EACU 1	FED HOME LN MTG CORP MED TERM NOTECoupon 1.00% Mature 07/30/2014 (B311D)	2,940,000.000	100.038	2,941,117.20	-	100.02	2,940,577.84	539.36	0.02	-	6.67	Government Securities	-	13,393.32	-	0.99	-
31398AYY2	FED NATL MTG ASSN Coupon 3.00% Mature 09/16/2014 (GAB98)	2,785,000.000	100.493	2,798,730.05	-	100.41	2,796,400.69	2,329.36	0.08	-	6.35	Government Securities	-	27,385.82	-	2.98	-
36962GK86	GENERAL ELECTRIC CAPTIAL CORPCoupon 4.75% Mature 09/15/2014 (TBD60)	2,820,000.000	100.737	2,840,783.40	-	100.67	2,839,027.18	1,756.22	0.06	-	6.44	Corporate Fixed Income	-	44,277.92	-	4.71	-
46640QHV6	JPMORGAN SECURITIES LLC C/ PCoupon 0.00% Mature 08/29/2014 (CH94F)	5,000,000.000	99.977	4,998,850.00	-	99.70	4,985,166.67	13,683.33	0.27	-	11.34	Corporate Fixed Income	-	0.00	-	0.00	-
713448BX5	PEPSICO INCCoupon 0.75% Mature 03/05/2015(AM06X)	2,485,000.000	100.286	2,492,107.10	-	100.32	2,493,028.13	-921.03	-0.04	-	5.65	Corporate Fixed Income	-	6,678.41	-	0.74	-
89233P4B9	TOYOTA MOTOR CREDIT CORPCoupon 3.20% Mature 06/17/2015 (AJ5W6)	2,365,000.000	102.627	2,427,128.55	-	102.55	2,425,224.87	1,903.68	0.08	-	5.51	Corporate Fixed Income	-	5,676.00	-	3.11	-

M = Position purchased on Margin, S = Short Position, E = External Account, C = Reinvest None, R = Reinvest, P = Reinvest Principal (UIT's), I = Reinvest Income (UIT's), RTH = Recommend to Hold, O = Open Order, SK = Position held in Safekeeping

POSITIONS: Custom View

As of 05:38 PM EDT, 07/15/2014

**CALIFORNIA MENTAL HEALTH
SERVICES AUTHORITY (PFM)
178-116821-451 Consulting and Evaluation Services**

POSITIONS (CONTINUED)																	
Symbol/ CUSIP A	Security Description	Quantity	Price (\$)	Market Value (\$)	Chg. (\$)	Unit Cost (\$)	Total Cost (\$)	G/L (\$)	G/L (%)	Net Value Incr/Decr (\$)	% Of Account (LMV)	Product	Div Re/ CG Re	Accrued Interest	APY	Curr Yield	MS Rtg
94974BFA3	WELLS FARGO & COMPANY Coupon 1.25% Mature 02/13/2015(CF08U)	4,000,000.000	100.565	4,022,600.00	-	100.39	4,015,473.66	7,126.34	0.18	-	9.12	Corporate Fixed Income	-	20,972.20	-	1.24	-
AAMT	MS ACTIVE ASSETS MONEY TRUST	-	-	110,838.63	-	-	-	-	-	-	0.25	Money Market	-	-	-	-	-
Sub-Total - Advisory Assets				\$41,327,049.33													
Sub-Total - Non-Advisory Assets				\$2,762,375.00													
Totals				\$44,089,424.33	\$67,375.00		\$41,170,908.21	\$45,302.49						\$134,328.91			

Cash, MMF and Deposits - Bank deposits are held at (1) Morgan Stanley Bank, N.A. and/or Morgan Stanley Private Bank, National Association, affiliates of Morgan Stanley Smith Barney, LLC, or (2) Citibank, N.A., each FDIC members. Deposits are eligible for FDIC insurance up to applicable limits and in accordance with FDIC rules.

Fixed Income - Bond prices are typically updated on a daily basis through an overnight batch feed, therefore prices do not reflect current intra-day values. Prices displayed in the official account statement may differ from the prices utilized in this material due to, among other things, the use of different reporting methods, date of the report, rounding, delays, market conditions and interruptions. For floating rate securities, the accrued interest is an estimate based on the current floating coupon rate and may not reflect historic rates within the accrual period.

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Mutual Funds - Mutual Funds are typically priced daily. The price provided is the previous business day's closing price. The amount of Net Value Increase/ (Decrease) compares your Total Purchases (all purchases less Dividend Re-Investments) with the Market Value of all shares you hold of the fund. This calculation is of informational purposes only, does not reflect your total unrealized gain or loss and should not be used for tax purposes. Please note that we are not able to identify the mutual fund position as Margin "M" if the position balance is made up of shares that are new (less than 30 days old).

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M = Position purchased on Margin, S = Short Position, E = External Account, C = Reinvest None, R = Reinvest, P = Reinvest Principal (UIT's), I = Reinvest Income (UIT's), RTH = Recommend to Hold, O = Open Order, SK = Position held in Safekeeping

Page 2 of 3

The Bank Deposit Program (BDP) is a cash sweep feature whereby clients can choose to have their available free credit balances automatically deposited into interest bearing, FDIC-insured deposit accounts at up to three banks ("Program Banks"): (1) Morgan Stanley Bank, N.A. and/or Morgan Stanley Private Bank, National Association (together, the "Morgan Stanley Banks"), or (2) Citibank, N.A. The Program Banks are FDIC members. Morgan Stanley Smith Barney LLC ("Morgan Stanley") is a registered broker-dealer, not a bank. Morgan Stanley and the Morgan Stanley Banks are affiliates. Unless specifically disclosed to you in writing, other investments and services offered to you through Morgan Stanley are not insured by the FDIC, are not deposits or other obligations of, or guaranteed by, the Program Banks and involve investment risks, including possible loss of principal amount invested.

New Treasury regulations require that we report your adjusted cost basis and classify the gain or loss as either long-term or short-term on the sale of covered securities acquired on or after January 1, 2011. These regulations also require that we make basis adjustments due to wash sales, certain corporate actions and transfers by gift or inheritance, which will be reflected on your Form 1099-B. This section may not reflect all of the basis adjustments we are required to make for tax reporting purposes. The information in this section is provided for informational purposes only and should not be used in the preparation of your income tax returns.

GUIDE TO MORGAN STANLEY & CO. LLC (MORGAN STANLEY) AND STANDARD & POOR'S RESEARCH RATINGS

Morgan Stanley Research Ratings

Morgan Stanley does not assign ratings of Buy, Hold or Sell to the stocks they cover. Morgan Stanley's ratings, Overweight, Equal-weight, Not-Rated and Underweight, are not the equivalent of Buy, Hold, and Sell, but represent recommended relative weightings. To satisfy regulatory requirements, Morgan Stanley corresponds Overweight, their most positive stock rating, with a Buy recommendation, they correspond Equal-weight and Not-Rated to Hold and Underweight to Sell recommendations, respectively. For ease of comparison, we have normalized these ratings so that (1) corresponds to Buy recommendations, (2) corresponds to Hold recommendations, and (3) corresponds to Sell recommendations. Please refer to a Morgan Stanley research report for a complete description of Morgan Stanley's rating system and Morgan Stanley's actual proprietary rating on any covered company.

Morgan Stanley's ratings are described below:

Morgan Stanley Wealth Management Normalized Code / Morgan Stanley Rating: Definition

- 1 / Overweight (O):** The stock's total return is expected to exceed the average total return of the analyst's industry (or industry team's) coverage universe, on a risk-adjusted basis, over the next 12-18 months
- 2 / Equal-weight (E):** The stock's total return is expected to be in line with the average total return of the analyst's industry (or industry team's) coverage universe, on a risk-adjusted basis, over the next 12-18 months
- 2 / Not-Rated (NR):** Currently the analyst does not have adequate conviction about the stock's total return relative to the average total return of the analyst's industry (or industry team's) coverage universe, on a risk-adjusted basis, over the next 12-18 months
- 3 / Underweight (U):** The stock's total return is expected to be below the average total return of the analyst's industry (or industry team's) coverage universe, on a risk-adjusted basis, over the next 12-18 months.

Standard & Poor's Equity Research Ratings

For ease of comparison, we have normalized Standard & Poor's proprietary research ratings to a 1 (Buy), 2 (Hold), and 3 (Sell), which differs from Standard & Poor's rating system.

Please refer to a Standard & Poor's research report for a complete description of Standard & Poor's rating system and Standard & Poor's actual proprietary rating on any covered company. Standard & Poor's ratings are described below:

Morgan Stanley Wealth Management Normalized Code / Standard & Poor's Rating: Definition

- 1 / 5-Stars (Strong Buy):** Total return is expected to outperform the total return of a relevant benchmark, by a wide margin over the coming 12 months, with shares rising in price on an absolute basis
- 1 / 4-Stars (Buy):** Total return is expected to outperform the total return of a relevant benchmark over the coming 12 months, with shares rising in price on an absolute basis
- 2 / 3-Stars (Hold):** Total return is expected to closely approximate the total return of a relevant benchmark over the coming 12 months, with shares generally rising in price on an absolute basis
- 3 / 2-Stars (Sell):** Total return is expected to underperform the total return of a relevant benchmark over the coming 12 months, and the share price not anticipated to show a gain.
- 3 / 1-Stars (Strong Sell):** Total return is expected to underperform the total return of a relevant benchmark by a wide margin over the coming 12 months, with shares falling in price on an absolute basis

Relevant benchmarks: In North America the relevant benchmark is the S&P 500 Index, in Europe and in Asia, the relevant benchmarks are generally the S&P Europe 350 Index and the S&P Asia 50 Index.

Moody's Investors Service and Standard & Poor's Credit Ratings

The credit rating from Moody's Investors Service and Standard & Poor's may be shown for certain fixed income securities. All credit ratings represent the "opinions" of the provider and are not representations or guarantees of performance.

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Investment products on the Focus List have CG IAR's highest level of confidence. CG IAR believes these investment products have the potential to outperform an appropriate benchmark or peer group over a longer period, typically greater than three years. There can be no guarantee, however, that any Focus List investment product will outperform its benchmark or peer group. Investment products on the Approved List have been evaluated by CG IAR and meet acceptable standards. They have usually been subject to a less comprehensive evaluation process than investment products on CG IAR's Focus List. The Not Approved List identifies investment products that in CG IAR's opinion no longer warrant research coverage due to a specific concern(s) or material event.

As of 07/14/2014

Prepared by John T Liddle
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Acct. 178-116821-451

	Current Month	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Twelve Month Total
Fixed Income (1)	\$82,075	25,000	135,570	—	—	55,340	—	25,000	26,820	—	—	37,840	—	305,570
Income Total	\$82,075	25,000	135,570	—	—	55,340	—	25,000	26,820	—	—	37,840	—	305,570

	Account Totals*	Projected Income	% Yield**
Fixed Income	\$43,911,211	\$305,570	0.70%
Total	\$43,911,211	\$305,570	0.70%

(1) Group contained 2 records with No Annual Dividend. No income reported.

* Account Totals do not include Cash, Cash Equivalents and Annuities.

** Monthly projections are rounded to the nearest dollar and totaled, therefore, % yield calculations are approximate.

Estimated Annual Income (EAI) is calculated on a pre-tax basis and does not include any reduction for applicable non-US withholding taxes, if any. EAI for certain securities may include return of principal or capital gains which could overstate such estimates. For securities that have a defined maturity date within the next 12 months, EAI is reflected only through maturity date. Actual income or yield may be lower or higher than the estimates. Estimated yield reflects only the income generated by an investment, and does not reflect changes in its price. Accrued interest, annual income and yield for structured products with a contingent income feature (such as Range Accrual Notes or Contingent Income Notes) are estimates and assume specified accrual conditions are met during the relevant period and payment in full of all contingent interest. For Floating Rate Securities, the accrued interest, annual income and yield are estimates based on the current floating coupon rate and may not reflect historic rates within the accrual period.

The above summary/prices/quotes/statistics have been obtained from sources believed reliable but are not necessarily complete and cannot be guaranteed. The information contained in client monthly account statements and confirmations reflects all transactions, and as such supersedes all other reports for financial and tax purposes. This report does not supersede or replace your monthly Client Statement. If we do not hold the securities in a Morgan Stanley Wealth Management account, the report reflects securities which we believe you own, based upon your communications with our Financial Advisor. © 2014 Morgan Stanley Smith Barney LLC. Member SIPC.

Third-party and Morgan Stanley Wealth Management research on certain companies is available to clients of the Firm at no cost. Clients can access this research at www.morganstanleyclientserv.com or contact their Financial Advisor to request a copy of this research be sent to them.

Prepared by John T Liddle
Ph. +1 916 567-2030

Acct. 178-116821-451

Date	Symbol/ CUSIP	Description	Taxable Dividends	Tax Free Dividends	Taxable Interest	Tax Free Interest
05/15/12	06406HBL2	BANK OF NEW YORK 4300 14MY15 Maturity Date: 05/15/14 Coupon: 4.30%	—	—	\$59,340.00	—
11/15/12	06406HBL2	BANK OF NEW YORK 4300 14MY15 Maturity Date: 05/15/14 Coupon: 4.30%	—	—	59,340.00	—
05/15/13	06406HBL2	BANK OF NEW YORK 4300 14MY15 Maturity Date: 05/15/14 Coupon: 4.30%	—	—	59,340.00	—
11/15/13	06406HBL2	BANK OF NEW YORK 4300 14MY15 Maturity Date: 05/15/14 Coupon: 4.30%	—	—	59,340.00	—
05/15/14	06406HBL2	BANK OF NEW YORK 4300 14MY15 Maturity Date: 05/15/14 Coupon: 4.30%	—	—	59,340.00	—
03/13/13	191216AX8	COCA-COLA CO 0750 15MH13 Maturity Date: 03/13/15 Coupon: 0.75%	—	—	17,501.25	—
09/13/13	191216AX8	COCA-COLA CO 0750 15MH13 Maturity Date: 03/13/15 Coupon: 0.75%	—	—	17,501.25	—
03/13/14	191216AX8	COCA-COLA CO 0750 15MH13 Maturity Date: 03/13/15 Coupon: 0.75%	—	—	17,501.25	—
08/20/13	313381YP4	FHLB 0250 15FB20 Maturity Date: 02/20/15 Coupon: 0.25%	—	—	3,875.00	—
02/20/14	313381YP4	FHLB 0250 15FB20 Maturity Date: 02/20/15 Coupon: 0.25%	—	—	3,875.00	—
02/28/12	313374Y61	FHLB 0500 13AU28 Maturity Date: 08/28/13 Coupon: 0.50%	—	—	12,425.00	—
08/28/12	313374Y61	FHLB 0500 13AU28 Maturity Date: 08/28/13 Coupon: 0.50%	—	—	12,425.00	—
02/28/13	313374Y61	FHLB 0500 13AU28 Maturity Date: 08/28/13 Coupon: 0.50%	—	—	12,425.00	—

Third-party and Morgan Stanley Wealth Management research on certain companies is available to clients of the Firm at no cost. Clients can access this research at www.morganstanleyclientserv.com or contact their Financial Advisor to request a copy of this research be sent to them.

Dividend & Interest Received
 (01/01/2012 - 07/14/2014)
 As of 07/14/2014

CALIFORNIA MENTAL HEALTH
 SERVICES AUTHORITY (PFM)
 3043 GOLD CANAL DRIVE
 SUITE 200
 RNCHO CORDOVA CA 95670-6394

Prepared by John T Liddle
 Ph. +1 916 567-2030

Acct. 178-116821-451

Date	Symbol/ CUSIP	Description	Taxable Dividends	Tax Free Dividends	Taxable Interest	Tax Free Interest
08/28/13	313374Y61	FHLB 0500 13AU28 Maturity Date: 08/28/13 Coupon: 0.50%	—	—	\$12,425.00	—
06/14/12	31339X2M5	FHLB 3875 13JN14 Maturity Date: 06/14/13 Coupon: 3.87%	—	—	91,837.50	—
12/14/12	31339X2M5	FHLB 3875 13JN14 Maturity Date: 06/14/13 Coupon: 3.87%	—	—	91,837.50	—
06/14/13	31339X2M5	FHLB 3875 13JN14 Maturity Date: 06/14/13 Coupon: 3.87%	—	—	56,962.50	—
04/30/12	3137EACX5	FHLMC 0375 13OC30 Maturity Date: 10/30/13 Coupon: 0.37%	—	—	9,356.25	—
10/30/12	3137EACX5	FHLMC 0375 13OC30 Maturity Date: 10/30/13 Coupon: 0.37%	—	—	9,356.25	—
04/30/13	3137EACX5	FHLMC 0375 13OC30 Maturity Date: 10/30/13 Coupon: 0.37%	—	—	9,356.25	—
10/30/13	3137EACX5	FHLMC 0375 13OC30 Maturity Date: 10/30/13 Coupon: 0.37%	—	—	9,356.25	—
07/15/12	3134A4TZ7	FHLMC 4500 13JL15 Maturity Date: 07/15/13 Coupon: 4.50%	—	—	105,750.00	—
01/15/13	3134A4TZ7	FHLMC 4500 13JL15 Maturity Date: 07/15/13 Coupon: 4.50%	—	—	105,750.00	—
07/15/13	3134A4TZ7	FHLMC 4500 13JL15 Maturity Date: 07/15/13 Coupon: 4.50%	—	—	105,750.00	—
07/15/12	3134A4UU6	FHLMC 5000 14JL15 Maturity Date: 07/15/14 Coupon: 5.00%	—	—	67,375.00	—
01/15/13	3134A4UU6	FHLMC 5000 14JL15 Maturity Date: 07/15/14 Coupon: 5.00%	—	—	67,375.00	—
07/15/13	3134A4UU6	FHLMC 5000 14JL15 Maturity Date: 07/15/14 Coupon: 5.00%	—	—	67,375.00	—

Dividend & Interest Received
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CALIFORNIA MENTAL HEALTH
 SERVICES AUTHORITY (PFM)
 3043 GOLD CANAL DRIVE
 SUITE 200
 RNCHO CORDOVA CA 95670-6394

Prepared by John T Liddle
 Ph. +1 916 567-2030

Acct. 178-116821-451

Date	Symbol/ CUSIP	Description	Taxable Dividends	Tax Free Dividends	Taxable Interest	Tax Free Interest
01/15/14	3134A4UU6	FHLMC 5000 14JL15 Maturity Date: 07/15/14 Coupon: 5.00%	—	—	\$67,375.00	—
01/30/12	3137EACU1	FHLMC MTN 1000 14JL30 Maturity Date: 07/30/14 Coupon: 1.00%	—	—	19,436.67	—
07/30/12	3137EACU1	FHLMC MTN 1000 14JL30 Maturity Date: 07/30/14 Coupon: 1.00%	—	—	14,700.00	—
01/30/13	3137EACU1	FHLMC MTN 1000 14JL30 Maturity Date: 07/30/14 Coupon: 1.00%	—	—	14,700.00	—
07/30/13	3137EACU1	FHLMC MTN 1000 14JL30 Maturity Date: 07/30/14 Coupon: 1.00%	—	—	14,700.00	—
01/30/14	3137EACU1	FHLMC MTN 1000 14JL30 Maturity Date: 07/30/14 Coupon: 1.00%	—	—	14,700.00	—
02/09/12	3135G0BR3	FNMA 0500 13AU09 Maturity Date: 08/09/13 Coupon: 0.50%	—	—	12,425.00	—
08/09/12	3135G0BR3	FNMA 0500 13AU09 Maturity Date: 08/09/13 Coupon: 0.50%	—	—	12,425.00	—
02/09/13	3135G0BR3	FNMA 0500 13AU09 Maturity Date: 08/09/13 Coupon: 0.50%	—	—	12,425.00	—
08/09/13	3135G0BR3	FNMA 0500 13AU09 Maturity Date: 08/09/13 Coupon: 0.50%	—	—	12,425.00	—
06/18/12	31398A5W8	FNMA 0750 13DE18 Maturity Date: 12/18/13 Coupon: 0.75%	—	—	21,037.50	—
12/18/12	31398A5W8	FNMA 0750 13DE18 Maturity Date: 12/18/13 Coupon: 0.75%	—	—	21,037.50	—
06/18/13	31398A5W8	FNMA 0750 13DE18 Maturity Date: 12/18/13 Coupon: 0.75%	—	—	21,037.50	—
12/18/13	31398A5W8	FNMA 0750 13DE18 Maturity Date: 12/18/13 Coupon: 0.75%	—	—	21,037.50	—

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Date	Symbol/ CUSIP	Description	Taxable Dividends	Tax Free Dividends	Taxable Interest	Tax Free Interest
02/06/12	31398AVD1	FNMA 2750 14FB05 Maturity Date: 02/05/14 Coupon: 2.75%	—	—	\$38,843.75	—
08/05/12	31398AVD1	FNMA 2750 14FB05 Maturity Date: 02/05/14 Coupon: 2.75%	—	—	38,843.75	—
02/05/13	31398AVD1	FNMA 2750 14FB05 Maturity Date: 02/05/14 Coupon: 2.75%	—	—	38,843.75	—
08/05/13	31398AVD1	FNMA 2750 14FB05 Maturity Date: 02/05/14 Coupon: 2.75%	—	—	38,843.75	—
02/05/14	31398AVD1	FNMA 2750 14FB05 Maturity Date: 02/05/14 Coupon: 2.75%	—	—	38,843.75	—
03/13/12	31398AVZ2	FNMA 2750 14MH13 Maturity Date: 03/13/14 Coupon: 2.75%	—	—	8,662.50	—
03/16/12	31398AYY2	FNMA 3000 14SP16 Maturity Date: 09/16/14 Coupon: 3.00%	—	—	41,775.00	—
09/16/12	31398AYY2	FNMA 3000 14SP16 Maturity Date: 09/16/14 Coupon: 3.00%	—	—	41,775.00	—
03/16/13	31398AYY2	FNMA 3000 14SP16 Maturity Date: 09/16/14 Coupon: 3.00%	—	—	41,775.00	—
09/16/13	31398AYY2	FNMA 3000 14SP16 Maturity Date: 09/16/14 Coupon: 3.00%	—	—	41,775.00	—
03/16/14	31398AYY2	FNMA 3000 14SP16 Maturity Date: 09/16/14 Coupon: 3.00%	—	—	41,775.00	—
04/16/12	31359MUT8	FNMA 4125 14AP15 Maturity Date: 04/15/14 Coupon: 4.12%	—	—	56,512.50	—
10/15/12	31359MUT8	FNMA 4125 14AP15 Maturity Date: 04/15/14 Coupon: 4.12%	—	—	56,512.50	—
04/15/13	31359MUT8	FNMA 4125 14AP15 Maturity Date: 04/15/14 Coupon: 4.12%	—	—	56,512.50	—

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Date	Symbol/ CUSIP	Description	Taxable Dividends	Tax Free Dividends	Taxable Interest	Tax Free Interest
10/15/13	31359MUT8	FNMA 4125 14AP15 Maturity Date: 04/15/14 Coupon: 4.12%	—	—	\$56,512.50	—
09/16/13	36962GK86	GEN ELEC CAP CORP 4750 14SP15 Maturity Date: 09/15/14 Coupon: 4.75%	—	—	66,975.00	—
03/17/14	36962GK86	GEN ELEC CAP CORP 4750 14SP15 Maturity Date: 09/15/14 Coupon: 4.75%	—	—	66,975.00	—
07/09/12	36962G4X9	GENERAL ELEC CAP 2100 14JA07 Maturity Date: 01/07/14 Coupon: 2.10%	—	—	30,922.50	—
01/07/13	36962G4X9	GENERAL ELEC CAP 2100 14JA07 Maturity Date: 01/07/14 Coupon: 2.10%	—	—	30,922.50	—
03/05/12	24422ERA9	JOHN DEERE CAP 1600 14MH03 Maturity Date: 03/03/14 Coupon: 1.60%	—	—	18,200.00	—
09/04/12	24422ERA9	JOHN DEERE CAP 1600 14MH03 Maturity Date: 03/03/14 Coupon: 1.60%	—	—	18,200.00	—
03/04/13	24422ERA9	JOHN DEERE CAP 1600 14MH03 Maturity Date: 03/03/14 Coupon: 1.60%	—	—	18,200.00	—
09/03/13	24422ERA9	JOHN DEERE CAP 1600 14MH03 Maturity Date: 03/03/14 Coupon: 1.60%	—	—	18,200.00	—
06/01/12	46625HHN3	JP MORGAN CHASE 4650 14JN01 Maturity Date: 06/01/14 Coupon: 4.65%	—	—	64,983.75	—
12/01/12	46625HHN3	JP MORGAN CHASE 4650 14JN01 Maturity Date: 06/01/14 Coupon: 4.65%	—	—	64,983.75	—
06/01/13	46625HHN3	JP MORGAN CHASE 4650 14JN01 Maturity Date: 06/01/14 Coupon: 4.65%	—	—	64,983.75	—
12/01/13	46625HHN3	JP MORGAN CHASE 4650 14JN01 Maturity Date: 06/01/14 Coupon: 4.65%	—	—	64,983.75	—
01/11/12	CIIXX	LEGG MASON WA US TSY RES INST	200.23	—	—	—

Dividend & Interest Received
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Date	Symbol/ CUSIP	Description	Taxable Dividends	Tax Free Dividends	Taxable Interest	Tax Free Interest
12/03/12	60687GP51	MIZUHO CORP BK CD 0390 12DE03 Maturity Date: 12/03/12 Coupon: 0.39%	—	—	\$6,608.34	—
07/30/12	AAMT	MS ACTIVE ASSETS MONEY TRUST	4.72	—	—	—
07/30/12	AAMT	MS ACTIVE ASSETS MONEY TRUST	4.72	—	—	—
07/30/12	AAMT	MS ACTIVE ASSETS MONEY TRUST	-4.72	—	—	—
08/30/12	AAMT	MS ACTIVE ASSETS MONEY TRUST	15.69	—	—	—
09/27/12	AAMT	MS ACTIVE ASSETS MONEY TRUST	5.93	—	—	—
10/31/12	AAMT	MS ACTIVE ASSETS MONEY TRUST	22.93	—	—	—
11/29/12	AAMT	MS ACTIVE ASSETS MONEY TRUST	18.14	—	—	—
12/31/12	AAMT	MS ACTIVE ASSETS MONEY TRUST	28.41	—	—	—
01/30/13	AAMT	MS ACTIVE ASSETS MONEY TRUST	14.72	—	—	—
02/27/13	AAMT	MS ACTIVE ASSETS MONEY TRUST	28.89	—	—	—
03/27/13	AAMT	MS ACTIVE ASSETS MONEY TRUST	10.37	—	—	—
04/29/13	AAMT	MS ACTIVE ASSETS MONEY TRUST	10.64	—	—	—
05/30/13	AAMT	MS ACTIVE ASSETS MONEY TRUST	8.51	—	—	—
06/27/13	AAMT	MS ACTIVE ASSETS MONEY TRUST	0.36	—	—	—
07/30/13	AAMT	MS ACTIVE ASSETS MONEY TRUST	2.72	—	—	—
08/29/13	AAMT	MS ACTIVE ASSETS MONEY TRUST	23.76	—	—	—
09/27/13	AAMT	MS ACTIVE ASSETS MONEY TRUST	25.17	—	—	—
10/30/13	AAMT	MS ACTIVE ASSETS MONEY TRUST	3.85	—	—	—
11/27/13	AAMT	MS ACTIVE ASSETS MONEY TRUST	5.16	—	—	—
12/31/13	AAMT	MS ACTIVE ASSETS MONEY TRUST	10.04	—	—	—
01/30/14	AAMT	MS ACTIVE ASSETS MONEY TRUST	9.41	—	—	—
02/27/14	AAMT	MS ACTIVE ASSETS MONEY TRUST	11.35	—	—	—
03/28/14	AAMT	MS ACTIVE ASSETS MONEY TRUST	5.63	—	—	—
04/29/14	AAMT	MS ACTIVE ASSETS MONEY TRUST	11.81	—	—	—
05/29/14	AAMT	MS ACTIVE ASSETS MONEY TRUST	24.02	—	—	—
06/27/14	AAMT	MS ACTIVE ASSETS MONEY TRUST	0.68	—	—	—

Dividend & Interest Received
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Date	Symbol/ CUSIP	Description	Taxable Dividends	Tax Free Dividends	Taxable Interest	Tax Free Interest
03/05/14	713448BX5	PEPSICO INC 0750 15MH05 Maturity Date: 03/05/15 Coupon: 0.75%	—	—	\$9,318.75	—
04/25/12	713448BQ0	PEPSICO INC 0875 13OC25 Maturity Date: 10/25/13 Coupon: 0.87%	—	—	21,656.25	—
10/25/12	713448BQ0	PEPSICO INC 0875 13OC25 Maturity Date: 10/25/13 Coupon: 0.87%	—	—	21,656.25	—
04/25/13	713448BQ0	PEPSICO INC 0875 13OC25 Maturity Date: 10/25/13 Coupon: 0.87%	—	—	21,656.25	—
10/25/13	713448BQ0	PEPSICO INC 0875 13OC25 Maturity Date: 10/25/13 Coupon: 0.87%	—	—	21,656.25	—
07/17/13	78009NMK9	RYL BK CANADA YCD 0300 14AP17 Maturity Date: 04/17/14 Coupon: 0.30%	—	—	3,884.73	—
10/17/13	78009NMK9	RYL BK CANADA YCD 0300 14AP17 Maturity Date: 04/17/14 Coupon: 0.30%	—	—	3,629.17	—
01/17/14	78009NMK9	RYL BK CANADA YCD 0300 14AP17 Maturity Date: 04/17/14 Coupon: 0.30%	—	—	3,627.78	—
04/17/14	78009NMK9	RYL BK CANADA YCD 0300 14AP17 Maturity Date: 04/17/14 Coupon: 0.30%	—	—	3,430.55	—
03/19/13	85325BRY2	STD CHARTD BK YCD 0470 13MH19 Maturity Date: 03/19/13 Coupon: 0.47%	—	—	9,856.95	—
12/17/13	89233P4B9	TOYOTA MOTOR 3200 15JN17 Maturity Date: 06/17/15 Coupon: 3.20%	—	—	37,840.00	—
06/17/14	89233P4B9	TOYOTA MOTOR 3200 15JN17 Maturity Date: 06/17/15 Coupon: 3.20%	—	—	37,840.00	—
02/01/13	92976WBA3	WACHOVIA CORP 5700 13AU01 Maturity Date: 08/01/13 Coupon: 5.70%	—	—	142,500.00	—
06/03/13	25468PCQ7	WALT DISNEY CO 0875 14DE01 Maturity Date: 12/01/14 Coupon: 0.87%	—	—	17,500.00	—

Morgan Stanley

Dividend & Interest Received
 (01/01/2012 - 07/14/2014)
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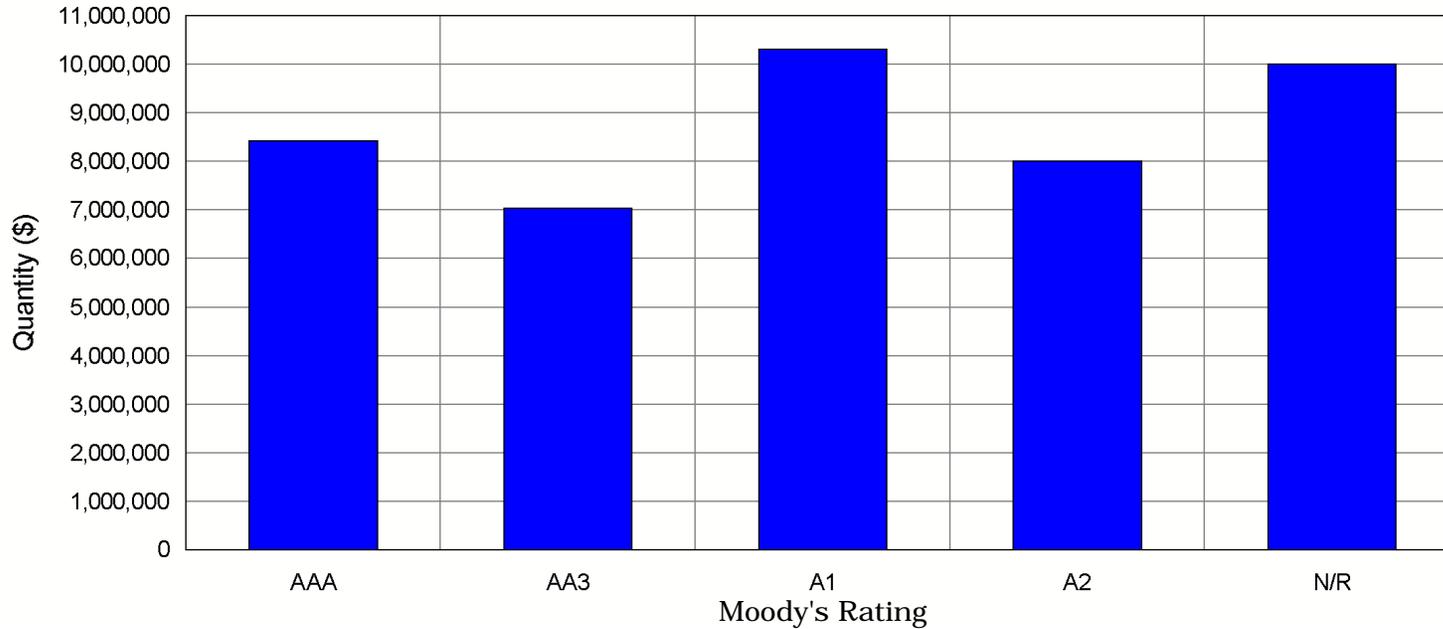
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Date	Symbol/ CUSIP	Description	Taxable Dividends	Tax Free Dividends	Taxable Interest	Tax Free Interest
12/02/13	25468PCQ7	WALT DISNEY CO 0875 14DE01 Maturity Date: 12/01/14 Coupon: 0.87%	—	—	\$17,500.00	—
06/02/14	25468PCQ7	WALT DISNEY CO 0875 14DE01 Maturity Date: 12/01/14 Coupon: 0.87%	—	—	17,500.00	—
08/13/13	94974BFA3	WELLS FARGO & CO 1250 15FB13 Maturity Date: 02/13/15 Coupon: 1.25%	—	—	25,000.00	—
02/13/14	94974BFA3	WELLS FARGO & CO 1250 15FB13 Maturity Date: 02/13/15 Coupon: 1.25%	—	—	25,000.00	—
12/03/13	96121TRH3	WESTPAC BKG YCD 0380 13DE03 Maturity Date: 12/03/13 Coupon: 0.38%	—	—	19,263.89	—
01/22/13	96121TLK2	WESTPAC BKG YCD 0730 13JA22 Maturity Date: 01/22/13 Coupon: 0.73%	—	—	37,006.95	—
Total			\$503.14	—	\$3,153,821.28	—

The above summary/prices/quotes/statistics have been obtained from sources believed reliable but are not necessarily complete and cannot be guaranteed. The information contained in client monthly account statements and confirmations reflects all transactions, and as such supersedes all other reports for financial and tax purposes. This report does not supersede or replace your monthly Client Statement. If we do not hold the securities in a Morgan Stanley Wealth Management account, the report reflects securities which we believe you own, based upon your communications with our Financial Advisor. © 2014 Morgan Stanley Smith Barney LLC. Member SIPC.



*This report includes External Holdings

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Mature	Bond Description	CUSIP	Total Par Value
30 Days			
07/15/14	FED HOME LN MTG CORP Coupon Rate: 5.00%	3134A4UU6	\$2,695,000
07/30/14	FED HOME LN MTG CORP MED TERM NOTE Coupon Rate: 1.00%	3137EACU1	2,940,000
Total 30 Days			\$5,635,000
30+ Days to 90 Days			
08/29/14	JPMORGAN SECURITIES LLC C/P Coupon Rate: 0.00%	46640QHV6	5,000,000
09/02/14	BNP PARIBAS FINANCE INC C/P Coupon Rate: 0.00%	0556N1J20	5,000,000
09/15/14	GENERAL ELECTRIC CAPTIAL CORP Coupon Rate: 4.75%	36962GK86	2,820,000
09/16/14	FED NATL MTG ASSN Coupon Rate: 3.00%	31398AYY2	2,785,000
Total 30+ Days to 90 Days			\$15,605,000
90+ Days to 1 Year			
12/01/14	WALT DISNEY COMPANY Coupon Rate: 0.88%	25468PCQ7	4,000,000
12/18/14	CREDIT SUISSE NEW YORK YCD Coupon Rate: 0.51%	22549TQD3	5,000,000
02/13/15	WELLS FARGO & COMPANY Coupon Rate: 1.25%	94974BFA3	4,000,000
03/05/15	PEPSICO INC Coupon Rate: 0.75%	713448BX5	2,485,000
03/13/15	COCA-COLA CO Coupon Rate: 0.75%	191216AX8	4,667,000
06/17/15	TOYOTA MOTOR CREDIT CORP Coupon Rate: 3.20%	89233P4B9	2,365,000

Bond Maturity Schedule - Summary *
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Mature	Bond Description	CUSIP	Total Par Value
		Total 90+ Days to 1 Year	\$22,517,000
		Total	\$43,757,000

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Security Description	Symbol/ CUSIP	Quantity	Avg. Unit Cost	Adjusted Cost	Market Price	Market Value	Unrealized Gain/Loss	% Gain/ Loss	Estimated Annual Income	Estimated Annual Yield	% of Portfolio
Fixed Income											
BNP PARIBAS FINANCE INC C/P Coupon 0.00% Mature 09/02/14	0556N1J20	5,000,000.000	\$99.86	\$4,992,922	\$99.98	\$4,998,900	\$5,978	0.1%	- ¹	-	11.4%
COCA-COLA CO Coupon 0.75% Mature 03/13/15	191216AX8	4,667,000.000	100.16	4,674,654	100.32	4,681,934	7,281	0.2	35,003	0.7	10.6
CREDIT SUISSE NEW YORK YCD Coupon 0.51% Mature 12/18/14	22549TQD3	5,000,000.000	100.00	5,000,000	100.08	5,004,100	4,100	0.1	- ¹	-	11.4
FED HOME LN MTG CORP MED TERM NOTE Coupon 1.00% Mature 07/30/14	3137EACU1	2,940,000.000	100.02	2,940,578	100.04	2,941,117	539	0.0	14,700	0.5	6.7
FED HOME LN MTG CORP Coupon 5.00% Mature 07/15/14	3134A4UU6	2,695,000.000	100.00	2,695,000	100.00	2,695,000	N/A	N/A	67,375	2.5	6.1
FED NATL MTG ASSN Coupon 3.00% Mature 09/16/14	31398AYY2	2,785,000.000	100.41	2,796,401	100.49	2,798,730	2,329	0.1	41,775	1.5	6.3
GENERAL ELECTRIC CAPTIAL CORP Coupon 4.75% Mature 09/15/14	36962GK86	2,820,000.000	100.67	2,839,027	100.74	2,840,783	1,756	0.1	66,975	2.4	6.4
JPMORGAN SECURITIES LLC C/P Coupon 0.00% Mature 08/29/14	46640QHV6	5,000,000.000	99.70	4,985,167	99.98	4,998,850	13,683	0.3	- ¹	-	11.3
PEPSICO INC Coupon 0.75% Mature 03/05/15	713448BX5	2,485,000.000	100.32	2,493,028	100.29	2,492,107	(921)	(0.0)	18,638	0.7	5.6
TOYOTA MOTOR CREDIT CORP Coupon 3.20% Mature 06/17/15	89233P4B9	2,365,000.000	102.55	2,425,225	102.63	2,427,129	1,904	0.1	75,680	3.1	5.5
WALT DISNEY COMPANY Coupon 0.88% Mature 12/01/14	25468PCQ7	4,000,000.000	100.21	4,008,433	100.25	4,009,960	1,527	0.0	17,500	0.4	9.1
WELLS FARGO & COMPANY Coupon 1.25% Mature 02/13/15	94974BFA3	4,000,000.000	100.39	4,015,474	100.57	4,022,600	7,126	0.2	50,000	1.2	9.1
ACCRUED INTEREST						\$201,330					
Fixed Income Totals				\$43,865,908		\$44,112,540	\$45,302	0.1%	\$387,646	0.9%	99.3%
Cash & Equivalents											
MS ACTIVE ASSETS MONEY TRUST	AAMT	110,838.630	1.00	110,839	1.00	110,839	N/A	N/A	- ¹	-	0.3

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Acct. 178-116821-451

Security Description	Symbol/ CUSIP	Quantity	Avg. Unit Cost	Adjusted Cost	Market Price	Market Value	Unrealized Gain/Loss	% Gain/ Loss	Estimated Annual Income	Estimated Annual Yield	% of Portfolio
Cash & Equivalents Totals				\$110,839		\$110,839	-	-	-	-	0.3%
Asset Total				\$43,976,747		\$44,223,379	\$45,302	0.1%	\$387,646	0.9%	100.0%

*We are unable to provide projected income information for this security due to insufficient/incorrect reference data and/or the security being in default.

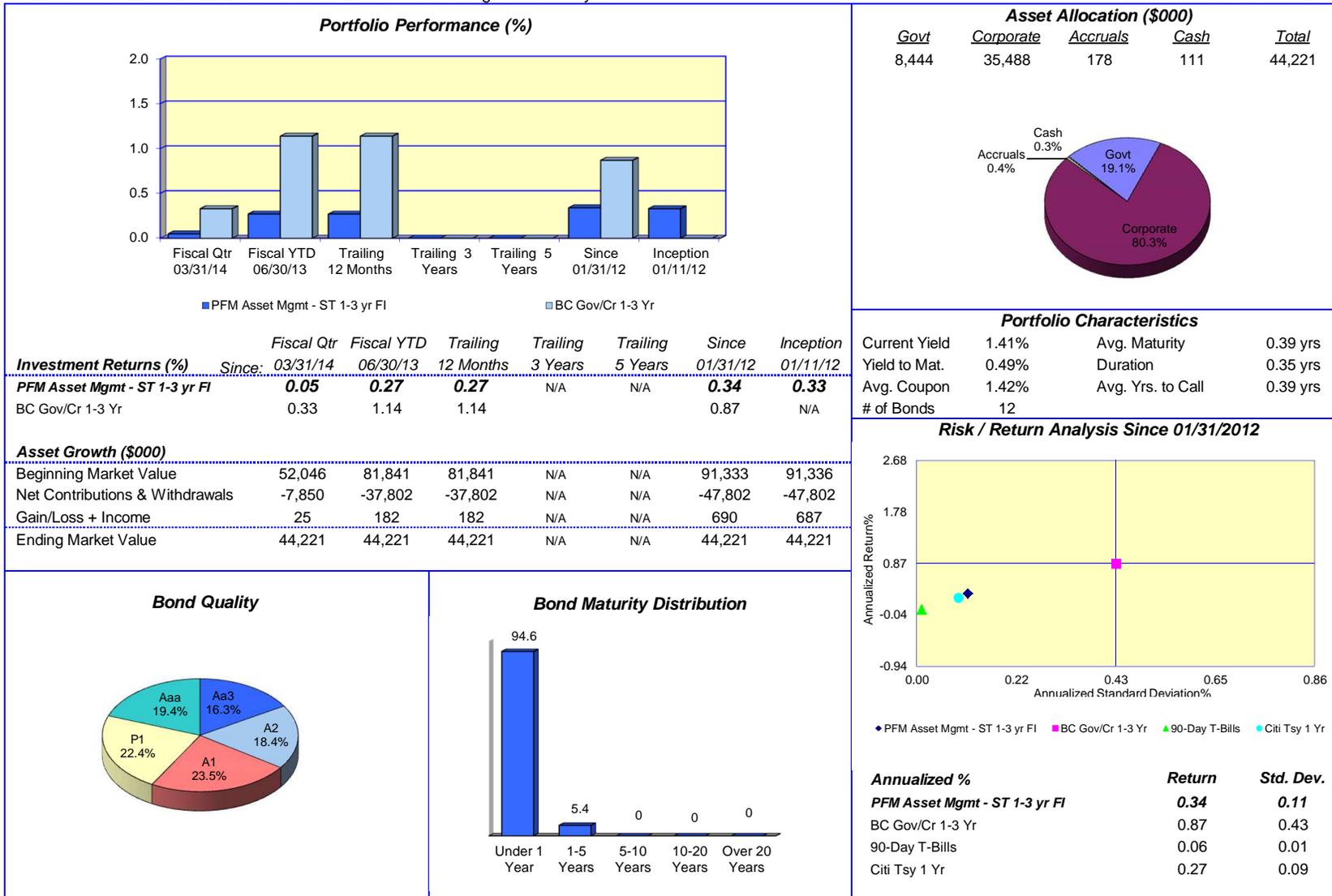
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ACCOUNT - EXECUTIVE SUMMARY

CALIFORNIA MENTAL HEALTH #178-116821 PFM Asset Mgmt - ST 1-3 yr FI

AS OF 06/30/2014



Report Created: 7/15/2014

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Fiscal Year

Acct# 178-116821's fiscal year ends on 2014/06

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Account Primary Index

Custom Blended Index

BC Gov/Cr 1-3 Yr: The Barclays 1-3 Year Government/Credit Bond Index contains bonds that are investment grade with maturities between one and three years.

90-Day T-Bills: The 90-Day Treasury Bill is a short-term obligation issued by the United States government. T-bills are purchased at a discount to the full face value, and the investor receives the full value when they mature. The difference of discount is the interest earned. T-bills are issued in denominations of \$10,000 auction and \$1,000 increments thereafter.

Citi Tsy 1 Yr: Total Returns for the current one-year Treasury that has been in existence for the entire month.

Alpha

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Beta

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R-Squared

R-squared, or the coefficient of determination, measures the strength of the least squares regression relationship between the portfolio (the dependent variable) and the risk index (the independent variable). The statistic reveals the extent to which the variability in the dependent variable is due to the variability in the independent variable. As such, R-squared measures how well the portfolio returns move in tandem with the returns of the risk benchmark. Though it is true that the higher the R-squared the better, an R-squared of less than 0.9 (i.e., 90 percent), indicates that the total fund does not track closely with the risk benchmark. The strength of the R-squared statistic will reflect on the strength of alpha and beta. A weak R-squared, for example, would indicate that alpha and beta cannot be strictly interpreted.

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STATEWIDE PEI PROGRAMS EVALUATION

Agenda Item 6

SUBJECT: RAND Evaluation Update

ACTION FOR CONSIDERATION:

None, information only.

BACKGROUND:

It has been over two years since the launch of the rigorous independent evaluation of counties' investment in statewide prevention and early intervention programs funded by the MHSA. Summer 2014 marks a critical shift from one of assessing process outcomes and reporting on reach, to reporting on short-term outcomes. RAND's expert team, chiefly through principal investigator Audrey Burnam, Ph.D., has been involved and advisory to the CalMHSA sustainability taskforce and the steering committee developing the Phase II plan. It is a CalMHSA value that future decisions regarding programs and funding be guided by the best available knowledge. At CalMHSA's request, the RAND evaluation team has provided preliminary advice about which PEI activities seem most valuable to sustain or, in some cases, to enhance. Dr. Burnam will present these recommendations and more information can be reviewed in the brief 8-page publication "Recommendations for Sustaining California's Statewide Mental Health Prevention and Early Intervention Programs".

NEXT STEPS:

None

FISCAL IMPACT:

None

RECOMMENDATION:

None, information only.

TYPE OF VOTE REQUIRED:

None

REFERENCE MATERIAL(S) ATTACHED:

- Recommendations for Sustaining California's Statewide Mental Health Prevention and Early Intervention Projects



Recommendations for Sustaining California’s Statewide Mental Health Prevention and Early Intervention Programs

M. Audrey Burnam, Sandra H. Berry, Nicole K. Eberhart, Rebecca L. Collins, Patricia A. Ebener, Rajeev Ramchand, Bradley D. Stein, and Michelle W. Woodbridge

The California Mental Health Services Authority (CalMHSA)—a coalition of California counties designed to provide economic and administrative support to mental health service delivery—formed the statewide Prevention and Early Intervention (PEI) Implementation Program. CalMHSA’s focus in this effort is on three strategic initiatives: (1) Stigma and discrimination reduction, (2) suicide prevention, and (3) student mental health. Under each initiative, community agencies serve as PEI program partners, performing activities to meet the initiative’s goals. In 2011, the RAND Corporation was asked to design and implement an evaluation of the three initiatives.

At CalMHSA’s request, the RAND evaluation team is providing preliminary advice about which PEI activities seem most valuable to sustain or, in some cases, to enhance.

Criteria for Value in Sustainability

The RAND team developed and applied the following criteria in determining whether there was value in sustaining an activity:

1. Does the activity fill a strategic gap? That is, is the activity an important intervention that is not redundant with county-level efforts?
2. Does the activity employ population-based strategies? Strategies that can have a larger social impact through broad reach across a population can often only be implemented at the statewide level, given logistics and costs (e.g., social marketing campaigns). Thus, they should be a priority for state funding.
3. Are there efficiencies in scale to be gained by statewide sustainment? Capacities for promoting and disseminating best practices that are more centralized (e.g., developing informational resources, training trainers in evidence-based interventions, or developing tools for intervention fidelity monitoring) can in some cases be more cost-efficient if implemented statewide rather than county by county.
4. Would a relatively low-cost investment in sustaining program operations yield value and leverage already-created capacities that required a much higher start-up cost invest-

ment? For example, a website may be costly to develop, but once in place, it is relatively low cost to sustain.

5. Would sustained programs have performance monitoring/improvement capacity integrated into them, so that interventions can be refined/improved over time?
6. Would statewide efforts contribute to the development of valued local capacity (e.g., use of informational or evaluation resources by county-level mental health authorities, or by local community organizations or schools)?

Suggested Program Activities to Sustain

Our recommendations for program activities that we believe should be considered for sustainment are based on the criteria outlined above, literature reviews we conducted in each initiative area (Acosta et al., 2012; Collins et al., 2012; Stein et al., 2012), our knowledge of CalMHSA program partner activities gained through meeting with them and providing them with technical assistance, and our evaluation results to date.

Stigma and Discrimination Reduction Initiative

Social Marketing Campaign

We suggest that social marketing campaigns be sustained, as evidence shows that campaign impacts are short-lived unless continued (Collins et al., 2012). However, we generally recommend narrowing the focus to stigma (e.g., rather than forums and mutual support) and strategic dissemination of the Each Mind Matters (EMM) campaign.

Based on recent evaluation results, we believe that both the EMM campaign and the associated website show promise in reaching California adults, and should be sustained. Specifically, a RAND survey of California adults found a modest level of exposure to EMM early in the campaign; 11 percent of those surveyed said they had seen or heard the catch phrase “Each Mind Matters,” the new (at that time) slogan for CalMHSA efforts.

Although less than 1 percent reported visiting the EMM website, at the time of the survey it was just beginning to serve as the hub for CalMHSA dissemination and was primarily the

host of the documentary “A New State of Mind” (Cerully and Burnam, 2014).

Upcoming evaluation work. The RAND team is currently collecting follow-up survey data that will provide estimates of the degree to which exposure to the social marketing campaign has changed over time. Thus, more information on the campaign’s reach will be available in the coming months. Future results of message-testing experiments (to be conducted in the fall of 2014) will also indicate which messages are most effective and thus most important to continue disseminating.

Results of the baseline survey also indicate that it will be important for CalMHSA to continue to target PEI efforts toward the ethnic and racial subgroups of Asian Americans and Latinos. This is applicable to social marketing campaigns as well as trainings and educational presentations, discussed further below. Asian Americans reported relatively high levels of stigma, as did Latinos who were interviewed in Spanish (Collins et al., 2014). Continuing to use the EMM website (both English and Spanish content) and other means to reach these groups is vital to overall campaign effectiveness.

Upcoming evaluation work. Analysis of the statewide follow-up survey will tell us the extent to which EMM is improving reach to these groups. RAND’s future message-testing experiments will help to determine the effectiveness of EMM messages for these groups, including culturally targeted messages, and help CalMHSA identify the messages that work best with various groups.

CalMHSA has a particular interest in reaching young adults with the EMM campaign. RAND’s preliminary analysis of the responses of 18–29 year olds to the baseline statewide survey suggests that young adults hold some of the least-stigmatizing attitudes toward mental illness. They are also the most likely to report contact with someone with mental illness in the past year. At the same time, however, fewer of them say they provided linkage to resources like treatment. Given their attitudes, it seems likely this lack of support is due more to a lack of knowledge of how to help than to stigma.

Based on these results, CalMHSA might play a role in addressing this knowledge gap by shifting the focus of the messaging for this particular group. Specifically, EMM messaging targeting young adults should focus on how they can provide support to individuals with mental health concerns and link them to resources, with less emphasis on stigma reduction.

Training in Stigma Reduction Interventions Delivered In Person to Target Audiences

We suggest sustaining trainings that are being implemented by program partner National Alliance on Mental Illness (NAMI), prioritizing those that focus on reaching “influencers” (i.e., corrections staff, employers, landlords, teachers, etc.). NAMI has advantages of both state- and local-level organizational structures that can sustain a workforce of presenters and facilitate access to key audiences over a longer term. NAMI also has a commitment

to structured protocols and evaluation that should be directed to assessing fidelity and evaluating impact on an ongoing basis.

Among NAMI programs, In Our Own Voice (IOOV) should be prioritized because there is some evidence supporting its effectiveness and it can be used with multiple audiences. Further, recent RAND findings of greater stigma among some demographic groups (Collins et al., 2014), described above, underscore the importance of developing and sustaining a culturally and linguistically adapted training similar to IOOV that can be disseminated to Asian-American Californians and Spanish-speaking California Latinos.

Program partner United Advocates for Children and Families (UACF) has been facilitating administration of Mental Health First Aid (MHFA) training for counties. Because MHFA is also evidence-based, continued sustainment may be warranted. However, it is uncertain yet whether UACF has the capacity to implement and reach appropriate targets for MHFA trainings. As noted previously, CalMHSA has a particular interest in reaching young adults, and preliminary survey results suggest that young adults might benefit from learning how to provide support to individuals with mental health concerns. Given that MHFA addresses support-provision issues, it may be appropriate for MHFA sustainment efforts to target young adults in particular.

Upcoming evaluation work. RAND’s forthcoming memo reviewing the evidence for MHFA effectiveness for various subgroups will help to inform decisions about the populations that should be targeted with MHFA.

Suicide Prevention Initiative

Social Marketing Campaign

We suggest continued dissemination of the “Know the Signs” (KTS) suicide prevention campaign to sustain its effects. RAND’s survey data found a relatively high level of exposure to KTS campaign materials. Moreover, those who reported seeing KTS campaign materials report being more confident in intervening with those at risk of suicide (Acosta et al., 2014). Further, an expert panel convened by RAND came to a consensus that the KTS campaign exceeded most other social marketing campaigns, although there are still some areas that could be improved (data analysis is ongoing, and additional results will be available in the fall of 2014). Exposure to KTS messages was significantly lower among Asian Americans than other groups (Ramchand and Roth, 2014), and Latinos and Asians who took the survey in a language other than English were less likely to report being exposed to the KTS campaign.

Based on these early findings, we recommend continued dissemination of the KTS campaign and provision of technical assistance to counties. Counties can assume responsibility for identifying and publicizing materials in targeted venues. We further suggest that it may be helpful to target the campaign toward specific groups. Given our finding of lower campaign exposure among some racial and language groups, we recommend that outreach efforts include culturally and linguistically appropriate

campaign dissemination to reach racial/ethnic minorities, particularly California's Asian-American community. The campaign may also have a larger impact if targeted to gatekeepers (e.g., teachers, youth coaches, senior centers, retirement and nursing home staff) rather than the general population because they may have greater access to those who need help and may be more likely to already be in a helping role.

Finally, given research evidence that "means restriction" (i.e., making the means by which individuals kill themselves less readily available) is a highly effective strategy for preventing suicide (see Acosta et al., 2012), the RAND team recommends that suicide prevention messaging include an additional focus on means restriction to fill an important gap in current efforts. This might include messaging about bridge safeguards, proper gun storage and handling, promotion of drug buyback programs, etc.

Upcoming evaluation work. RAND is conducting a follow-up survey (summer of 2014) that will enable, among other goals, tracking further exposure to the KTS campaign. Message-testing experiments will also be conducted (in the fall of 2014) that can inform the development of effective messages going forward.

Training in Suicide Intervention Skills Delivered In Person to Target Audiences

We suggest that Applied Suicide Intervention Skills Training (ASIST) become more focused on vocations that are likely to be in a position to provide help (e.g., police, school counselors). RAND's fidelity and adherence evaluation (currently under review) found that trainers need to improve their competencies at tailoring training content to be more relevant to specific audiences. Thus, for trainings targeted for specific vocations, an emphasis should be placed on ensuring that group-specific trainings are conducted by experienced trainers familiar with target audiences and that all trainers are taught about appropriate adaptations and tailoring strategies for specific audiences.

RAND developed a fidelity and adherence protocol to monitor the quality and delivery of ASIST trainings. Ongoing use of this protocol by mentors is recommended so that trainers can receive structured and guided feedback on areas for improvement.

To fill a key gap in PEI programming, the RAND team recommends a new focus on training primary care providers and health care organizations in depression identification and integrated care delivery, given research evidence that improved depression awareness among health care professionals can lead to reductions in suicides (see Acosta et al., 2012, for a review).

Hotlines/Warmlines Operated by Regional/Local Crisis Centers

Another recommendation is to continue efforts to evaluate and improve the quality of hotlines/warmlines, including initiating regular reporting of common metrics on calls, pursuing accreditation, and monitoring quality of calls. RAND has developed a call-monitoring protocol and has conducted live call monitoring at ten crisis centers. In addition to reporting on the overall results

of this evaluation in the fall of 2014, RAND will prepare individual reports for those ten centers using their results, and will provide technical assistance to help them use the results to gauge and improve quality.

We suggest that crisis centers continue to use live call monitoring as a tool for continuous quality improvement. Crisis centers should be encouraged to identify long-term sustainability plans and identify whether community-based partnerships can be leveraged to establish linkages to support sustainment.

The current crisis center system has many local call centers with many different numbers. It is unclear whether the current reliance on many call centers is inefficient and, more broadly, whether the benefits of a local approach to crisis intervention outweigh the model's disadvantages. Note that promoting local numbers without long-term sustained funding is potentially risky, as some numbers may not be reliably available when needed. It is important for the state and local regions to consider the pros and cons of this local model as compared to alternative call center models, including blended call centers (e.g., centers that also receive "211" calls) or a more centralized system.

Upcoming evaluation work. RAND is currently investigating the key issue of whether it is worthwhile to sustain many call centers versus moving to a more centralized system. The RAND team plans to produce an infographic this summer that lays out the trade-offs of different approaches (i.e., pros and cons of the two alternative delivery systems), to be followed by a longer paper this winter.

In-Person and Online Suicide Prevention Services

It may also be helpful to broaden suicide prevention strategies beyond hotlines and other currently funded activities. RAND has found that people would prefer face-to-face help for suicidal thoughts, although this preference is not as strong in some minority groups, who are more interested in text and web-based chat services as compared to Whites (Ramchand and Roth, 2014). Therefore, we recommend sustained support of a diverse array of crisis services, ranging from in-person services to online services.

Strategy to Reach the Elderly at Risk of Suicide

It is well documented that suicide rates are elevated among the elderly, especially older males (Acosta et al., 2012). Although the KTS campaign is disseminated to broad populations in an effort to reach helpers of older adults, the campaign does not directly target elderly individuals at risk of suicide. Based on the research literature (see Acosta et al., 2012), the RAND team recommends that CalMHSA develop and implement a plan to address the high risk of suicide among the elderly, including directly targeting at-risk elderly individuals with campaign messages.

Intersection with Student Mental Health

Some suicide prevention initiative programming may be most effectively administered in school-based settings. Evidence-based programs like the Signs of Suicide Prevention Program (SOS)

employ a combination of gatekeeper training and school-based screening to identify students at risk of suicide. We believe it would be valuable to facilitate the adoption of these programs into schools to identify and intervene with youth at risk of suicide.

Student Mental Health Initiative

Training School Faculty/Staff/Students in Evidence-Based Interventions

Since a substantial amount of training is being conducted in school systems, a more focused approach to sustainment may be needed. To maintain capacity in a cost-effective manner, it might be possible to invest in a sustainable training capacity (for instance, through online learning) for the most useful or in-demand trainings. Examples include the Kognito Suicide Prevention training—adopted systemwide by the California Community Colleges (CCC)—which is available online to students, staff, and faculty by various special topics, such as veterans, LGBTQ, etc. We also emphasize sustaining those training activities that have a greater evidence base (e.g., ASIST, MHFA).

Our Higher Education Campus-Wide Survey results (Sontag-Padilla et al., 2014) indicate that less than 40 percent of faculty/staff believe they have the skills to directly help students with mental health problems. Yet, on average, only a subset of staff/faculty (12–29 percent; min = 8 percent, max = 57 percent) participated in student mental health (SMH)–related training in the six months prior to the survey. The largest barrier was not knowing that trainings were offered.

Higher education systems and campuses with higher rates of training participation should share their success with engaging staff/faculty to attend trainings. We also recommend that resources be spent on broadening visibility of trainings for staff/faculty and providing incentives for their attendance.

Websites

Because the SMH websites are relatively inexpensive to maintain, and our evaluation suggests increasing use of these websites, we recommend efforts to sustain these web-based resources, as well as continued efforts to publicize them. It may also be worthwhile to consider efforts to “cross fertilize” multiple program partner websites with material that is drawing the most views.

Specifically, data from RAND’s evaluation of the K–12 and higher education websites demonstrates that, since their launch, program partners have experienced increased use of their websites. From October 2012 to March 2014, the California County Superintendents Educational Services Association’s (CCSESA’s) Regional K–12 SMH Initiative website (<http://www.regionalk12smhi.org/>) received 11,573 visits (37,165 page views) to their website clearinghouse. For higher education partners, California Community College’s Student Mental Health Program (SMHP) website (<http://cccstudentmentalhealth.org>) received 22,690 visits (54,462 page views) from April 2013 to March 2014 and the University of California (UC) Student Mental Health Resources

and Promising Practices website (<http://www.ucop.edu/student-mental-health-resources>) received 2,033 visits (7,128 page views).

Over 90 percent of visits to the systems’ websites originated from within California, suggesting that the targeted campaign to K–12 and higher education stakeholders in California was successful at engaging the intended audience. Additionally, the use of search engines to access the website increased across the reporting periods for CCSESA and UC, suggesting an increase in awareness of the website and the use of search terms related to site content. Promotional campaigns have also successfully increased website traffic, with one CCC campaign resulting in a 600-percent spike in direct traffic (e.g., users typing URLs into their browsers, accessing bookmarks, or clicking links in emails).

Finally, from our resource topic analysis of CCSESA’s website clearinghouse, anger management was consistently the most viewed of the resource topics (24–29 percent of page views each quarter), followed by mental health/wellness, bullying, behavior management, and suicide. Within the most-viewed topic, programs and practices was the most viewed content type (57 percent of views), suggesting a high level of interest in gathering information about evidence-based and promising practices for K–12 PEI programs.

Collaboration/Networking

Some networks and collaborations among agencies and organizations supporting SMH are highly valuable and relatively cost-effective to sustain. The RAND team found that some collaborative groups have been able to influence policy or create and disseminate products with widespread impact across institutions and communities. For instance, an SMH Policy Workgroup convened by the California Department of Education (CDE) capitalized on a time-sensitive opportunity to provide feedback on the State teacher credentialing standards. The Workgroup put forth an official recommendation for new standards that require educators to be trained to provide students and their families with greater access to mental health services, and to enhance collaborative partnerships to link students to appropriate services.

Our Campus-Wide Survey results indicate that for students who sought or were referred to services, a much smaller proportion of CCC students accessed services compared to UC and California State University (CSU) systems (41 percent versus 71–77 percent). CCC campus policy regarding service funding and availability is governed by the local Board of Trustees, thus the availability of mental health services is inconsistent across campuses. When mental health services are not available on campuses, campus collaboration with community agencies and county mental health can be vital to increase access and usage.

Upcoming evaluation work. The evaluation team is currently analyzing results from a networking and collaboration survey administered to campus grant coordinators, advisory committee members, and K–12 policy workgroup and county consortia members. These results may reveal participants’ perspectives regarding which collaborative structures and governance formats

are most effective for increasing SMH service access, quality, coordination, and sustainability—as well as what characteristics of the collaborative groups (e.g., formality, definition of roles, accountability) were associated with outcomes. These results, which will be available by fall of 2014, may be helpful in fine-tuning recommendations for which kinds of networks and collaborations to sustain.

School-Based Assessment

Higher education systems seem interested in and ready to use information from the higher education climate survey (administered to students and staff/faculty on campuses) to help inform future higher education activities and to monitor the status of student needs, which argues for sustained assessment. The UC online Interactive Screening Program (ISP) is also a sustainable tool to identify student mental health needs. The ISP screening plus the higher education surveys would be a powerful combination of assessment and accountability that would be relatively inexpensive to sustain.

Evaluation

Beyond the three initiative areas, we present our recommendations for sustained evaluation, which are applicable across initiatives. These include program-level evaluation, population surveillance, and targeted effectiveness studies.

Program-Level Evaluation

As current evaluation efforts are completed, programs should transition to maintaining internal, core evaluation capacities for both external reporting purposes (e.g., reporting reach and short-term outcomes of ongoing PEI activities to CalMHSA) and to support continuous quality improvement efforts. Programs will vary in their need for resources and technical assistance to further develop these capacities. Investments to date in RAND and program partner evaluations have provided a strong basis for approaches and tools that can be utilized to support sustained, routine program-level evaluation.

Population Surveillance

Ongoing and long-term population surveillance is needed to assess whether a complex, multi-level, and interactive set of PEI strategies is reaching those at higher risk of mental health problems and achieving the longer-term goals of preventing suicide, reducing stigma and discrimination, and improving student mental health. We recommend efforts to coordinate with and improve existing population surveillance systems so that they better support population tracking related to mental health PEI activities. Such efforts might include the following actions:

1. Improve standards in California for investigating and reporting death by suicide (adopting national recommendations)
2. Enhance the California Health Interview Survey (CHIS), for example, to improve or add measures of stigma, willing-

ness to intervene and assist with mental health problems, recovery beliefs, attitudes about and willingness to use hotlines, and to update the K6 distress measure (we made these suggestions to the CHIS in 2012)

3. Enhance the K–12 California School Climate, Health, and Learning Survey (CAL-SCHLS) by incorporating key items assessing the student mental health climate and activities into the core module or other commonly used modules
4. Sustain higher education campus-wide surveys to monitor the ongoing activities and climate related to student mental health issues. Our previous higher education survey identified substantial impairment due to mental health concerns in the college student population (Sontag-Padilla et al., 2014), underlining the importance of continued monitoring.

Targeted Effectiveness Studies

The evidence base for PEI programs is weak or nonexistent for some approaches that may be particularly promising or important for California's diverse populations (see Acosta et al., 2012; Collins et al., 2012; Stein et al., 2012). We suggest considering investment in strategically focused and rigorously conducted effectiveness studies when this information would be highly useful to informing broad dissemination decisions. For example, program partner NAMI is currently restructuring a key training program to culturally and linguistically adapt it for use with California's diverse population. This ambitious effort is highly innovative, but like all promising new efforts, it requires evaluation to establish its effectiveness.

Conclusions

Overall, we see significant value in sustaining many mental health PEI programs already funded by CalMHSA, and note the empirical evidence for several programs based on the research literature and RAND evaluation efforts to date. We also note some instances where increased funding in new areas could fill a gap in CalMHSA programming (e.g., restricting access to means to die by suicide). These preliminary recommendations are offered at an interim stage of the evaluation to assist in decision-making regarding how to invest CalMHSA resources. Additional findings from the evaluation will be presented when they become available.

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RAND Health

This research was conducted in RAND Health, a division of the RAND Corporation. A profile of RAND Health, abstracts of its publications, and ordering information can be found at <http://www.rand.org/health>.

CalMHSA

The California Mental Health Services Authority (CalMHSA) is an organization of county governments working to improve mental health outcomes for individuals, families, and communities. Prevention and Early Intervention programs implemented by CalMHSA are funded by counties through the voter-approved Mental Health Services Act (Prop. 63). Prop. 63 provides the funding and framework needed to expand mental health services to previously underserved populations and all of California's diverse communities.

Regarding the document authors listed: M. Audrey Burnam, Sandra H. Berry, Nicole K. Eberhart, Rebecca L. Collins, Patricia A. Ebener, Rajeev Ramchand, and Bradley D. Stein are affiliated with RAND, while Michelle W. Woodbridge is affiliated with SRI International.

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MEMBERSHIP

Agenda Item 7

**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.

FISCAL IMPACT:

None.

RECOMMENDATION:

None, information only.

TYPE OF VOTE REQUIRED:

None

REFERENCE MATERIAL(S) ATTACHED:

- County Outreach by Region
- CalMHSA Membership Roster

CaIMHSA COUNTY OUTREACH

Superior Region

1. **Calaveras** (*assigned funds*), Staff continues to reach out to Interim Behavioral Health Director, Brock Kolby in an effort to move forward with membership;
2. **Amador** (*assigned funds*), staff continues to reach out to the county for possible membership in the future.
3. **Tehama**, interested in joining; Elizabeth (Betsy) Gowan, new Mental Health Director has indicated interest but would like some time to get established;
4. **Plumas**, interested in joining; staff continues to work with Peter Livingston, interim MH Director, in effort to move forward with membership.
5. **Sierra**, staff has attempted to contact April Waldo, Assistant MH Director, and will continue to reach out for possible membership in the future;

Central Region

6. **Merced** (*assigned funds*), staff has contacted Scott De Moss, Acting MH Director and will continue to reach out for possible membership in the future;
7. **Alpine**, interested in joining, staff to reach out to new director Alyssa Nourse, in an effort to move forward with membership.



Current Membership Roster

52 members (51 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)*
- Santa Barbara County (April 11, 2014)

Non-Member Counties w/Assigned Funds

Amador, Calaveras and Merced

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	Vic Singh, San Joaquin County
	Rita Austin, Tuolumne County
Los Angeles Regional Representatives	Marvin Southard, Los Angeles County
	William Arroyo, Los Angeles County
Southern Regional Representatives	Mary Hale, Orange County
	Alfredo Aguirre, San Diego County
Superior Regional Representatives	Karen Stockton, Modoc County
	Vacant

*Member has elected not to assign funds to CalMHSA.

Updated 8/7/2014

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

FINANCIAL MATTERS

Agenda Item 8

SUBJECT: Report from CalMHSA Finance Committee – Wayne Clark

ACTION FOR CONSIDERATION:

None, information only.

BACKGROUND AND STATUS:

The Finance Committee (FC) members are:

Chair	Dr. Wayne Clark, CalMHSA Treasurer,
Bay Area	<i>TBD</i>
Central	Mr. Tom Sherry, Sutter-Yuba Counties
Los Angeles	Dr. William Arroyo, Los Angeles County
Superior	Mr. Scott Gruendl, Glenn County
Southern	Ms. Tanya Bratton, San Bernardino County
Ex Officio	Ms. Maureen F. Bauman, CalMHSA President, Placer County

The FC met by teleconference on July 29, 2014. The following items were included on the agenda and the discussion is included in the attached draft committee minutes:

1. CalMHSA Treasurer's Report as of June 30, 2014 (*Agenda Item 5B.1*)
2. CalMHSA Finance Committee Overview (*Agenda Item 5B.3*)
3. CalMHSA Investment Update (*Agenda Item 6*)
4. Sustainability Phase One (*Agenda Item 7*)
5. CalMHSA Financial Audit Engagement Letter
6. State Hospital Bed Program Update

See discussion in the Draft Finance Committee Minutes for more information on above items.

RECOMMENDATION:

None, information only.

REFERENCE MATERIAL(S) ATTACHED:

- Draft July 29, 2014 Finance Committee Minutes



CalMHSAs Finance Committee

TELECONFERENCE MINUTES FROM MAY 12, 2014

Finance Committee Members

Present

- Maureen Bauman, CalMHSAs President (Ex-Officio)
- Wayne Clark, Chair, Monterey County
- Dr. William Arroyo, Los Angeles County
- Tanya Bratton, San Bernardino County
- Scott Gruendl, Vice President, Glenn County

Absent

- Tom Sherry, Sutter/Yuba County

CalMHSAs Staff

- John Chaquica, Executive Director
- Kim Santin, Finance Director
- Ann Collentine, Program Director
- Laura Li, JPA Administrative Manager
- Bianca, Vidales , Administrative Assistant
- Armando, Bastida, Administrative Assistant
- Doug Alliston, Legal Counsel

Consultants

- John T. Liddle, Morgan Stanley Smith Barney
- Allan Rawland, MSW, ACSW, Associate Administrator – Government Relations

1. Call to Order

The CalMHSA Finance Committee teleconference was called to order at 3:06 p.m. on July 29, 2014 by Treasurer, Wayne Clark, Monterey County. All participants were asked to introduce themselves, followed by instructions for the teleconference process.

2. **Roll Call and Public Comment Instructions**

JPA Administrative Manager, Laura Li called roll and established a quorum, with one absentee member.

3. **Instructions for Public Comment and Stakeholder Input**

Committee Chair, Wayne Clark, reviewed the public comment instructions and noted items not on the agenda would be reserved for public comment at the end of the agenda.

4. **Consent Calendar**

Committee Chair Clark asked for any changes to the May 12, 2014 minutes, and Treasurer's Reports as of June 30, 2014. There were none.

Action: Approval of the consent calendar.

Motion: The action was passed unanimously.

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

None

5. **CalMHSA Finance Committee Overview**

Committee Chair requested staff to give an overview of the internal review for contract closeout and processing checks. Laura Li, JPA Administrative Manager, presented the Finance Committee with a detailed overview which included the following items:

- ✚ Tracking of contractor spending patterns – Ensures legitimacy of expenditures especially now that initial contracts are being closed out.
- ✚ Compliance of General Terms – Ensuring contractors are complying with the requirements under general terms and conditions, such as insurance certification, reporting and completion of deliverables.
- ✚ Approving Invoices - Once confirmed the above items are complied with, approval is given to proceed with processing payments.
- ✚ Tracking holdbacks – Holdbacks were applied for the last six months of the term of initial contracts to ensure compliance of contractor obligations. Holdbacks will be paid once all records are reconciled and requirements have been met.
- ✚ Tracking funding – Staff tracks all sources of funding, amount, terms of agreements and payments made on a monthly basis to ensure we do not exceed the total approved funding amounts for each contractor.
- ✚ Holding payments – Staff will withhold payments if contractor is not meeting its obligations under the contract, such as completion of deliverables, submittal of regular reports, invoices not prepared as required, cost are not justifiable.

Kim Santin, Finance Director presented the internal closeout process which highlighted the important steps in order to closeout contracts. The following steps are required to complete the closeout of a contract:

1. Program Manager must confirm deliverables were completed, Program Reports completed, and hardcopy of final deliverables and received an Assignment of Rights Letter
2. JPA Administrative Manager must confirm all CRM requirements are completed and General Terms and Conditions are completed including Certificates of Insurance and Invoices submitted.
3. Finance Director must review all Quarterly Cost Reports, Payments, hold backs, and contract including Amendment funding amounts.
4. Final approval from Executive Director and Program Director.

Action: None, Information only.

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

None

6. **CalMHSA Investment Update**

John Liddle, Morgan Stanley Smith Barney, presented an update on the CalMHSA investments, current market update and indicated interest rates were down. The yield on the 10 year Treasury note fell from 2.76% to 2.51% over the course of the quarter. LAIF is at 22% which out performed the targeted percentage. The market value of the portfolio is in very good shape producing 3M.

Action: None, Information only.

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

None

7. **Update on Phase one and Board Action**

Ann Collentine, Program Director provided an update on Phase One and shared that county staff need clarification related to the Letter of Acknowledgement and process for issuing payment to CalMHSA. Therefore a draft memo to the Board Members was presented, which provides background information and explanation of purpose. The committee provided input for issuing the memo and recommended it be sent on behalf of the CalMHSA President.

Action: None, Information only.

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

None

8. **CalMHSA Financial Audit Engagement Letter**

Kim Santin, Finance Director, informed the Finance Committee that they were in their 3rd year contract with James Marta & Company for auditing services and will need to determine if they wanted to continue with James Marta & Company or issue an RFP (Request for Proposal) for audit services for the fiscal year ended June 30, 2015. To be addressed at a later meeting.

Action: None, Information only.

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

None

9. **Department of State Hospitals Update**

Executive Director gave a summary of items for discussion with the State Controller on July 30, 2014. The key points to be discussed include:

- Third party payments
- Zero Bed Commitments
- Rate Calculation
- WIC 17601

Action: Action: None, Information only.

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

None

10. **Public Comment**

This time is reserved for members of the public to address the Committee 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 Committee may also limit public comment time regarding agenda items, if necessary, due to a lengthy agenda.

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

None

11. Committee Chair Clark moved a motion to adjourn the meeting.

Action: Motion to approve adjournment.

Motion: The action was passed unanimously.

AGENDA
Agenda Item 9

SUBJECT: Report from CalMHSA Search Committee

ACTION FOR CONSIDERATION:

None, informational only.

BACKGROUND AND STATUS:

At the April 11, 2014 Strategic Planning Session meeting, the CalMHSA Board of Directors discussed the proposed restructure that included hiring a new Executive Director with the current Executive Director, John Chaquica, stepping down to Director of Operations (DOO). After much discussion, the Board supported the concept but requested more discussion regarding budget impact, qualifications and experience of the new hire. As a result, the Board directed a Search Committee be assembled to further review the roles and responsibilities, as well as fiscal impact and process.

The Search Committee met two times to review and discuss the proposed restructure plan, to include a job description, budget, and legal status of Executive Director (ED).

On June 12, 2014 the CalMHSA Board approved the restructuring plan, to include recruitment of a new Executive Director, within the budget amounts and timelines established. Additionally, the Board requested the contract be left open for additional input from the Board as it pertains to contractual options. Once the E.D. is identified, the board requested the staffing structure be further refined.

Since the June Board meeting, the Search Committee has met several times which lead to the development and distribution of the Executive Director job announcement, development of a screening tool for resumes submitted, and the scheduling of first interviews. The Committee received a total of forty (40) resumes, eleven (11) of which were considered with a total of five (5) candidates scheduled to be interviewed.

Next Steps:

- Second interviews to be scheduled the week of August 25, 2014, which will include members of the Executive Committee.
- The CalMHSA President will call for a special closed meeting of the CalMHSA Board in late August/early September, to make a final recommendation for approval. The special

meeting will be convened via teleconference to allow for maximum participation of the Board.

FISCAL IMPACT:

The budget impact is estimated to be a maximum net increase of annual expenditures in the amount of \$280,000. This shall be funded by new funding sources in 2014-15, and is expected the new ED shall, over time, generate sufficient funding to sustain this position and grow the program operations to meet the goals and objectives of CalMHSA.

RECOMMENDATION:

None, informational only.

TYPE OF VOTE REQUIRED:

Majority vote of the Board of Directors

REFERENCE MATERIAL(S) ATTACHED:

- None

PROGRAM MATTERS
Agenda Item 10.A

SUBJECT: Report from CalMHSA Program Director – Ann Collentine

ACTION FOR CONSIDERATION

None, information only.

BACKGROUND AND STATUS

SAMHSA Grant Submission To Implement The National Strategy For Suicide Prevention - On July 16th, CalMHSA submitted a proposal in response to SAMHSA's RFA to implement Goals 8 & 9 of the National Strategy for Suicide Prevention, which will promote suicide prevention as a core component of health care services, and implement effective clinical and professional practices for assessing and treating those identified as being at risk for suicidal behaviors. As part of the proposal, CalMHSA partnered with WellSpace Health in Sacramento, and 13 hospitals in the Sutter Health, Kaiser Permanente and Dignity Health health systems in Amador, Sacramento, and Placer Counties as well as UC Davis Medical Center. The proposal outlines three overarching activities – the first is to train healthcare providers at these hospitals in suicide risk assessment and how to safely discharge an individual from the hospital after a suicide attempt. The second is to provide a 30-day follow-up to individuals who are discharged from these facilities. The third is to provide suicide prevention community outreach and engagement in the 3 participating counties. If accepted, CalMHSA will receive \$1.4 million to implement this 3 year program. See attached reference material for more information. Contact Theresa Ly (Theresa.Ly@CalMHSA.org) if you have any additional questions.

Suicide Prevention Highlights

As a result of California's substantial investment in implementing suicide prevention gatekeeper training through the Living Work's ASIST, SafeTALK and suicideTALK programs, Living Works recently announced that California ranks first in the country for training community members in this potentially life-saving program. In 2013, California trained 4,348 individuals in these gatekeeper training programs. Additional ASIST and safeTALK T4Ts will occur in this fiscal year. For questions about these trainings, please contact Kathleen Snyder at kathleen.snyder@livingworks.net.

As we approach Suicide Prevention Week in September, here are some activities that Program Partners are implementing with CalMHSA funding.

- Didi Hirsch Mental Health Services in Los Angeles County is holding a one-day summit on September 9th to highlight the 7 emerging best practices in suicide prevention that were compiled with the support of CalMHSA funding. These best

practices are currently under review for acceptance at the Suicide Prevention Resource Center Best Practice Registry. Didi Hirsch is also hosting its 16th annual "Alive and Running" 5k run/walk that supports the Didi Hirsch Suicide Prevention Center. This event helps raise awareness about suicide prevention and erases the stigma of help-seeking.

- Family Services Agency of Central Coast is hosting their annual Coastal Trail Walk on September 20th. This is a fundraising walk and supportive space for those who have been touched by suicide. Find out more at www.coastaltrailwalk.org
- Institute on Aging will be hosting a volunteer training September 8th-14th and hosting presentations in Contra Costa, Santa Clara and Butte County to raise awareness of their services
- FSA Marin will be conducting ASIST gatekeeper training and Assessing and Managing Suicide Risk trainings for mental health care providers in Solano County

These are just a few activities that are occurring through the support of statewide PEI funding through CalMHSA. To help CalMHSA understand the breadth of suicide prevention activities occurring throughout the state in September, a brief survey will be sent to Program Partners and County Liaisons asking for information regarding events and activities. CalMHSA will be promoting these suicide prevention week activities and resources throughout the entire month of September through the Each Mind Matters blog and events page and press releases. For questions regarding these programs, please contact Theresa Ly (Theresa.ly@calmhsa.org).

Update on *Directing Change* for Fiscal Year 2014-2015

The Directing Change team has been hard at work prepping for next school year. The program will continue to include new partners through the University of California. Some goals for quality improvement based on lessons learned, include enhancing technical assistance and training for students and educators regarding suicide prevention and mental health and strengthening support for local dissemination and use of student videos. Please see the following "Tip Sheet - Ideas to Use the Films to Enhance Your Local Prevention and Outreach Efforts".

In addition, The Directing Change staff worked in partnership with high school students at Pleasant Valley High School to create a video about the Directing Change Award Ceremony and the Mental Health Matters Day in May 2014. This video will be used as a promotional film for Directing Change. View the video at: <http://youtu.be/wsYRUXf5YUk>. If you have any questions regarding the Directing Change Program for FY 14/15 please contact: Beth Wolf at beth@namica.org or Stan Collins at stan@suicideispreventable.org

Stigma and Discrimination Reduction Highlights

Each Mind Matters Seeking an Outreach Coordinator to Maximize Reach and Impact

Each Mind Matters is currently recruiting an Outreach Coordinator to engage schools, mental health providers, healthcare systems, etc. The Outreach Coordinator will be implementing a statewide coordinate SDR outreach plan. This will include October 5-11, which has been established as mental health awareness week. In our outreach efforts, Each Mind Matters will be engaging communities and Counties in planning awareness activities and events to spread the movement locally. For questions regarding the Outreach Coordinator Position or Mental Health Awareness Week, please visit <http://sacramento.craigslist.org/npo/4580569432.html> or contact Joseph Robinson at Joseph.Robinson@CalMHSA.org.

7th International Conference Together Against Stigma: Each Mind Matters

Representatives from the World Psychiatric Association – Scientific Section on Stigma and Mental Illness, The California Institute for Behavioral Health Solutions, The County Behavioral Health Directors Association, and The California Mental Health Services Authority, have been working hard with over 30 distinguished researchers, policy and program leaders from across the globe to develop the content and direction for the upcoming 7th International “Together Against Stigma” Conference in San Francisco February 18th – 20th, 2015.

The conference will be hosted collaboratively by the above entities with the theme, ***Each Mind Matters: Empowering Community Mental Health through Research, Practice, Policy and Advocacy***. California has built on local efforts and is now implementing a comprehensive statewide mental health promotion and suicide prevention campaign with dozens of strategies focused on preventing suicide, improving student mental health, and eliminating the stigma and resulting discrimination associated with mental illness. The time is now for all of us – local, national and international - to learn from each other and achieve significant change to make mental health an essential component of well-being.

The goals of the conference include:

- providing a forum that will strengthen and empower the voice of individuals, communities, and stigma researchers,
- advancing education and increasing awareness of the effects of stigma and discrimination on community mental health and access to quality and culturally responsive care, and
- sparking and sustaining a dialogue and call to action to achieve significant and meaningful change.

We are working to encourage diverse and comprehensive abstract and presentation submissions. Please see and widely encourage submissions for both research presentations as well as presentations that focus on policy and practice strategies. Keynote speakers will be announced shortly. For more information about submissions or registration, see attached reference materials, or visit <http://www.eachmindmatters.org/event/7th->

[international-together-stigma-mind-matters-empowering-community-mental-health-research-practice-policy-advocacy/](http://www.calmhsa.org/research-practice-policy-advocacy/) .

Student Mental Health Highlights

K-12

Schools Superintendent Urges School Leaders to Adopt Suicide Prevention Policies:

Following a recommendation of CalMHSA funded, Student Mental Health Policy Workgroup, State Superintendent of Public Instruction Tom Torlakson recently issued a letter to County and District Superintendents and Charter School Administrators encouraging all governing boards to consider adopting a suicide prevention policy using the model provided by the California School Boards Association. The letter may be viewed online at: <http://www.cde.ca.gov/nr/el/le/yr14ltr0721.asp>.

Higher Education

The UC Student Mental Health 2014 Best Practices Conference, ***Stronger Together: California Colleges & Universities United for Student Mental Health***, is being held on September 8th and 9th, 2014 in Los Angeles. The programming for this conference was coordinated in collaboration with the California State University and the California Community College systems. All three higher education systems have collaborated more intentionally over the past three years, working to enhance prevention and early intervention efforts in addressing student mental health concerns on our campuses. As the CalMHSA grant comes to an end, this culminating conference will feature engaging keynote speakers, collaborative presentations from California higher education segments, best/promising practice workshops, poster presentations, round table discussions, networking opportunities, and student mental health vendors. Colleges are all coming together to share what works, what does not work, and to discuss where to go from here to sustain many of the programmatic efforts made possible through Proposition 63. For more information, contact: Taisha Caldwell at Taisha.Caldwell@ucop.edu.

Department of Health Care Services Substance Use Disorders Statewide Conference

CalMHSA staff and CalMHSA higher education partners will present at this conference being held in Costa Mesa on August 11, 2014. The CalMHSA panel presentation, entitled, ***Building Collaboration in Higher Education: A Case Study*** focuses on the CalMHSA PEI statewide projects and specifically on programs addressing substance use disorder on higher education campuses and the link to improving student mental health wellness.

STAFF UPDATES

We are excited to share that Sarah Brichler, CalMHSA's former Program Manager for Suicide Prevention, delivered a son named James Conrad on July 4th! Sarah will be taking maternity leave for a few months and will return on a very part-time basis working on special assignments.

CalMHSA has experienced a few key staff changes in the past few months.

Jamie Sepulveda left CalMHSA on July 25, 2014 to work at Sutter Health, pursuing hours to receive licensure for her MSW degree. CalMHSA wishes her well in her new pursuits, and is glad that she will continue to work in provide mental health prevention and critical services to clients.

CalMHSA is excited to announce that Lee Anne Xiong has joined CalMHSA as of August 4, 2014 replacing Jamie as the new Program Analyst. As a Program Analyst, Lee Anne will be responsible for assisting Program Managers in monitoring CalMHSA contracts, and facilitating communication and coordination between Program Managers, Contractors and other partner organizations. Lee Anne comes to us with a background in mental health, particularly with implementing programs in education systems. Most recently, Lee Anne was working at the Foundation for California Community Colleges, overseeing the CalMHSA Student Mental Health Project's campus-based grants and statewide initiatives on student prevention and early intervention.

We are also happy to introduce Amanda Lipp to the team as our new Research Assistant. Amanda started at CalMHSA on July 14, 2014. Amanda will be assisting with the development of the International "Together Against Stigma" conference and variety of other CalMHSA projects including presentations, and supporting contract management staff. Amanda recently graduated from UC Davis, and has a long history as a mental health advocate, including serving on NAMI's California Board of Directors, being a speaker at Each Aggie Matters events and promoting Stigma and Discrimination Reduction Campaigns for CalMHSA Contractor, RS&E.

RECOMMENDATION:

None, information only.

TYPE OF VOTE REQUIRED:

None

REFERENCE MATERIAL(S) ATTACHED:

- June edition of News to Use: Suicide Prevention
- July edition of News to Use: California's Asian and Pacific-Islander Communities Achieving Mental Wellness
- Call for presentations: 7th International Conference – *Together Against Stigma: Each Mind Matters*
- SAMHSA National Strategy for Suicide Prevention RFA Proposal - Abstract
- Directing Change Handout: Tip Sheet – Ideas to Use the Films to Enhance Your Local Prevention and Outreach Efforts



Suicide Prevention

California Leading the Nation in Reducing Suicide Risk and Pioneering Innovative Crisis Support Tools



Suicide is the tenth leading cause of death in the United States. The impact of death by suicide is felt by an estimated 4.73 million Americans, who are survivors of the suicide of a friend, family member, or loved one.

The California Mental Health Services Authority's (CalMHSA) Statewide Approach

RAND research shows suicide rates vary dramatically across California, with the *rate* of suicide highest in rural areas but the most populated geographic areas accounting for the highest *number* of deaths by suicide. The California Mental Health Services Authority's (CalMHSA) suicide prevention programs work statewide, targeting at-risk individuals as well as reaching denser population areas to reduce the societal burden of suicide. Below are highlights from CalMHSA's suicide prevention programs. Learn more at CalMHSA.org.

Pain Isn't Always Obvious



Suicide Is Preventable

The *Know the Signs* Campaign, CalMHSA's statewide suicide prevention social marketing campaign, is built on three key messages:

Know the Signs. Find the Words. Reach Out.

Through *Know the Signs*, Californians have learned to recognize the warning signs of suicide, how to find the words to have a direct conversation with someone in crisis, and where to find professional help and resources.

www.suicideispreventable.org
www.elsuicidiodoesprevenible.org

Visitors to *Know the Signs* and *Reconozca las Señales* websites since launch.

767,961

40-45%

of California households have seen *Know the Signs* messaging. According to a RAND evaluation, **Californians who have seen *Know the Signs* messages have higher confidence they can intervene to stop suicide.**

New Tools Put Lifesaving Resources at Our Fingertips

Know the Signs, in collaboration with Santa Clara County and the National Suicide Prevention Lifeline, developed a mobile app, MY3, that connects users to their primary support networks when they have thoughts of suicide. The free app also features a customizable safety plan and resources page to help individuals at risk for suicide.

1,822 People have downloaded the MY3 Suicide Prevention App.



Visit www.MY3App.org for more information.

Providing Tools for Young Californians

Suicide Prevention efforts tailored for the needs of young people should be a priority, as suicide is the third-leading cause of death among 15-24 year olds. San Francisco Suicide Prevention has utilized emerging technologies including online chat and text to reach people unlikely to call a hotline, including young people who primarily communicate via electronic tools.

- The MyLife program gives students a text number they can use to connect with a trained crisis counselor for emotional support and alert emergency services if necessary.
- Online chat services are available from 11am-11pm to anyone.



Visit www.sfsuicide.org for more information.

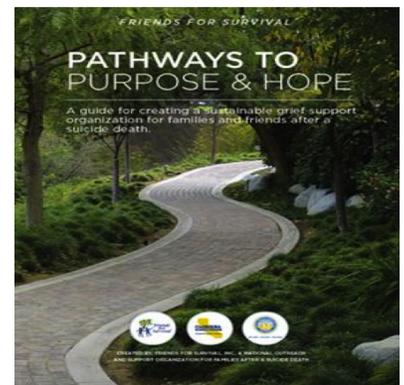
22,192

Calls answered by crisis hotlines across California in April 2014 alone.

The California Suicide Prevention Network (CSPN) represents 10 crisis centers throughout California who collaborate to address service gaps and improve services to under-served populations locally, and then share the best ideas and practices with others across California and the nation. CalMHSAs have also supported the development and expansion of seven crisis centers throughout the state.

Helping Survivors of Suicide Loss

The stigma around mental health challenges and suicide often means survivors grieve in isolation. Pathways to Purpose and Hope Grief Support guides California communities to create sustainable suicide bereavement support programs to meet the complicated needs of survivors. Listed in the American Foundation for Suicide Prevention Best Practices Registry, the guide was developed from the perspectives of 50 survivors and details best practices for supporting survivors through effective, community-based bereavement programs supported by professional, local resources.



Visit [Your Voice Counts](http://YourVoiceCounts.org) for more information.

Local Suicide Prevention Efforts

Santa Clara County has raised awareness of their local suicide prevention and crisis hotline by advertising on 16 buses in English, Spanish, Vietnamese and Chinese.

Glenn County has printed 24,000 prescription bags with local crisis hotline numbers for distribution at two local pharmacies as well as the Transition-Aged Youth center. One bag already let a user contact her local crisis hotline instead of ending her life.

San Diego County has integrated Know the Signs into their existing "It's Up to Us" suicide prevention campaign, by introducing TV and radio ads in English and Spanish, exterior bus ads and digital ads.



Bus wrapped with crisis hotline information.

Breaking Down Stigma Helps California's Asian and Pacific-Islander Communities Achieve Mental Wellness



Misconceptions about mental illness too often deter members of the Asian American and Pacific Islander community in California from accessing mental health services. A recent study from the RAND Corporation found Asian Americans face among the highest levels of stigma, with 38 percent reporting being unwilling to interact with individuals with schizophrenia.

"For many Asian-Americans, mental illness is taboo, bringing shame on a family. Many believe it is contagious, the result of spells, black magic or bad deeds in a past life. In some Asian languages, there are no translations for 'mental health,' and associated terms carry negative connotations." - Samuel N. Keo

Asian Americans comprise 15 percent of California's population, so working to meet the needs of this diverse community is imperative if California is to achieve mental wellness for all. The California Mental Health Services Authority (CalMHSA) is doing just that by implementing innovative stigma reduction and suicide prevention strategies that engage Asian-Americans in breaking down mental health stigma. Below are highlights from CalMHSA's programs serving the Asian and Pacific-Islander (API) community. View more programs at www.CalMHSA.org.

Each Mind Matters Engaging Diverse Voices

Stand up comedian Margaret Cho has been heavily involved with anti-bullying campaigns, an issue that she experienced first-hand during her childhood.



Cho's public service announcement urges young people to open up to each other about their struggles and not allow stigma to play a role in the decision to seek help or treatment for mental illness.

"The stigma of mental illness...it's not anything to be ashamed of, it's not anything to feel weird about, and in fact, those attitudes of society that this is something wrong with, seeking help or talking to somebody, is actually the wrong thing. I think that mental illness...gets much worse in isolation. Find a way to share your burden with somebody else..."
- Comedian Margaret Cho

A Story of Hope

The Story of Hope Storytellers Program engages two generations of Hmong and Mien communities. Youth learn mental health facts they can share with parents and elders by writing a short story. The stories educate in a non-threatening, educational, culturally responsive and impactful manner, providing mental health materials to communities that have traditionally lacked accurate, culturally responsive information.



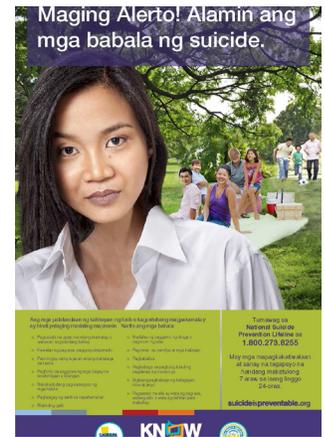
DON'T LET IT BE TOO LATE
by Vincent Saechao

"We should not discriminate and be afraid of individuals with mental health issues but we should help them instead. It has a big impact on Hmong and Mien communities and we should make everyone more aware. It is important that we are educated about mental health issues because awareness is the first step to recovery."
-Vincent Saechao, Story of Hope Storytelling Program Mien First Place Winner from Sacramento

Preventing Suicide in API Communities

The *Know the Signs* suicide prevention campaign is culturally adapting suicide prevention outreach materials such as posters, brochures, and print, TV and radio ads, for the Korean, Vietnamese, Hmong, Lao, Chinese, Cambodian and Filipino communities. The ads break down the misconception that seeking help is a sign of weakness. All materials will be available in the [Resource Center at Your Voice Counts](#) by the end of August 2014.

Didi Hirsch's Suicide Crisis Line is fully staffed with Korean speaking counselors, and has Vietnamese speaking counselors that are available 22 hours a week. **Call the 24-hour Crisis Line at (877) 727-4747 (available in Los Angeles, Orange, Ventura, San Bernardino, Riverside and Imperial counties.**



Mental Health Resources

CalMHSA's Program Partners have developed a wide array of mental health resources for the API community. All resources are available through CalMHSA:

Definitions of Stigma and Discrimination Fact Sheet, from Disability Rights California, has been translated for use in [Korean](#), [Chinese](#), [Vietnamese](#), [Cambodian](#).

Wellness Works, a workplace education and training program that raises awareness and reduces stigma around issues related to employee mental health, while building capacity for organizations to address issues more effectively, and create psychologically healthy workplaces, is being adapted for the Chinese community. The program will be available later this year.

The **Each Mind Matters Great Minds Gallery** hosts many videos with stories of hope and resilience that can be used in outreach to Asian communities. [Our Story: Lao](#), [Our Story: Cambodian](#), [Lao Compilation](#), [Sam's Story](#), and [Emily's Story](#).

Mental Health Terms has been translated for use in [Hmong](#), [Khmer](#), [Lao](#) and [Lu Mien](#), and **Mental Health Myths and Facts** has been translated for use in [Hmong](#), [Khmer](#), [Lao](#) and [Lu Mien](#).

Counties Working to Break Down Barriers

99% increase in Asian-Americans using primary care clinics that have integrated mental health services Santa Clara County over the past five years. Many Asian-Americans are more comfortable utilizing these clinics than stand-alone mental health clinics.

Fresno County's efforts have culminated in the groundbreaking development of four community gardens that provide a gateway to mental health services.

80% of people who utilized the Fresno Center for New Americans garden reported a reduction in suicidal feelings.



Fresno County Community Garden

7TH INTERNATIONAL TOGETHER AGAINST STIGMA: EACH MIND MATTERS

Empowering Community Mental Health through
Research, Practice, Policy and Advocacy

FEBRUARY 18-20, 2015 | PRE CONFERENCE FEBRUARY 17, 2015

Call for PRESENTATIONS:
NON-RESEARCH
SUBMISSIONS

Hyatt Regency San Francisco
Five Embarcadero Center
San Francisco, CA

In partnership with CIBHS, CalMHSA, the WPA Scientific Section on Stigma and Mental Health, and CBHDA (County Behavioral Health Directors Association of California).



7TH INTERNATIONAL TOGETHER AGAINST STIGMA: EACH MIND MATTERS

Empowering Community Mental Health through
Research, Practice, Policy and Advocacy

Call for PRESENTATIONS – NON-RESEARCH SUBMISSIONS

The 7th International “Together Against Stigma: Each Mind Matters” Conference is seeking proposals for presentations on practice, policy and advocacy strategies and programs that are dynamic, interactive and best fit the conference theme of “*Empowering Community Mental Health through Research, Practice, Policy and Advocacy.*”

The goals of the conference are: to provide a forum that will strengthen and empower the voice of individuals, communities, and stigma researchers; to advance education about stigma and discrimination; to increase awareness of the effects of stigma and discrimination on community mental health and access to quality and culturally responsive care. The conference sponsors hope to engage new and non-traditional stakeholders via culturally responsive, person-first, evidence based support and services.

We highly encourage presentation applications that incorporate and address diverse communities through dynamic strategies and programs including, Multimedia, Education/Training, Personal Stories, and Advocacy.

Available presentation spaces are limited and will be reviewed by the Policy and Practice subcommittees. The presentation proposal must be submitted by **August 29, 2014**

Though all submissions are welcome, we are particularly interested in featuring work that has targeted anti-stigma interventions to the following sub-groups:

- Pervasive myths and enduring challenges
- What we don't know
- Stigma as source of health disparity
- Targeted communities and change through a cultural lens
- New ways to reduce stigma and the science behind them
- Stigma - next generation
- Institutional sources of stigma

THEMES FOR THE THREE DAYS INCLUDE:

- **Day 1:** Opportunities and Future Directions in Effectively Eradicating Stigma
- **Day 2:** Empowering the Next Generation as Partners in Eradicating Stigma, Preventing Mental Illness and Supporting Mental Health Promotion
- **Day 3:** Empowering Communities and Creating Lasting Change—Call to Action

INFORMATION REQUIRED ON ALL SUBMISSIONS:

- Names of each presenter/author.
- Institutional affiliation of each presenter/author.
- Email of corresponding presenter/author.
- Indication of the type of submission (Symposia; Workshop; Oral presentation; Poster).
- Conference sub-theme to which the presentation relates (Practice; Policy; Advocacy).
- Title of presentation.

SYMPOSIUM:

- A 300 word summary of the main theme of the symposium.
- The name and institutional affiliation of the designated Chair of the Symposium.

7TH INTERNATIONAL | TOGETHER AGAINST STIGMA: EACH MIND MATTERS

Call for PRESENTATIONS – NON-RESEARCH SUBMISSIONS

The Conference Program Committee is seeking 300 word (maximum) proposals that highlight practice, policy and advocacy strategies and programs presented through symposia, workshops, oral presentations, and posters.

CONTENT TOPICS:

POLICY & ADVOCACY:

Policy and Advocacy strategies and programs seek systemic change and interventions that are more likely to address institutional change and reduce public stigma and discrimination. This includes but is not limited to:

- Social Marketing and Media efforts that aim to increase knowledge, change public attitudes, and ultimately change behavior or to train/inform/ collaborate with key opinion-makers and storytellers such as journalists, entertainment and social media; and
- Policy and Advocacy efforts that seek system and institutional change by working with key system partners in addressing stigma and promoting mental wellness such as working with the health care sector, law enforcement/public safety, education and legislative and policy-making bodies.

PRACTICE:

Practice strategies and programs are more likely to address individual stigma and discrimination – but also public stigma at the community level by putting research into action. This includes but is not limited to:

- Training for gatekeepers (teachers, employers, law enforcement);
- Developing unique strategies for special sub-populations like specific ethnic and cultural groups, youth, veterans, etc; or
- Practice strategies through clinical/peer support practices or strategies contact strategies such as work done by speaker bureaus.

PRESENTATION SUBMISSION:

Presentations must be a maximum of 300 words with no tables, charts, graphs, or references.

Presentations may only be submitted online as follows:

- **SYMPOSIA** will be allocated 1.5 hours and should contain a maximum of 4 interrelated presentations addressing a common theme. Symposia presenters should specify a Chair for their session who will manage introductions, maintain presentation times, and coordinate questions and discussion.
- **WORKSHOPS** will be allocated 1.5 hours. Workshops should include at least two learning objectives, two key references, and allow for a minimum of 25% of the time devoted to audience participation.
- **ORAL PRESENTATIONS** will be allocated a maximum time of 20 minutes including questions. Oral presentations will be organized into theme based sessions by the conference organizers.
- **POSTERS** will be accepted in a standard format (maximum size of 24" by 36"). Posters are expected to be available to be viewed throughout the entire conference. Poster presenters will be assigned a specific time period in which they are to attend their poster to address questions. Poster prizes will be awarded for the best three student posters demonstrating originality and innovation; organization and clarity of presentation; relevance to the field and/or the meeting themes, and potential for improving practice. First prize will be \$1000.00. Second prize will be \$500.00, and third prize will be \$250.00.

WORKSHOP:

- A separate 300 word abstract (outlining the purpose, methods, results, and conclusions) for each of the 4 symposium presentations.
- A way to link each symposium presentation to the Symposium.
- Three learning objectives.
- Two key references.
- A 300 word summary of the workshop activities, including any materials that workshop participants will receive.

ORAL PRESENTATIONS AND POSTERS:

- A 300 word (maximum) summary of the purpose, methods, results, and conclusions.

7TH INTERNATIONAL TOGETHER AGAINST STIGMA: EACH MIND MATTERS

Empowering Community Mental Health through
Research, Practice, Policy and Advocacy

Request for PRESENTATIONS – NON-RESEARCH SUBMISSIONS

Name of Conference: 7th International Together Against Stigma Each Mind Matters “Empowering Community Mental Health through Research, Practice, Policy and Advocacy”

Conference Dates: February 17 – 20, 2015

Location: Hyatt Regency San Francisco, Five Embarcadero Center, San Francisco, CA

Deadline for Submission: August 29, 2014

INSTRUCTIONS: Please fill out this form as completely as possible. Selection will be primarily based on the information you provide here. If you have any questions, call Alice Washington at (916) 379-5339.

For your convenience, we have created the “Request for Presentations” as a PDF document which can be filled out electronically. Please download it to your computer, complete the form, and e-mail it to ssiqueiros@cibhs.org as an attachment. If you have any questions please call us at **(916) 379-5317**.

Title of your presentation: _____

- Preferred date to present:
- February 17** – Special Meetings (Global Alliance, possibly training for Consumers and family members and other advocates).
 - February 18 – 19** – Full Conference (workshops offered).
 - February 20** – Half-Day Conference.

Presenter and Co-Presenter Information: (If you will have more than one presenter, please list as **A, B,** and **C.** The person listed as **A** will be considered the primary correspondent; if you have additional presenters please attach additional sheets of paper as necessary). **Presentations should be no more than 90 minutes in length.**

PRESENTER - **A**

Name: *(Please include honorifics if appropriate)* _____

Agency/Organization: _____

Official Title: _____

Position: _____

Address: _____

Telephone: Work: _____ Cell: _____

Email Address: _____ ADA/Special/
Dietary Needs: _____

7TH INTERNATIONAL | TOGETHER AGAINST STIGMA: EACH MIND MATTERS
Request for PRESENTATIONS – NON-RESEARCH SUBMISSIONS

PRESENTER - **B**

Name: (Please include honorifics if appropriate) _____

Agency/Organization: _____

Official Title: _____

Position: _____

Address: _____

Telephone: Work: _____ Cell: _____

Email Address: _____ ADA/Special/
Dietary Needs: _____

PRESENTER - **C**

Name: (Please include honorifics if appropriate) _____

Agency/Organization: _____

Official Title: _____

Position: _____

Address: _____

Telephone: Work: _____ Cell: _____

Email Address: _____ ADA/Special/
Dietary Needs: _____

PLEASE UPLOAD A BRIEF BIOGRAPHY AND RESUME FOR **EACH** PRESENTER

*Continuing Education Credit **Cannot Be Provided** without this information. The Bio will also be used for introduction purposes by the presentation facilitator.*

Type of Submission (Please check one) **Refer to the Presentation Submission selection on page 3

SYMPOSIUM

- A 300 word summary of the main theme of the symposium.
- The name and institutional affiliation of the designated Chair of the Symposium.
- A separate 300 word abstract (outlining the purpose, methods, results, and conclusions) for each of the 4 symposium presentations.
- A way to link each symposium presentation to the Symposium.

WORKSHOP

- Two key references.
- A 300 word summary of the workshop activities, including any materials that workshop participants will receive.

ORAL PRESENTATION

POSTER

- A 300 word (maximum) summary of the purpose, methods, results, and conclusions.

Sub-Theme To Which The Presentation Relates (Please check one)

RESEARCH

PRACTICE

POLICY/ ADVOCACY

7TH INTERNATIONAL | TOGETHER AGAINST STIGMA: EACH MIND MATTERS
Request for PRESENTATIONS – NON-RESEARCH SUBMISSIONS

Audio Visual Needs:

CIBHS will provide all of the audio-visual equipment for the conference. The rooms will be set with the appropriate audio-visual equipment depending on the format of the presentation. The standard set up will include a screen, LCD projector, laptop, lectern and microphone. **If you will need sound for your presentations or you will be watching a DVD, you will need to request an audio patch.** Panel presentations will include a head table. In larger rooms there will be a riser and additional microphones as needed.

I DO NOT NEED ANY AUDIO-VISUAL EQUIPMENT.

If you require additional audio-visual equipment please list it here.

Taping And Publications: If you are selected, will you grant permission for taping (audio or video) of your session?

YES **NO**

**Verbs for Formulating Objectives and Measuring Change
 Relative to the Updated Compliance Criteria ***

Verbs to Avoid	Tabulate	Knowledge	Detect	Predict	Hold
Appreciate	Trace	Analyzed	Formulate	Relate	Incorporate
Know	Write	Analyze	Generalize	Report	Increase
Learn		Appraise	Integrate	Restate	Inquire
Review	Knowledge	Contract	Manage	Review	Integrate
Study	Understood	Criticize	Organize	Schedule	Involve
Understand	Associate	Debate	Plan	Sketch	Internalize
Update	Classify	Detect	Prepare	Solve	Listen
	Compare	Diagram	Prescribe	Translate	Manage
Knowledge	Compute	Differentiate	Produce	Use	Massage
Cite	Contrast	Distinguish	Propose	Utilize	Measure
Count	Describe	Experiment	Specify		Obtain
Define	Differentiate	Infer		Performance	Order
Draw	Discuss	Inspect	Competency	Act / Act Upon	Perform
Name	Distinguish	Inventory	Apply	Ask	Prescribe
Identify	Estimate	Question	Calculate	Avoid	Palpate
Indicate	Explain	Separate	Complete	Change	Pass
List	Express	Summarize	Demonstrate	Check	Percuss
Point	Extrapolate		Dramatize	Collaborate	Refer
Quote	Interpolate	Knowledge	Employ	Communicate	Tell
Read	Interpret	Synthesized	Examine	Coordinate	Treat
Recite	Locate	Arrange	Illustrate	Decrease	Use
Recognize	Predict	Assemble	Interpolate	Demonstrate	Utilize
Record	Report	Collect	Interpret	Diagnose	Write
Relate	Restate	Compose	Locate	Do / Don't	
Repeat	Review	Construct	Operate	Document	
State	Translate	Create	Order	Empathize	
Select		Design	Practice	Examine	

* Adapted from "Stating Objectives" by Adrienne B. Rosof in Continuing Medical Education: A Primer (Adrienne B. Rosof and William C. Feich MD, Editors), Praeger Publishers, New York, 1986, pp. 36-37.

REVIEW AND SELECTION PROCESS

The process to accept presentations is highly competitive as there are a limited number of workshops and space available. Proposals that are clearly written, and have clear obtainable objectives will be given preference.

- You will receive an email acknowledging the receipt of your proposal.
- We will notify all submitters of the status of their proposal by **September 23, 2014**.

RULES OF PARTICIPATION

- a) Presenters may submit proposals on behalf of a single presenter or group in partnership with or endorsed by an organization, or panel of no more than six people.
- b) Multiple submissions from presenters will be accepted for consideration, however only one session may be conducted for the conference.
- c) Accepted submissions must be presented at the scheduled time allotted by the Program Planning Committee.
- d) Completing the registration process will confirm your intent to participate.
- e) If a presenter has commercial products and/or services to promote, this may be done by purchasing an exhibitors table in advance. In the event that space is purchased, you may invite individuals to visit the table; however sales may not be made or solicited during sessions.

7TH INTERNATIONAL TOGETHER AGAINST STIGMA: EACH MIND MATTERS

Empowering Community Mental Health through
Research, Practice, Policy and Advocacy

FEBRUARY 18-20, 2015 | PRE CONFERENCE FEBRUARY 17, 2015

Hyatt Regency San Francisco
Five Embarcadero Center
San Francisco, CA

Call for ABSTRACTS:
RESEARCH
SUBMISSIONS

In partnership with CIBHS, CalMHSA, the WPA Scientific Section on Stigma and Mental Health, and CBHDA (County Behavioral Health Directors Association of California).



Call for ABSTRACTS – RESEARCH SUBMISSIONS

The 7th International Together Against Stigma Conference, to be held February 18-20, 2015 (with special meetings on February 17) in San Francisco, California is now accepting abstracts for symposia, workshops, oral presentations, and posters. The theme of the conference is *Each Mind Matters: Empowering Community Mental Health through Research, Practice, Policy and Advocacy*. Though all submissions will be welcome, we are particularly interested in featuring work that has targeted anti-stigma interventions to the following sub-groups:

- Pervasive myths and enduring challenges
- What we don't know
- Stigma as source of health disparity
- Targeted communities and change through a cultural lens
- New ways to reduce stigma and the science behind them
- Stigma – next gen
- Institutional sources of stigma

The abstract submission deadline is **August 29, 2014**. Individuals submitting abstracts will be notified by email whether or not their abstract has been selected by **September 23, 2014**. An individual or group may submit more than one abstract, but a separate electronic submission is required for each submission. Abstracts will be reviewed on a first come, first serve basis by an international scientific committee, so early submission is recommended. Applicants who are not accepted for oral presentations may be offered the option of a poster presentation.

In submitting your abstract, you will be asked to:

- Certify that your abstract is an original contribution;
- Grant permission on behalf of yourself and your co-presenters that the Conference organizers can publish your abstract in any conference-related publication deemed appropriate for the promotion and knowledge translation goals of the Conference;
- Grant permission on behalf of yourself and your co-presenters to have a synopsis of your presentation, which will be prepared by the Conference organizers, included in any conference-related publication;

- Confirm acceptance and pay the conference registration fee by **December 15, 2014**. Only individuals who have paid the conference registration fee will be included in the final program. One individual named on each abstract (the main presenter) will be eligible for a reduced conference registration fee of \$300.00 (a \$100.00 discount) if payment is received before **December 15, 2014**.

ABSTRACT SUBMISSION:

Abstracts must be a maximum of 300 words with no tables, charts, graphs, or references.

Abstracts may only be submitted online as follows:

- **SYMPOSIA** will be allocated 1.5 hours and should contain a maximum of 4 interrelated presentations addressing a common theme. Symposia presenters should specify a Chair for their session who will manage introductions, maintain presentation times, and coordinate questions and discussion.
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INFORMATION REQUIRED ON ALL SUBMISSIONS:

- Names of each presenter/author.
- Institutional affiliation of each presenter/author.
- Email of corresponding presenter/author.
- Indication of the type of submission (Symposia; Workshop; Oral presentation; Poster).
- Conference sub-theme to which the presentation relates (Research; Practice; Policy; Advocacy).
- Title of presentation.

SYMPOSIUM:

- A 300 word summary of the main theme of the symposium.
- The name and institutional affiliation of the designated Chair of the Symposium.
- A separate 300 word abstract (outlining the purpose, methods, results, and conclusions) for each of the 4 symposium presentations.
- A way to link each symposium presentation to the Symposium.

WORKSHOP:

- Three learning objectives.
- Two key references.
- A 300 word summary of the workshop activities, including any materials that workshop participants will receive.

ORAL PRESENTATIONS AND POSTERS:

- A 300 word (maximum) summary of the purpose, methods, results, and conclusions.

7TH INTERNATIONAL TOGETHER AGAINST STIGMA: EACH MIND MATTERS

Empowering Community Mental Health through
Research, Practice, Policy and Advocacy

Request for ABSTRACTS – RESEARCH SUBMISSIONS

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Conference Dates: February 17 – 20, 2015

Location: Hyatt Regency San Francisco, Five Embarcadero Center, San Francisco, CA

Deadline for Submission: August 29, 2014

INSTRUCTIONS: Please fill out this form as completely as possible. Selection will be primarily based on the information you provide here. If you have any questions, call Alice Washington at (916) 379-5339.

For your convenience, we have created the “Request for Abstracts” as a PDF document which can be filled out electronically. Please download it to your computer, complete the form, and e-mail it to ssiqueiros@cibhs.org as an attachment. If you have any questions please call us at **(916) 379-5317**.

Title of your presentation: _____

Preferred date to present: **February 17** – Special Meetings (Global Alliance, possibly training for Consumers and family members and other advocates).
 February 18 – 19 – Full Conference (workshops offered).
 February 20 – Half-Day Conference.

Presenter and Co-Presenter Information: (If you will have more than one presenter, please list as **A, B,** and **C.** The person listed as **A** will be considered the primary correspondent; if you have additional presenters please attach additional sheets of paper as necessary). **Presentations should be no more than 90 minutes in length.**

PRESENTER - **A**

Name: *(Please include honorifics if appropriate)* _____

Agency/Organization: _____

Official Title: _____

Position: _____

Address: _____

Telephone: Work: _____ Cell: _____

Email Address: _____ ADA/Special/
Dietary Needs: _____

7TH INTERNATIONAL | TOGETHER AGAINST STIGMA: EACH MIND MATTERS
Request for ABSTRACTS – RESEARCH SUBMISSIONS

PRESENTER - B

Name: (Please include honorifics if appropriate) _____

Agency/Organization: _____

Official Title: _____

Position: _____

Address: _____

Telephone: Work: _____ Cell: _____

Email Address: _____ ADA/Special/
Dietary Needs: _____

PRESENTER - C

Name: (Please include honorifics if appropriate) _____

Agency/Organization: _____

Official Title: _____

Position: _____

Address: _____

Telephone: Work: _____ Cell: _____

Email Address: _____ ADA/Special/
Dietary Needs: _____

PLEASE UPLOAD A BRIEF BIOGRAPHY AND RESUME FOR EACH PRESENTER

Continuing Education Credit **Cannot Be Provided** without this information. The Bio will also be used for introduction purposes by the presentation facilitator.

Type of Submission (Please check one) **Refer to the Abstract Submission selection on page 2

SYMPOSIA

- A 300 word summary of the main theme of the symposium.
- The name and institutional affiliation of the designated Chair of the Symposium.
- A separate 300 word abstract (outlining the purpose, methods, results, and conclusions) for each of the 4 symposium presentations.
- A way to link each symposium presentation to the Symposium.

WORKSHOP

- Two key references.
- A 300 word summary of the workshop activities, including any materials that workshop participants will receive.

ORAL PRESENTATION

POSTER

- A 300 word (maximum) summary of the purpose, methods, results, and conclusions.

Sub-Theme To Which The Presentation Relates (Please check one)

RESEARCH

PRACTICE

POLICY/ ADVOCACY

7TH INTERNATIONAL | TOGETHER AGAINST STIGMA: EACH MIND MATTERS
Request for ABSTRACTS – RESEARCH SUBMISSIONS

Audio Visual Needs:

CIBHS will provide all of the audio-visual equipment for the conference. The rooms will be set with the appropriate audio-visual equipment depending on the format of the presentation. The standard set up will include a screen, LCD projector, laptop, lectern and microphone. **If you will need sound for your presentations or you will be watching a DVD, you will need to request an audio patch.** Panel presentations will include a head table. In larger rooms there will be a riser and additional microphones as needed.

I DO NOT NEED ANY AUDIO-VISUAL EQUIPMENT.

If you require additional audio-visual equipment please list it here.

Taping And Publications: If you are selected, will you grant permission for taping (audio or video) of your session?

YES **NO**

**Verbs for Formulating Objectives and Measuring Change
 Relative to the Updated Compliance Criteria ***

Verbs to Avoid	Tabulate	Knowledge	Detect	Predict	Hold
Appreciate	Trace	Analyzed	Formulate	Relate	Incorporate
Know	Write	Analyze	Generalize	Report	Increase
Learn		Appraise	Integrate	Restate	Inquire
Review	Knowledge	Contract	Manage	Review	Integrate
Study	Understood	Criticize	Organize	Schedule	Involve
Understand	Associate	Debate	Plan	Sketch	Internalize
Update	Classify	Detect	Prepare	Solve	Listen
	Compare	Diagram	Prescribe	Translate	Manage
Knowledge	Compute	Differentiate	Produce	Use	Massage
Cite	Contrast	Distinguish	Propose	Utilize	Measure
Count	Describe	Experiment	Specify		Obtain
Define	Differentiate	Infer		Performance	Order
Draw	Discuss	Inspect	Competency	Act / Act Upon	Perform
Name	Distinguish	Inventory	Apply	Ask	Prescribe
Identify	Estimate	Question	Calculate	Avoid	Palpate
Indicate	Explain	Separate	Complete	Change	Pass
List	Express	Summarize	Demonstrate	Check	Percuss
Point	Extrapolate		Dramatize	Collaborate	Refer
Quote	Interpolate	Knowledge	Employ	Communicate	Tell
Read	Interpret	Synthesized	Examine	Coordinate	Treat
Recite	Locate	Arrange	Illustrate	Decrease	Use
Recognize	Predict	Assemble	Interpolate	Demonstrate	Utilize
Record	Report	Collect	Interpret	Diagnose	Write
Relate	Restate	Compose	Locate	Do / Don't	
Repeat	Review	Construct	Operate	Document	
State	Translate	Create	Order	Empathize	
Select		Design	Practice	Examine	

* Adapted from "Stating Objectives" by Adrienne B. Rosof in Continuing Medical Education: A Primer (Adrienne B. Rosof and William C. Feich MD, Editors), Praeger Publishers, New York, 1986, pp. 36-37.

REVIEW AND SELECTION PROCESS

The process to accept presentations is highly competitive as there are a limited number of workshops and space available. Proposals that are clearly written, and have clear obtainable objectives will be given preference.

- You will receive an email acknowledging the receipt of your proposal.
- We will notify all submitters of the status of their proposal by **September 23, 2014**.

RULES OF PARTICIPATION

- a) Presenters may submit proposals on behalf of a single presenter or group in partnership with or endorsed by an organization, or panel of no more than six people.
- b) Multiple submissions from presenters will be accepted for consideration, however only one session may be conducted for the conference.
- c) Accepted submissions must be presented at the scheduled time allotted by the Program Planning Committee.
- d) Completing the registration process will confirm your intent to participate.
- e) If a presenter has commercial products and/or services to promote, this may be done by purchasing an exhibitors table in advance. In the event that space is purchased, you may invite individuals to visit the table; however sales may not be made or solicited during sessions.

SAMHSA National Strategy for Suicide Prevention RFA Proposal

Abstract for CalMHSA's Proposal to SAMHSA's Cooperative Agreements to Implement the National Strategy for Suicide Prevention

The *California Emergency Department Follow-Up Regional Model ("CA-EDFU")* Project will demonstrate how Emergency Department (ED) Follow-Up and community engagement as a core component of healthcare services will decrease the incidence of re-attempts among working-age adults, ensure connection to care and create supportive communities. The CA-EDFU Project ensures ED staff is trained in effective professional practices for treating those at risk for suicide. It will serve as a model for urban, suburban and rural communities, reaching California's diverse communities. The California Mental Health Services Authority (CalMHSA) will partner with WellSpace Health Suicide Prevention & Crisis Services, and four regional Health Systems comprising 13 hospitals across three California counties (Sacramento, Placer and Amador), to implement the CA-EDFU Project. Through its extensive statewide public health-oriented activities, CalMHSA is the primary hub for coordinating and implementing suicide prevention for California. Its substantial statewide reach will support the implementation, sustainability and eventual expansion of the CA-EDFU Project throughout California. WellSpace Health, a venerable regional Suicide Prevention provider as well as network of Federally Qualified Health Centers (FQHCs), has multiple care transition partnerships with regional hospitals, thereby cementing the union between Health Systems and suicide prevention. The CA-EDFU Project has two components. The first component provides phone-based ED Follow-Up care for 30 days post-ED discharge to working age adults after a suicide attempt. ED Follow-Up Specialists at WellSpace Health will provide this follow-up care to attempt survivors, providing ongoing monitoring of suicidality, safety planning, ensuring their safety, and connecting them to outpatient support and treatment services. Amplifying this, hospital staff at the participating hospitals will be trained in suicide prevention awareness, suicide risk assessments, and ED Follow-Up referral protocols established by WellSpace Health. The second component provides community outreach to agencies serving working-age adults, including employers, primary care providers, and community mental health providers. Community engagement staff wielding substantial local and statewide resources will work with county health agencies to determine appropriate organizations for outreach in an effort to foster suicide prevention-aware and supportive environments for all individuals at risk for suicide. The CA-EDFU Project will serve diverse populations impacting the five key racial and ethnic groups (White, Black, Hispanic, American Indian/Alaskan Native and Asian/Pacific Islander). Based on 2012 data, it is expected that the Project will serve a total of approximately 1,500 individuals each year, representing each of the key racial and ethnic groups. In addition, we expect to serve a large veterans population, as California has the highest population of veterans in the country. CalMHSA, WellSpace Health, hospital partners and participating counties, are committed to exploring opportunities to sustain this Project after the grant period, and expanding the service throughout California.



Directing Change Tip Sheet

Ideas to Use the Films to Enhance Your Local Prevention and Outreach Efforts

How to access the films

- ◆ Visit www.directingchange.org
 - Click on “view” button to show the films directly from the website.
 - Click on “download” button to download the films.
- ◆ Use the DVD to show the films. To receive a DVD (while supplies last) please contact: jana@yoursocialmarketer.com

Tips for Technical Success

Technology is tricky. It is recommended to always test the films in the actual location and with the equipment that will be used prior to your presentation or event. To show the movies from the website, internet access is required. You will also need to bring external speakers or request audio to play the films.

By using the DVD or downloading the films, you agree to these terms and conditions:

This film was produced as part of the Directing Change video contest and is a copyrighted work of the California Mental Health Services Authority (CalMHSA), using funds from the voter-approved Mental Health Services Act (Prop 63). Any screening or use of the film must include the funding attribution at the beginning or end to acknowledge the role California voters and taxpayers have played in the bringing this program to life. Permission is granted to display the film for educational purposes and to reproduce and distribute the film for those purposes. Sale or any use for commercial purposes is strictly prohibited.

Attribution Language:

Directing Change is part of statewide efforts to prevent suicide, reduce stigma and discrimination related to mental illness and to promote the mental health and wellness of students. These initiatives are funded by counties through the Mental Health Services Authority (CalMHSA), an organization of county governments working to improve mental health outcomes for individuals, families and communities.

The individual films do not include this, but the DVD menu does. If you are posting a film on your website, please include this language on the site along the film links. If you are showing the film as part of a presentation, provide the information verbally and/or on a slide.

About Directing Change

Students throughout California were invited to **Direct Change** by submitting 60-second videos in two categories: suicide prevention and ending the silence about mental illness. A total of 432 submissions were received, representing 996 students from 112 high schools, 9 UC campus location, across 31 counties. Entries were judged by volunteer experts in mental health and suicide prevention, members of the media and professionals in filmmaking and video production. **For more information visit: DirectingChange.org**

Tips to use the films

It is our hope that the impact of each of these 60-second films will carry on far beyond the scope of the contest and inspire individuals of all ages in your community to prevent suicide and change minds about mental illness. Here are a few ideas.

- ◆ Embed the films on your website. (Please include attribution language.)
- ◆ Promote the films via social media and encourage local youth to do the same.
 - Write a blog with links to the videos, for example: www.eachmindmatters.org/blog-news/
 - Like us on Facebook and view sample posts: www.facebook.com/DirectingChangeCA
 - For more information visit the resource center at www.yourvoicecounts.org to access the “How to use social media for suicide prevention user guide” (listed under other useful resources)
- ◆ Show films at county task force meetings, and during presentations focused on youth, education, public health, mental health and suicide prevention.
- ◆ Look for local opportunities to run the videos in settings where a TV and DVD are available, such as clinic waiting rooms, Boys and Girls Clubs, and other social service agencies.
- ◆ Partner with local high schools to show the videos. Talk to your county schools superintendent and/or principals to prepare for school openings in August/September.
 - Use the films to start a conversation about youth mental health and suicide prevention activities.
- ◆ Share films with local youth, after-school, mental health, and suicide prevention groups to discuss other creative ways to get youth involved in mental health and suicide prevention.

During Suicide Prevention Week (September 7-13, 2014)

- ◆ Schedule a Board of Supervisors presentation to highlight local efforts and show films along with a proclamation ceremony for Suicide Prevention Week.
- ◆ Host a movie night at local movie theater, your local library or community center and show the films, followed by a discussion. Invite a panel of youth, suicide prevention and mental health experts to answer questions and stimulate discussion about local efforts.

During World Mental Health Awareness Week (October 5-11, 2014)

- ◆ Host a screening of the videos along with a proclamation ceremony for World Mental Health Awareness Week followed by a panel discussion.
- ◆ Show videos at county task force meetings, and during presentations focused on youth, education, public health, and mental health.

- ◆ Ask your local movie theater to show the films before they screen the feature movies.
- ◆ Contact your local public access television station, local television and cable outlets and ask them to run the films as a public service announcement.
- ◆ For more information and tips for engaging media visit the resource center at www.yourvoicecounts.org to access “Making Headlines: Guide to Engaging the Media in Suicide Prevention in California” (listed under media resources)

**Please contact us to discuss additional ideas and support:
jana@yoursocialmarketer.com (858 740 4381)**

PROGRAM MATTERS
Agenda Item 10.B

SUBJECT: Report from the CalMHSA Advisory Committee – Anne Robin

ACTION FOR CONSIDERATION:

None, information only.

BACKGROUND AND STATUS:

The CalMHSA Advisory Committee (AC) held a teleconference meeting on July 22, 2014. The Committee discussion focused on the following:

- ***Draft of Phase Two Plan***— Ann Collentine provided an overview of the *Draft Phase Two Plan for Sustaining CalMHSA Statewide Prevention and Early Intervention Projects*. Committee members discussed each section and provided feedback for revisions. General comments were very supportive of the plan and members suggested several revisions addressing language and importance of calling out some target populations. Staff agreed that these revisions were important and could be addressed in next draft. AC members voted to endorse the Draft Plan with aforementioned revisions.
- ***CalMHSA's Program Director*** — Ann Collentine updated the AC members on recent board action on the adoption of the CalMHSA Fiscal Year 14/15 budget and the staff recommended priorities for the Phase One Plan. Members did not have any questions.

FISCAL IMPACT:

None

RECOMMENDATION:

None, information only.

TYPE OF VOTE REQUIRED:

None

REFERENCE MATERIAL(S) ATTACHED:

None

PROGRAM MATTERS
Agenda Item 10.C

SUBJECT: Draft of Phase Two Plan

ACTION FOR CONSIDERATION:

1. Adopt the Draft Phase Two Sustainability Plan for CalMHSA Statewide Prevention and Early Intervention Projects, for implementation from July 1, 2015 – June 30, 2017.
2. Delegate development of next steps and key operational recommendations to the Sustainability Taskforce for presentation to the CalMHSA Board at the October 2014 Board Meeting.

BACKGROUND AND STATUS:

The Draft Phase Two Sustainability Plan for CalMHSA Statewide Prevention and Early Intervention Projects was reviewed by and endorsed by the following:

- CalMHSA Advisory Committee
- CalMHSA Sustainability Taskforce
- CalMHSA Executive

Some revisions were requested and have been incorporated into the Revised Draft Phase Two Sustainability Plan (Revised Draft Plan) dated August 7, 2014. In addition to the above mentioned groups, the plan was distributed to county staff, steering committee members and other stakeholders for comments. Most comments received were very supportive of the Plan, and many comments addressed minor issues which were addressed in the Revised Plan. One comment that was raised by many reviewers regarded incorporating language addressing Substance Use Disorders (SUD). As appropriate, throughout the Revised Plan, language was changed to include SUD. Recommendations for priorities in the Draft Plan were eliminated in the Revised Plan, based on feedback from the Executive Committee.

The Revised Plan provides guidance for implementation of a Phase Two of the CalMHSA PEI Statewide projects to be implemented from July 1, 2015 - June 30, 2017. The implementation of Phase Two is purposefully designed to be aligned with the County MHSAs Three - Year Plan cycle. The Revised Plan is based on a public health approach and ultimately should not be time-limited, but provide a plan that is able to be revised as needed every few years, and used as a guide over a longer period of time to successfully achieve the long-term objectives.

The Revised Plan builds on the CalMHSA investments made to date. A funding plan and a detailed timeline with key milestones assure implementation by July 1, 2015 will need to be developed quickly. This is an ambitious plan that will require at least \$20 million annually to fund strategies outlined in the Revised Plan. Steps necessary to operationalize the Revised Plan include (but are not limited to):

1. Funding timeline with key milestones to be achieved with dates applied to each milestone
2. Timeline for a competitive process for selection of future contractors
3. Key evaluation and performance requirements to be required as part of the competitive process including but not limited to:
 - a. links to the statewide evaluation plan and measurement goals
 - b. target population defined
 - c. strategy (ies) applied and outcome(s) defined with measurable goals

NEXT STEPS:

The Sustainability Taskforce has provided leadership in the development of the Revised Plan and staff recommends that the Sustainability Committee continue to lead the development of a funding plan and implementation timeline with key milestones and recommendations for presentation and consideration by the CalMHSA Board in October.

The CalMHSA Advisory Committee (AC) should continue to provide programmatic advice to CalMHSA on the Revised Plan implementation. The AC feedback has been instrumental in the development of the Phase Two Plan. The AC was created by CalMHSA to have equal participation of counties and community stakeholders and to be co-chaired by a CalMHSA member and a community member. Less formal than a Board meeting, an AC meeting is often a venue which allows for more lengthy discussion of CalMHSA program activities and plans.

RECOMMENDATION:

1. Adopt the Draft Phase Two Sustainability Plan for CalMHSA Statewide Prevention and Early Intervention Projects, for implementation from July 1, 2015 –June 30, 2017.
2. Delegate development of next steps and key operational recommendations to the Sustainability Taskforce for presentation to the CalMHSA Board at the October 2014 Board Meeting.

TYPE OF VOTE REQUIRED:

Majority Vote of the Board of Directors.

REFERENCE MATERIAL(S) ATTACHED:

- *Draft Phase Two Sustainability Plan for CalMHSA Statewide Prevention and Early Intervention Projects* dated August 7, 2014
- Sustainability Criteria adopted by CalMHSA, August 2013
- Sustainability Timeline

Draft Phase Two Plan
for
Sustaining CalMHSA Statewide Prevention and Early Intervention Projects

Submitted to the California Mental Health Services Authority
by the California Institute for Behavioral Health Solutions

August 7, 2014

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I. EXECUTIVE SUMMARY

For the past decade, California has steadily grown a statewide movement toward prevention and early intervention. When California voters passed The Mental Health Services Act (MHSA) (Proposition 63) in 2004, Prevention and Early Intervention (PEI) was one of the five components. PEI provided a historic investment of 20% of MHSA funds to address early signs of mental illness, suicide risk and to improve access to early services by addressing stigma and discrimination related to mental illness. PEI was seen as a critical strategy to prevent mental illness from becoming severe and disabling and to reduce the negative outcomes of untreated mental illness.

In 2007, a one-time investment of MHSA funds of \$160 million over four-years for statewide PEI projects created three significant initiatives: Suicide Prevention (SP), Stigma and Discrimination Reduction (SDR) and Student Mental Health (SMH). The California Mental Health Services Authority (CalMHSA) a Joint Powers Authority (JPA) was created by the counties in 2010, to administer the three initiatives on a statewide basis. In 2013, with the end of the four-year period nearing, the CalMHSA Board of Directors adopted a two-phase planning strategy for continuing the investment in statewide PEI efforts. Phase One focused on sustaining current CalMHSA PEI Statewide Projects for one additional year with existing funds. The purpose of this short-term sustainability plan was to provide program partners with additional time to successfully complete their activities and deliverables, and to reduce the risk of any adverse consequences of discontinuing activities (e.g., the ability to measure long-term impact). This document pertains to Phase Two, which focuses on developing a long-term plan and new funds for future statewide projects to continue the investment in promoting prevention and early intervention strategies. The arguments for sustaining statewide PEI projects long-term include being able to implement population-based strategies that will result in larger social impact (e.g., statewide social marketing campaign), working on policy recommendations that can benefit counties statewide, procuring resources at lower cost (e.g., in the case of media buys), fostering cross-systems collaboration among statewide partners (e.g., in higher education), and ultimately making a significant impact on reducing the need for treatment services.

The present document is the Draft Phase Two Plan. The Draft Phase Two Plan was developed with considerable input from counties and designed to support and enhance local PEI work through a comprehensive set of strategies and activities that would be unduplicated at the local county level and more efficient and cost-effective to conduct at a statewide level. Therefore, in the implementation of the Plan, CalMHSA will need to diligently work in collaboration and partnership with local county jurisdictions early in the planning stages of any work done in local communities in order to avoid confusion and duplication of work, reduce any burden to communities, and maximize impact.

The Plan builds upon the initial statewide PEI investment by the bringing three current initiatives – i.e., SP, SDR and SMH – together under one common umbrella – Each Mind Matters. Each Mind Matters will provide a branded comprehensive campaign and recognizable messaging across the state to support a movement in California to promote mental health and wellness and reduce the likelihood of mental illness, substance use and suicide among all Californians. By organizing multiple activities under Each Mind Matters, California can continue to make strides in preventing mental illness, substance use

disorders and suicide, improving student mental health, increasing open-mindedness and compassion toward persons experiencing mental health and substance use challenges, and addressing the specific needs of California's diverse ethnic, racial and cultural communities.

It is noteworthy that the Plan is much broader in scope than the current three initiatives. The Draft Phase Two Plan covers several new sectors through the delineation of four Wellness Areas – Diverse Communities, Schools, Health Care and Workplace – with the Public Safety sector included under Diverse Communities. The Plan also expands the scope of statewide PEI efforts to include primary prevention activities with attention to reducing the impact of early childhood (i.e., children ages 0-5) trauma and targeting mothers with post-partum depression. Finally, the Plan integrates prevention activities for increasing public awareness of substance use and mental health issues, and fostering emotional health and resilience against not just mental illness but substance use disorders as well.

The Plan takes a public health approach and this is reflected throughout the strategies and activities in this document. Population-based strategies were deliberately selected for effecting community changes that would be deep and long-lasting changes. Broad dissemination in multiple languages of substance use, mental health and suicide prevention tools and resources under the social marketing strategy is one example of how this population-based approach is articulated in the Plan. The Evaluation section of this Plan describes the importance of developing clear, state-level metrics for measuring the overall effectiveness of these population-based activities, and this reflects CalMHSA's continued commitment to a rigorous evaluation of the state's and counties' investment in PEI.

The following bullets summarize the Plan's key features:

- A comprehensive set of strategies and activities that would be unduplicated at the local county level and be more efficient and cost-effective to conduct at a statewide level or regional level;
- Strategies and activities that may enhance those operating at the county or regional level;
- A population-based/public health approach to effect deep and long-lasting change, and greater societal impact;
- Integration of elements of the three current initiatives into a single, statewide PEI movement to provide a branded comprehensive campaign and recognizable messaging across the state;
- Continuation of the three current initiatives' targeted efforts to tailor materials for ethnic, racial and cultural groups to eliminate stigmatizing language and use language that instills dignity and hope;
- Expansion to other sectors using existing resource materials and tools from the three current initiatives to leverage new relationships and partnerships;
- Expansion to include substance use prevention awareness;
- Expansion to include activities that may focus on groups at highest risk for suicide (i.e., white transitional aging males, older adults, rural communities);

- Expansion to include primary prevention activities focused on reducing impact of trauma among early childhood population (children ages 0-5) thereby reducing the potential adult morbidity (i.e., suicidality, chronic medical conditions);
- Leverages new opportunities with the Affordable Care Act that did not exist a decade ago, and other health initiatives in the health care sector, public health and education to maximize impact;
- Continued commitment to accountability and evaluating overall effectiveness.

II. BACKGROUND

In 2004, California voters passed Proposition 63 (The Mental Health Services Act) (MHSA), landmark legislation that created an ongoing funding source and a framework for transforming California's traditional community mental health system into a system equipped to support prevention and wellness, and on addressing the unmet needs of California's diverse and underserved population groups with culturally relevant and effective services and education. In 2007, the Mental Health Services Oversight and Accountability Commission (MHSOAC), which was created as a stipulation of the MHSA to oversee the management of these funds, approved a one-time investment of \$160 million in Prevention and Early Intervention (PEI) funds for the implementation of statewide projects across a four-year period. The intent of the one-time allocation was to strengthen the capacity and infrastructure to support PEI activities locally, regionally and statewide. Three strategic initiatives were identified through a stakeholder process and approved by the MHSOAC in May 2008, for the distribution of this one-time allocation: \$40 million for Suicide Prevention (SP), \$60 million for Student Mental Health (SMH), and \$60 million for Stigma and Discrimination Reduction (SDR). In 2010, the counties came together and acted collectively to create the California Mental Health Services Authority (CalMHSA) a Joint-Powers Authority (JPA) to efficiently and effectively administer the three initiatives on a statewide basis. In January 2011, the MHSOAC approved the CalMHSA PEI Statewide Projects Implementation Work Plan. A total of 25 providers were identified through an RFP process to implement the Work Plan by June 30, 2014, with the evaluation to be completed by the following year.

In 2013, the CalMHSA Board of Directors adopted a two-phase planning strategy for sustaining CalMHSA PEI Statewide Projects. It was during their 2013 Strategic Planning meeting that CalMHSA Board Members discussed in concept this two-phase approach and their desire to sustain PEI Statewide Projects. This discussion resulted in a request that staff return to the Board with a more detailed plan. Since that time, the Board formally authorized the implementation of Phase One and the development of a Phase Two Plan. Phase One continues some of the current CalMHSA PEI Statewide Projects for fiscal year 2014-15 using existing funds and a winding down of others pursuant to the guidance of stakeholders and Board. Phase One is recognized as a short-term sustainability solution for the purpose of providing program partners with additional time to successfully complete their activities and deliverables, and to reduce the risk of any adverse consequences of discontinuing activities (e.g., the ability to measure long-term impact). The Board's vision for Phase Two is longer term. Some examples of their documented arguments for sustaining statewide PEI projects long-term include being able to implement population-based strategies that will result in larger social impact (e.g., statewide social marketing campaign), working on policy recommendations that can benefit counties statewide,

procuring resources at lower cost (e.g., in the case of media buys), fostering cross-systems collaboration among statewide partners (e.g., in higher education), and ultimately making a significant impact on reducing the need for treatment services. The Board's expectation for the Phase Two Plan was that it would be a product of examining the original CalMHSA PEI Statewide Projects Implementation Work Plan and revising as necessary to reflect the information and data gleaned from the implementation of the first plan, and that it would incorporate new strategic direction as a result of major policy changes, such as the Affordable Care Act (ACA), and input from key stakeholders.

In January 2014, CalMHSA contracted with the California Institute for Mental Health (CiMH), now the California Institute for Behavioral Health Solutions (CIBHS) to facilitate the development of the Phase Two Plan. CIBHS immediately established a Steering Committee to guide the development of the Phase Two Plan. The Steering Committee was comprised of 35 members from the fields of mental health, substance use, public health, and education, who represented a diverse range of perspectives including consumers and family members, underserved ethnic and cultural groups, youth, older adults, community clinics, community-based organizations, faith-based organizations, foundations, health plans, research and surveillance institutions, public colleges and universities, county and state government agencies, statewide offices, state legislative officials, and national policy advocacy groups. Several county behavioral health staff were involved in the Steering Committee. The Steering Committee convened several times over a four-month period (between February and May 2014) to develop priority areas and explore diverse funding options, including MHSAs funds and other public and/or private funding streams for sustaining the plan. In April, CIBHS also convened a focus group comprised of a small number of county directors and MHSAs and PEI Coordinators representing several regions in the state including small counties in order to obtain an operational perspective and input to the Phase Two Plan about what is working, not working and how statewide or state-level activities could better coordinate with and support local and regional PEI efforts.

The present document is the Draft Phase Two Plan and is the culmination of a six-month, intensive planning process. The Draft Phase Two Plan has been prepared by CIBHS for the CalMHSA Board of Directors for their approval at their meeting on August 14, 2014. The Plan has been vetted by the Steering Committee, the CalMHSA Sustainability Taskforce, CalMHSA Advisory Committee, CalMHSA Executive Committee, and several county behavioral health directors, County Liaisons, and MHSAs and PEI Coordinators.

III. GUIDING FRAMEWORK

The Prevention Institute's Spectrum of Prevention (Cohen & Swift, 1999) was adopted by CIBHS and supported by the Steering Committee to guide the development of the Draft Phase Two Plan. The Spectrum of Prevention was selected because it provided a comprehensive, multifaceted framework for influencing deep and long-lasting change. As such, the ideas presented in this Plan are comprehensive in scope and address strategies across the spectrums of strengthening individual knowledge and skills, promoting community education, organizing neighborhoods and communities, educating providers, changing organizational practices, fostering coalitions and networks, and influencing policy and legislation. Other instrumental documents include the National Prevention Strategic Plan, the National

Suicide Prevention Strategic Plan, the MHSOAC 2010 PEI Work Plan, the California strategic plans for the three current initiatives – SMH, SP, SDR – and the CalMHSA Statewide PEI Evaluation Plan developed by RAND Corporation, to ensure that the Phase Two Plan builds upon CalMHSA’s initial investment and other efforts both statewide and nationally.

IV. EACH MIND MATTERS – CALIFORNIA’S MOVEMENT TOWARD MENTAL HEALTH AND WELLNESS

One of the improvements proposed for Phase Two is to bring the three current initiatives – SP, SDR and SMH – together under one common umbrella. This concept of an umbrella framework emerged from the planning process as a way to simplify the message and thereby support a more effective statewide campaign. Key stakeholders were united in their viewpoint that all of the work needed to be connected under a common theme and framework.

Each Mind Matters – California’s Movement Toward Mental Health and Wellness – is being presented here as the umbrella framework for all of the strategies proposed under the Phase Two Plan. The proposed vision for Each Mind Matters is to *promote mental health and wellness, suicide prevention and health equity to reduce the likelihood of mental illness, substance use and suicide among all Californians in diverse communities, schools, health care and workplace*. By working to achieve this vision, California can continue to make strides in preventing suicide, improving student mental health and reducing stigma and discrimination.

While Each Mind Matters provides an umbrella to broadly organize multiple activities as part of it, the critical need for specific efforts developed by and for California’s diverse ethnic, racial and cultural communities remains paramount. The use of Each Mind Matters as a branded comprehensive campaign will create simple, consistent, and recognizable messaging across the state while still supporting Californians in very different communities to implement a wide set of activities as part of one statewide effort. For example *SanaMente, Native Communities of Care and Each Aggie Matters*, are all current efforts developed by and for diverse ethnic, racial and cultural communities. The flexibility to tailor resources and tools to be effective for California’s diverse communities would still be possible and expected under the umbrella of Each Mind Matters in order to achieve the vision.

Each Mind Matters builds on the original investment and includes all of the social marketing and informational resources developed under the three original statewide initiatives. Through a diverse set of program partners, all outreach activities, educational tools and products, and trainings and technical assistance would be packaged using the existing materials and resources and disseminated under the Each Mind Matters umbrella. Thus as a branded comprehensive campaign, Each Mind Matters is a vehicle for more centralized and coordinated dissemination and technical assistance with implementation. The dissemination process will support the capacity for local use and refinement of various products and informational resources, ensuring quality that addresses California’s diversity. Each Mind Matters would resonate with the “wellness movements” happening outside of behavioral health (i.e., mental health and substance use) in other service sectors such as health care, public health, education, workplace (including both government and private sector), and for California’s diverse populations across all the regions of the state and across the life span.

V. AIMS

In order to fulfill the Each Mind Matters vision to promote emotional health and reduce the likelihood of mental illness, substance use and suicide among all Californians in diverse communities, schools, health care and workplace, the following 10 aims are put forth. The set of aims are necessarily comprehensive and reflective of the reality that real change for a complex problem requires a comprehensive and multifaceted solution.

- **Aim 1.** Integrate mental health and substance use awareness and suicide prevention into diverse communities, schools, health care and the workplace.
- **Aim 2.** Promote understanding that resilience and recovery from mental illness and substance use disorders, and overcoming thoughts of suicide is possible.
- **Aim 3.** Promote early identification and multiple points of entry into prevention and treatment services.
- **Aim 4.** Promote a more supportive environment for persons experiencing mental health and/or substance use challenges, or thoughts of suicide.
- **Aim 5.** Promote access to peer-based support and education.
- **Aim 6.** Support policies and programs that enhance emotional well-being, and promote best practices in Prevention and Early Intervention (PEI).
- **Aim 7.** Leverage new opportunities created by the Affordable Care Act and other health initiatives in public health, education, public safety and the health care sectors.
- **Aim 8.** Promote health equity for California's diverse population with particular attention to underserved ethnic, racial and cultural subgroups.
- **Aim 9.** Improve the usefulness of research, evaluation and surveillance data for improving performance of statewide prevention and early intervention among California's diverse populations.
- **Aim 10.** Support policies and programs that focus on primary prevention strategies to reduce the impact of trauma, especially early childhood trauma.

VI. WELLNESS AREAS AND TARGET POPULATIONS FOR PROMOTING PREVENTION AND MENTAL HEALTH

During the planning process, it became evident that broad coverage to a wide range of communities and population groups was favored. The Plan is built around four Wellness Areas in order to achieve that broad coverage. These Wellness Areas are: 1) Diverse Communities; 2) Schools; 3) Health Care; and 4) Workplace. (See Diagram 1.) The multiple target populations within each of these four Wellness Areas are described in this section.

Diagram 1. Four Wellness Areas



Diverse Communities

Diverse Communities is the broadest of the four Wellness Areas. Diverse Communities is intended to cover children (0-5), youth (6-15), Transition Age Youth (TAY) (16-25), adults, transitional aging adults, older adults, veterans and their families, justice-involved persons and their families, faith-based communities, rural communities, underserved racial and ethnic subgroups, and especially populations at high risk for suicide such as white transitional aging males and Lesbian/Gay/Bisexual/Transgender (LGBT) persons.

Effectively reaching all of the diversity in California with quality and culturally responsive materials and approaches is a fundamental priority. The targeted efforts of CalMHSA's current work with regard to ethnic and linguistic subgroups will be continued in Phase Two. This continued emphasis on ethnic and linguistic subgroups is based on early findings from existing investments analyzed by the RAND Corporation. For example, subgroups of Asian Americans and Latinos were shown to be particularly vulnerable due to cultural stigma regarding mental illness and also due to being less likely to

be exposed to social marketing messages and other mainstream channels of information distribution as a result of language. Targeted efforts to reach these and other underserved groups known to be high risk for suicide such as Native Americans and LGBT persons, and for whom resources and tools require tailoring to be culturally responsive and non-stigmatizing will continue to be a main priority. The limited coverage in CalMHSA's current work were noted during the planning process and are included here as important populations to consider for Phase Two. The first of these are underserved, recent immigrant communities that are undergoing a fragile adjustment period stemming from trauma in their homeland and cultural adjustment to living in the U.S. Arab, Armenian, Iranian and Iraqi immigrants are some examples of these recent immigrant populations. The second grouping is subpopulations at highest risk for suicide according to surveillance research. These include transitional aging and older adults, white transitional aging males and rural residents. Focusing on these highest risk subgroups is necessary in order to really impact suicide rates. As additional findings emerge from the independent evaluation being conducted by the RAND Corporation, these will be incorporated into the Phase Two Plan.

Schools

Target populations within the Schools Wellness Area include pre-school/early childhood education children (0-5) and their parents/caregivers, K-12 students in public, private and alternative education and their parents/caregivers, career technical education students and their families, public and private college and university students and their families, TAY, foster care and LGBT TAY, student and veterans and their families. Because Schools is embedded within Diverse Communities, the target populations within the Schools Wellness Area also include the racial, ethnic and other underserved and/or high risk subgroups described in the previous section.

Health Care

The target populations within the Health Care Wellness Area are those that are users of services of the various health care systems, such as Federally Qualified Health Centers (FQHCs), Community Clinics, public health plans, private health plans, primary care clinics, integrated care clinics, emergency departments, and others. These include children (0-5), youth (6-15), TAY, adults, transitional aging adults, older adults, and veterans. Because Health Care is embedded within Diverse Communities, the target populations within the Health Care Wellness Area are inclusive of the racial, ethnic and other underserved and/or high risk subgroups described above under Diverse Communities.

Workplace

Finally, the target populations within the Workplace Wellness Area are employers and employees and their families, and veteran employees and their families in both the government and private sectors. Targeted reach to private and public employers is vital and should focus particularly on individuals working in health care and public safety. Once again, because workplaces are embedded within the diverse communities where they are located, the target populations within the Workplace Wellness Area will include the racial, ethnic and other underserved and/or high risk subgroups described earlier under Diverse Communities.

VII. STRATEGIES

The Phase Two Plan is organized around six Key Strategies: 1) Social Marketing and Informational Resources; 2) Training and Education; 3) Policies, Protocols and Procedures; 4) Networks and Collaborations; 5) Crisis and Peer Support Services; and 6) Research, Evaluation and Surveillance. (See Diagram 2.) Under each Strategy, there are many different kinds of activities that will be performed. These Strategies reflect a public health/population-based approach for advancing community change. It is worth noting here that there is a great deal of consistency between the labeling of Phase Two Key Strategies and the evaluation areas of the current initiatives. This was a deliberate decision on the part of CalMHSA staff to maintain consistency with the current evaluation areas wherever it was possible to do so, in order to benefit the evaluation of long-term outcomes.

Diagram 2. Key Strategies



Strategy 1. Social Marketing and Informational Resources

The primary activity proposed within Strategy 1. Social Marketing and Informational Resources is dissemination of an array of tools and resources under the Each Mind Matters umbrella. *Dissemination* will consist of procurement of quality resource materials that are culturally responsive for California’s diverse communities and in multiple languages, maintaining the Each Mind Matters website with informational resources tailored to the various target audiences, outreach and engagement to develop relationships with new partners in other sectors, and very importantly technical assistance around the refinement, tailoring and use of materials to achieve and ensure cultural relevance. Dissemination as it is presented here is not expected to be a unilateral process. It will be a dynamic, interactive process to ensure the refinement and tailoring of materials to be meaningful and useful for California’s diverse populations. This interactive process may include the adoption and then statewide dissemination of existing and effective resources and tools that have been developed by local communities. It will require some on-going costs associated with this process (e.g., staff time), but there are opportunities here to disseminate and promote materials and resources that are already developed with CalMHSA funds for a significant cost-saving approach.

Tools and resources for dissemination will go beyond print materials and written content on the Each Mind Matters website. CalMHSA has focused on social media in its current work and will continue to do so in Phase Two. Social media is important given how commonplace it has become as a source of information and means for communication for more and more segments of the population, but especially for younger generations. Media products are also important tools and serve multiple roles. Media products serve as a source of information (e.g., documentary, “breaking news”), entertainment (e.g., stories and characters that shape, reinforce and change perceptions while entertaining), and “contact” or connection with others. Stigma and discrimination reduction strategies benefit from message reinforcement in media, and during times of isolation and loneliness, television and radio might be the only sources of “contact” with others. Media also serves as a tool for reaching low-literacy populations. CalMHSA will continue to promote and disseminate several low-literacy media products that have been developed for Lao, Cambodian, Vietnamese and Mien communities. It is important here to recognize the impactful role that partnerships with media can provide including the dissemination and use of social marketing tools, resources and messaging through journalism and entertainment that can widely reinforce key messaging to the broad public. Most importantly, under the Social Marketing and Informational Resources Strategy is a state-level media campaign for cost-effectively accelerating norm change at a population level.

Successful dissemination to reach all the target populations described under each of the four Wellness Areas will require extensive outreach and relationship building with an extremely wide array of community partners. There will be costs involved with this Strategy and marketing some of this work as a fee-for-service model will be necessary. The remainder of this section provides a fairly comprehensive although not complete list of prospective community partners under each of the four Wellness Areas.

Dissemination of tools and resources as part of the Each Mind Matters campaign will reach *Diverse Communities* through partnerships with community-based organizations (CBOs) (e.g., youth organizations, Boys and Girls Clubs, senior wellness centers, YMCAs, food pantries, homeless and domestic violence shelters, ethnic-specific CBOs), other community organizations (e.g., sports leagues, scouts organizations, cultural organizations), City Parks and Recreation Departments, public libraries, Woman Infants and Children (WIC) programs, child welfare agencies, California Department of Public Health programs, California First 5 Commission programs, faith-based organizations, community service organizations (e.g., Rotary Club, Lions Club), large commercial retailers and other natural networks (e.g., grocery chains, CVS and Walgreen’s pharmacies), local small business retailers (e.g., “mom and pop” grocery stores, barber shops, hair/nail salons), fire departments and other emergency responders, law enforcement agencies, and probation departments.

Dissemination of tools and resources under the Each Mind Matters umbrella will reach the *Schools* through partnerships with pre-schools and K-12 public and private schools, school boards, Special Education Local Plan Area (SELPA), school-based behavioral health providers, the California Department of Education, Career Technical Education Programs, California Community Colleges Chancellor's Office, California State Universities Chancellor's Office, University of California Office of the President, individual college and university campuses both public and private and departments within

those campuses such as student affairs departments, student health centers, student counseling centers and student organizations.

Dissemination of Each Mind Matters tools and resources will reach various *Health Care* settings through partnering with FQHCs, community clinics, emergency departments, pharmacists, home visitation programs, provider membership organizations such as the California Council of Community Mental Health Agencies, the California Primary Care Association, and California Association of Physician Groups, public and private health plans, the Department of Consumer Affairs, Department of In-home Health Services, California Council of Local Health Officers, American Association of Retired Persons, and Emergency Medical Services agencies.

Finally, dissemination of Each Mind Matters tools and resources will reach *Workplace* settings through partnerships with large private employers and corporations, chambers of commerce, government agencies, Employee Assistance Program (EAP) providers and regulatory bodies, and employee associations and unions.

Strategy 2. Training and Education

Strategy 2. Training and Education is complementary to Strategy 1. Operationally, training and education is actually interwoven with dissemination, however for the purposes of clarity has been broken apart in this Plan. *Training and Education* will cover a range of essential topics for increasing awareness around mental health and substance use issues, and suicide prevention. These topics will include recognizing signs and symptoms of substance use and depression and warning signs of suicide risk, understanding how to assist those with mental health needs or at risk for suicide, and facilitate access to appropriate services, the use of positive messaging (i.e., non-stigmatizing language) about mental health and substance use disorders, the negative consequences of stigma (e.g., bullying behavior in the schools, poor self-management of chronic physical conditions in the health care setting, reduced productivity in the workplace), and where to seek help. Training and Education builds upon the training efforts that CalMHSA is currently funding under the three initiatives – e.g., Stigma Reduction Conferences. The same prospective community partners described above under Strategy 1 apply here to Training and Education. Collaboration with a diverse set of program partners will be crucial for ensuring that trainings are appropriately tailored to the racial, ethnic and other underserved and/or high risk subgroups described earlier under Diverse Communities. Like with Strategy 1, there will be costs involved with Strategy 2 and marketing some of this work as a fee-for-service model will be necessary.

Strategy 3. Policies, Protocols and Procedures

The primary activities proposed within Strategy 3. Policies, Protocols and Procedures are consultation and technical assistance. Strategy 3. Policies, Protocols and Procedures is complementary to Strategy 1 and 2. Operationally, consultation and technical assistance are an extension of dissemination, training and education. The ultimate goal is to effect wide change by targeting organizations that have the potential to reach broad segments of the population.

Consultation and technical assistance will be provided to organizations to support the implementation of organizational changes that reflect best practices in PEI. This will include identification and implementation of policy changes that create systemic support of mental health and substance use awareness and suicide prevention both locally and at the state-level. The main foci of the consultations and technical assistance will be around reducing stigma related to mental health and/or substance use, and creating a more supportive environment for those experiencing mental, emotional or behavioral health difficulties. That is to say, through organizational policies, protocols and procedures, fostering more open-mindedness and compassion toward persons experiencing mental health and/or substance use related challenges.

Some very specific areas for consultation and technical assistance emerged from the planning process as being highly important and of great value for PEI efforts, and are described here. In *Diverse Communities*, consultation and technical assistance is needed to create greater support for social inclusion and community integration of persons with mental health and substance use disorders, and access to housing, employment, education and other basic needs to improve opportunities in school, at work, at home and in the community. In *Schools*, consultation and technical assistance is needed to promote the inclusion of meaningful suicide prevention and mental health/substance use awareness activities in all K-12 School Safety Plans, provision of mental health and substance use services on all California Community College campuses, and Student Counseling Centers being responsible for developing and maintaining websites with information, online and chat support, wellness groups, and drop-in support services. Also in *Schools*, consultation and technical assistance should include advocacy for school districts to incorporate PEI activities, policies and funding allocations within their Local Control Accountability Plan to be consistent with the State's priorities for student engagement, school climate and academic achievement. In *Health Care* settings, consultation and technical assistance is needed to promote screening for substance use, depression and suicide risk (including screening for access to firearms and poisons, and for a history of Adverse Childhood Experience) as a reimbursable service under standard protocols. In Health Care settings, consultation and technical assistance is also needed to promote the adoption and use of peers in integrated health care settings, and health plan policies and practices that will result in increased access to and utilization of preventive mental health and substance use services. The ACA requirement to integrate a behavioral health approach should be used as a leverage point for entrée into conversations with health care providers/plans to encourage implementation of such policies and procedures. In the *Workplace*, consultation and technical assistance is needed for promoting policies and procedures that encourage employees to use EAP services when needed and are supportive of persons living with mental health and/or substance use challenges being successful in the workplace. Similar to Strategies 1 and 2, there will be costs involved with Strategy 3 and marketing some of this work as a fee-for-service model will be necessary.

Strategy 4. Networks and Collaborations

The objective for Networks and Collaborations is to grow the pool of advocates and support local champions who are able to influence policy, create and disseminate products for widespread impact and/or for deeper penetration into a "hard-to-reach" subgroup, and for strengthening the movement around suicide prevention and mental health and substance use awareness both locally and

at the state-level. The activities proposed under Strategy 4. Networks and Collaborations include but are not limited to: active outreach and relationship building with appropriate allies and advocates, participation as a member of a collaborative or network, providing coordination support for a start-up or ongoing network or collaborative. One system of higher education, the California Community Colleges, offers us one example of the value and importance of Networks and Collaborations for meeting local needs. The California Community College system is very large and utilizes a model of regional representatives for feedback about various program areas. Supporting local networks and collaborations will help to ensure that local communities can participate in this regional structure and bring their voice to the table. Funding to support Strategy 4 is less likely to come from fee-for-service, and more likely to be procured from private foundation grants or county contributions.

Strategy 5. Crisis and Peer Support Services

The activities proposed under Strategy 5. Crisis and Peer Support Services support the goal of maintaining health and wellness in the community and reducing the need for crisis services. Examples of these activities include: live crisis and peer support services via online, text and telephone; friendship lines for older adults; warm lines for consumers; support groups for survivors and attempt survivors; emergency department follow-up; collaboration, consultation and/or direct training for local crisis and peer support curriculum development and implementation. The approaches should be appropriate across the life span and support increased access to peer-led crisis alternatives. These and other peer-led crisis alternatives should be supported within suicide prevention efforts in all four Wellness Area – Diverse Communities, on school campuses (K-12, colleges and universities), in health care settings, and in workplace settings. Activities that facilitate partnering and support from counties and other provider agencies with ethnically and linguistically diverse communities will be paramount to ensure that peer-led crisis alternatives include and address the needs of those communities. Similarly, activities that facilitate capacity in the schools, including at K-12, colleges and universities for sustaining robust peer-to-peer programs is important for reducing the need for crisis services on school campuses.

Strategy 6. Research, Evaluation and Surveillance

The activities proposed within Strategy 6. Research, Evaluation and Surveillance are all toward the goal of improving understanding of suicide risk factors, population-level attitude change to see if stigma is being reduced, and effective prevention and early intervention strategies across institutions and communities. Activities would include developing metrics for and collecting data to evaluate the performance and outcomes of changes in Diverse Communities, Schools, Health Care and Workplace settings. This set of evaluation activities are described in greater detail in the next section. Activities would also include working with other agencies conducting population surveillance to promote more systematic data collection on risk factors. For example, county coroners and medical examiners can be encouraged to strive for greater uniformity in determining suicide as a cause of death and to participate in the California Violent Death Reporting System. California has several relevant population surveys, such as the California Health Interview Survey, the California Healthy Kids Survey, the California Youth Risk Behavior Survey, and the California Behavioral Risk Factor Surveillance Survey. These surveys are capable of providing more data on suicide risk, risk factors, mental health stigma and discrimination, and

unmet needs for mental health services. More analysis of these and other sources can contribute to planning and evaluating programs and services. Disaggregation of data to examine and better understand differences and unique patterns within racial, ethnic and cultural subgroups is especially important and recommended as a priority area.

VIII. EVALUATION

CalMHSA is committed to using evaluation to measure the overall effectiveness of the Strategies in this Plan and for accountability purposes. Future contracting will incorporate measuring results including both process and outcomes as part of all contracted activities. CalMHSA plans to allocate between four- to seven-percent of the total Phase Two funds raised to support the evaluation work. The logic model for measuring overall effectiveness is presented in Appendix A. The logic model articulates eight short-term outcomes (listed below) covering a set of knowledge, skills, attitudes, beliefs and practices that are expected to lead to eight long-term outcomes (also listed below) covering behavioral indicators of mental health and wellness (e.g., reduced suicidal behavior, reduced use of crisis services, improved functioning at school, work, home and in the community) and costs to society.

A. Short-term Outcomes

The six Strategies in this Plan are expected to produce positive changes in eight short-term outcomes. These short-term outcomes cover changes in knowledge, skills, attitudes, beliefs and practices that are expected to result directly from the activities described under the six Strategies. The short-term outcomes are listed below. In addition, Appendices B through E provide more detail to show how the activities may vary for each Wellness Area.

List of Short-term Outcomes (SO)

- **SO 1.** Increased knowledge and skills for recognizing signs and facilitating help-seeking
- **SO 2.** Decreased stigma against persons with mental health challenges
- **SO 3.** Increased adoption/use of materials and protocols
- **SO 4.** Increased early identification and intervention
- **SO 5.** Increased access to peer-based support and education
- **SO 6.** Increased access/use of PEI, treatment and support services
- **SO 7.** Increased understanding of suicide risk factors
- **SO 8.** Increased understanding of effectiveness of PEI strategies

The methodology plan for evaluating these short-term outcomes will include multiple methods such as structured interviews, open-ended interviews and content analysis of documentation of organizational policies, protocols and procedures. Structured and open-ended interviews will be conducted electronically where possible (e.g., respondent is a mainstream organization reporting on their adoption/use of materials and protocols), as well as in-person and verbally in those cases where there are literacy, cultural and/or language translation considerations. Data will be collected from organizations and individuals who are the intended beneficiaries (e.g., congregation members, college

and university students, student veterans, FQHC patients, employees). An independent evaluator will be contracted to provide technical assistance to program partners in the implementation of the evaluation. The exact methods, instruments and specific measurable objectives with performance benchmarks are beyond the scope of this Plan and will be developed by the independent evaluator. It will be important for the independent evaluator to work collaboratively with program partners and to maintain two-way feedback and communication about the evaluation process to ensure cultural appropriateness, data integrity and minimize unreasonable burden on program partners.

B. Long-term Outcomes

The logic model for the Phase Two Plan includes seven long-term outcomes. These long-term outcomes reflect broader changes in levels of resilience and functioning and the public health benefits measured at the population level. The long-term outcomes are listed below.

List of Long-term Outcomes (LO)

- **LO 1.** Reduced incidences of discrimination against persons with mental health challenges
- **LO 2.** Reduced social isolation and self-stigma
- **LO 3.** Improved mental and emotional well-being
- **LO 4.** Improved functioning at school, work, home, and in the community
- **LO 5.** Reduced suicide rates
- **LO 6.** Reduced use of crisis services
- **LO 7.** Reduced negative consequences of untreated mental health challenges
- **LO 8.** Reduced societal costs related to inappropriate emergency room use, death/injury by self-harm, unemployment, and emergency crisis response

The methodology plan for evaluating these long-term outcomes will include population-based surveys, research and surveillance. An independent evaluator will be contracted to provide technical assistance to program partners in the implementation of the evaluation. The exact methods, instruments, indicators and specific measurable objectives are beyond the scope of this Plan and will be developed by the independent evaluator. It will be important for the independent evaluator to work collaboratively with program partners and ensure the inclusion of underserved ethnic and cultural subgroups in data collection, and cultural and linguistic appropriateness of data collection instruments.

C. Performance Monitoring

Data-driven quality improvement processes will be a requirement for all of the programs administered under this plan. This plan will contain similar protocols as previous efforts by CalMHSA to ensure useful evaluation results. Currently the programs that operate as part of CalMHSA's statewide work on prevention and early intervention are required to both participate in an independent evaluation and to conduct individual program evaluations. Programs collect and report data to an independent evaluator based on an individual data collection plan. The independent evaluator provides technical assistance to comply with data collection activities and provides analyzed data back to program partners

for quality improvement purposes. This relationship has strengthened the quality improvement capacity of our program partners as well as enhanced their ability to use data about their programs to document their impact and effectiveness. A similar approach will be implemented with this plan.

For performance and contract monitoring, CalMHSA will use a web-based data reporting system that has already been developed to collect quarterly process data (e.g., number and type of trainings, demographic information) from all program partners. This web-based reporting system allows CalMHSA to aggregate data to demonstrate coverage and outcomes of strategies and activities in diverse communities across the state. As such, it is a critical tool that can provide guidance on where more significant efforts are needed to reach underserved populations. The reporting system also provides CalMHSA with the ability to monitor when key activities are being accomplished and whether it is being completed within the required timeline.

IX. PRELIMINARY FUNDING PLAN

The magnitude of this Plan will require a phased approach and diverse sources of funding. CalMHSA staff estimates that at least \$20 million per year must be raised to support at a sufficient level all of the strategies within this Plan. The Phase Two Plan is designed to support and enhance local PEI work and counties will be expected to make a financial commitment to help reach this financial goal. Significant contributions from county PEI allocations of at least five-percent annually, on average, from each county will be important to meet this financial goal and to demonstrate sufficient commitment on the part of county behavioral health in order to successfully leverage the commitment of partners from other sectors (e.g., primary care, public safety, education, public health). Other funding sources that will need to be considered to raise the balance of the funds are fee-for-service, government and private foundation grants, and federal and non-MHSA state funding streams. It may even be necessary to consider requiring applicants to demonstrate their ability to secure matching funds in order to be competitive in the contract bidding process.

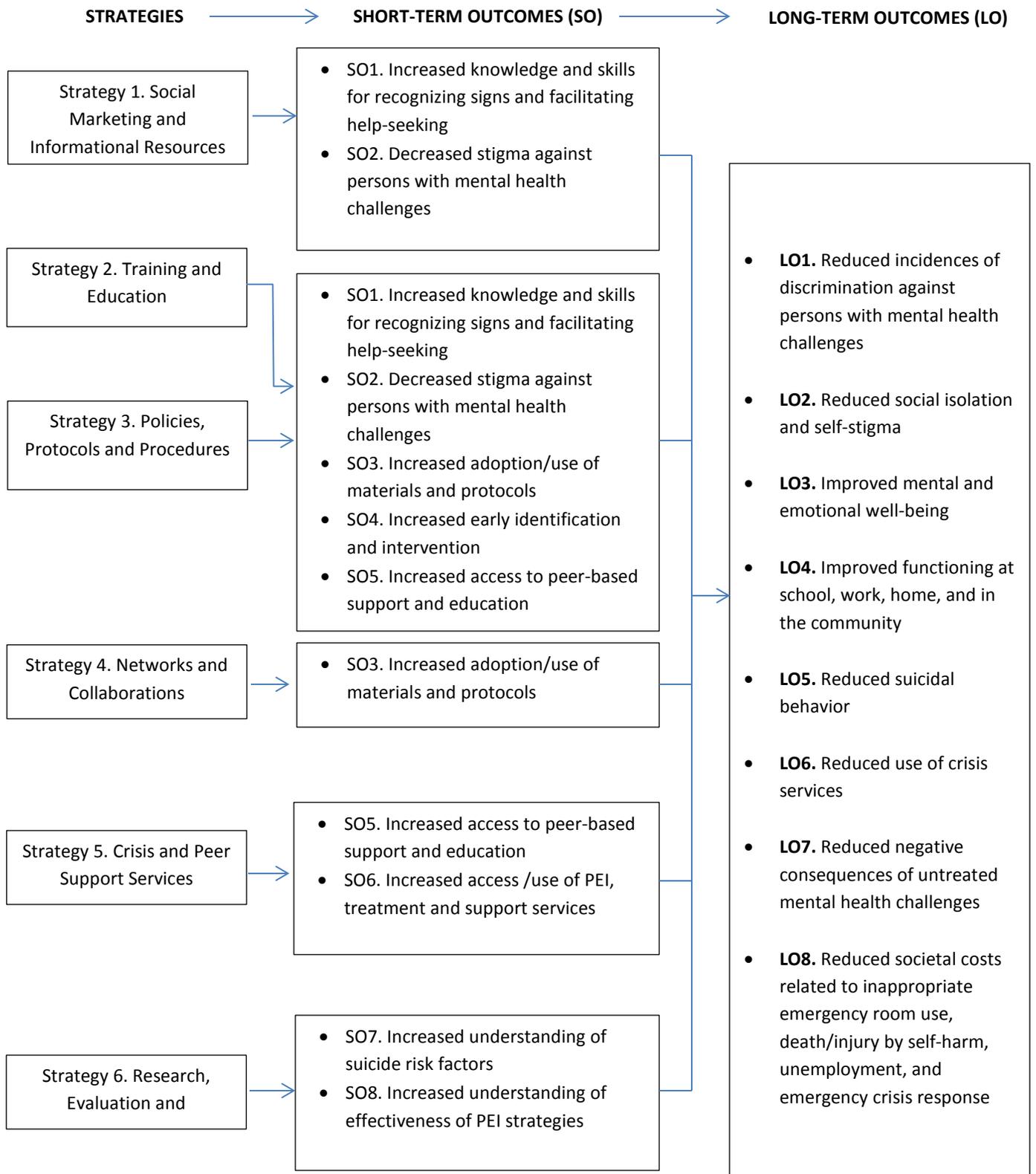
Due to the broad scope of this Plan, the activities in the Plan are expected to benefit other service sectors such as public safety, public health, primary care and education, which will position CalMHSA to solicit funding beyond county PEI contributions. Concerted outreach and relationship building with these other sectors, some of which has already been initiated by CIBHS on behalf of CalMHSA and has been met with great receptiveness, will be crucial to helping key leadership in other sectors recognize how this Plan will help them reach their goals and creating buy-in and commitment for purchasing some of the services through fee-for-service agreements. Strategies 1 (Social Marketing and Informational Resources), 2 (Training and Education) and 3 (Policies, Protocols and Procedures) are amenable to being marketed for fee-for-service to other sectors. A wide range of CBOs (e.g., faith-based organizations), the California Department of Education, local school boards, community colleges, California State Universities, and University of California system, FQHCs, community clinics, public and private health plans, health exchanges, the Department of Consumer Affairs (which regulates pharmacists, physicians and other health related professionals), the California Association of Physician

Groups, private businesses, government employers, EAP providers and EAP regulation entities are examples of the kinds of entities and systems that should be targeted as part of this marketing effort. The many tools and resources that were developed from the current three initiatives can be used to begin this marketing immediately.

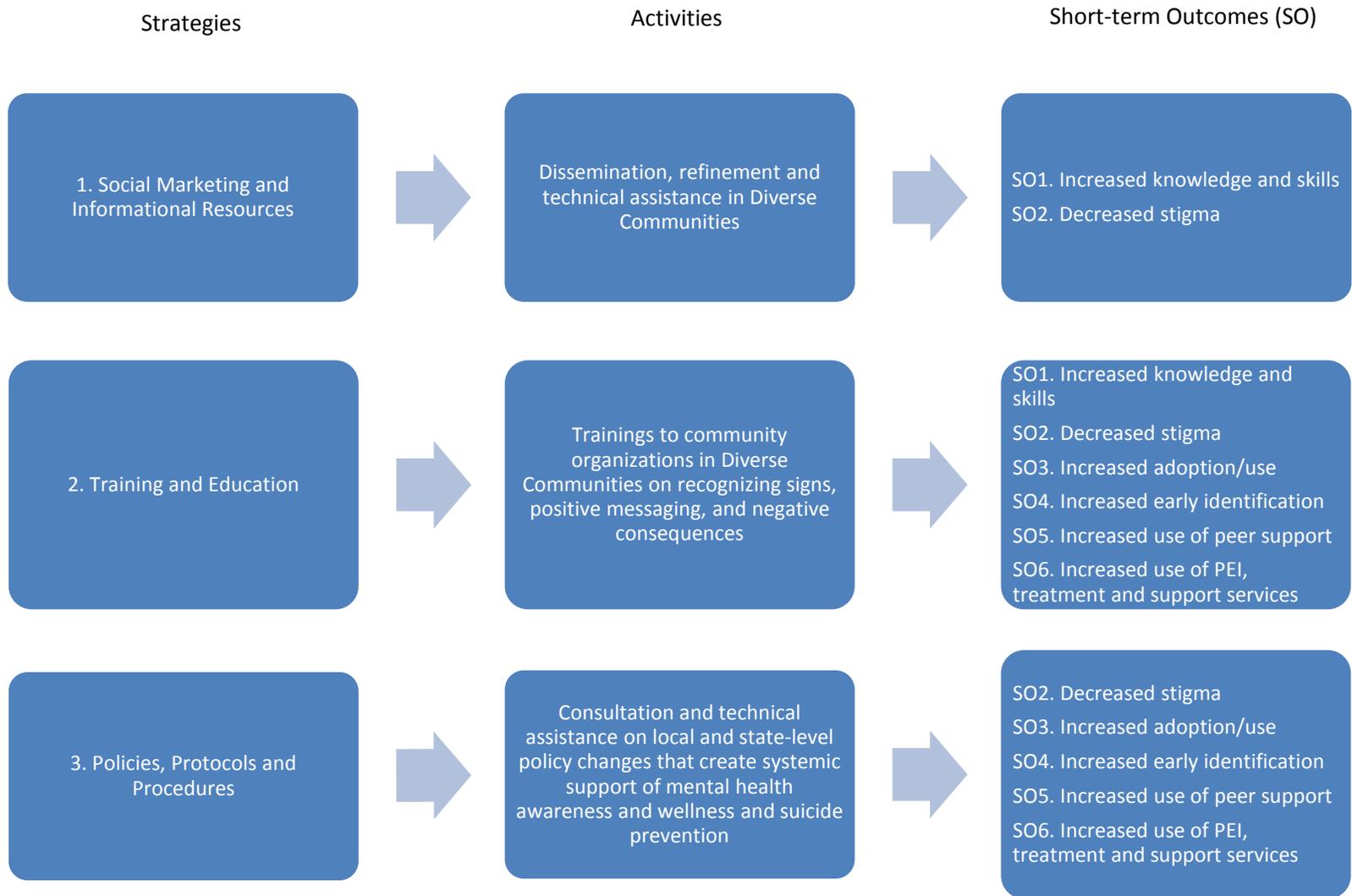
Other activities in this Plan such as those under Strategies 4 (Networks and Collaborations) and 5 (Crisis and Peer Support Services) would most likely be more in line with private foundation grants. Federal research grants and private foundation grants should be explored for funding Strategy 6 (Research, Evaluation and Surveillance).

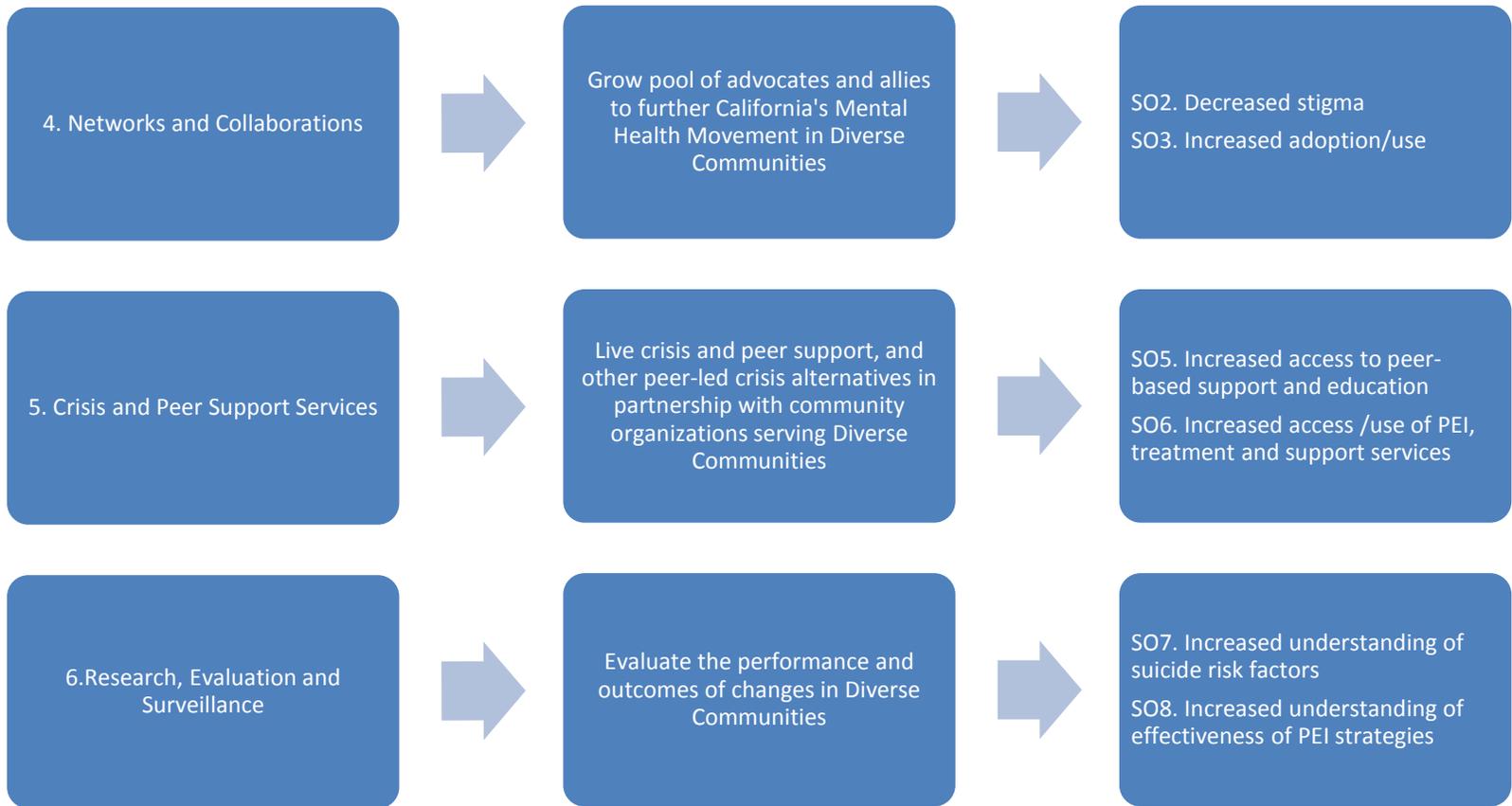
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Appendix A. Phase Two Plan Logic Model

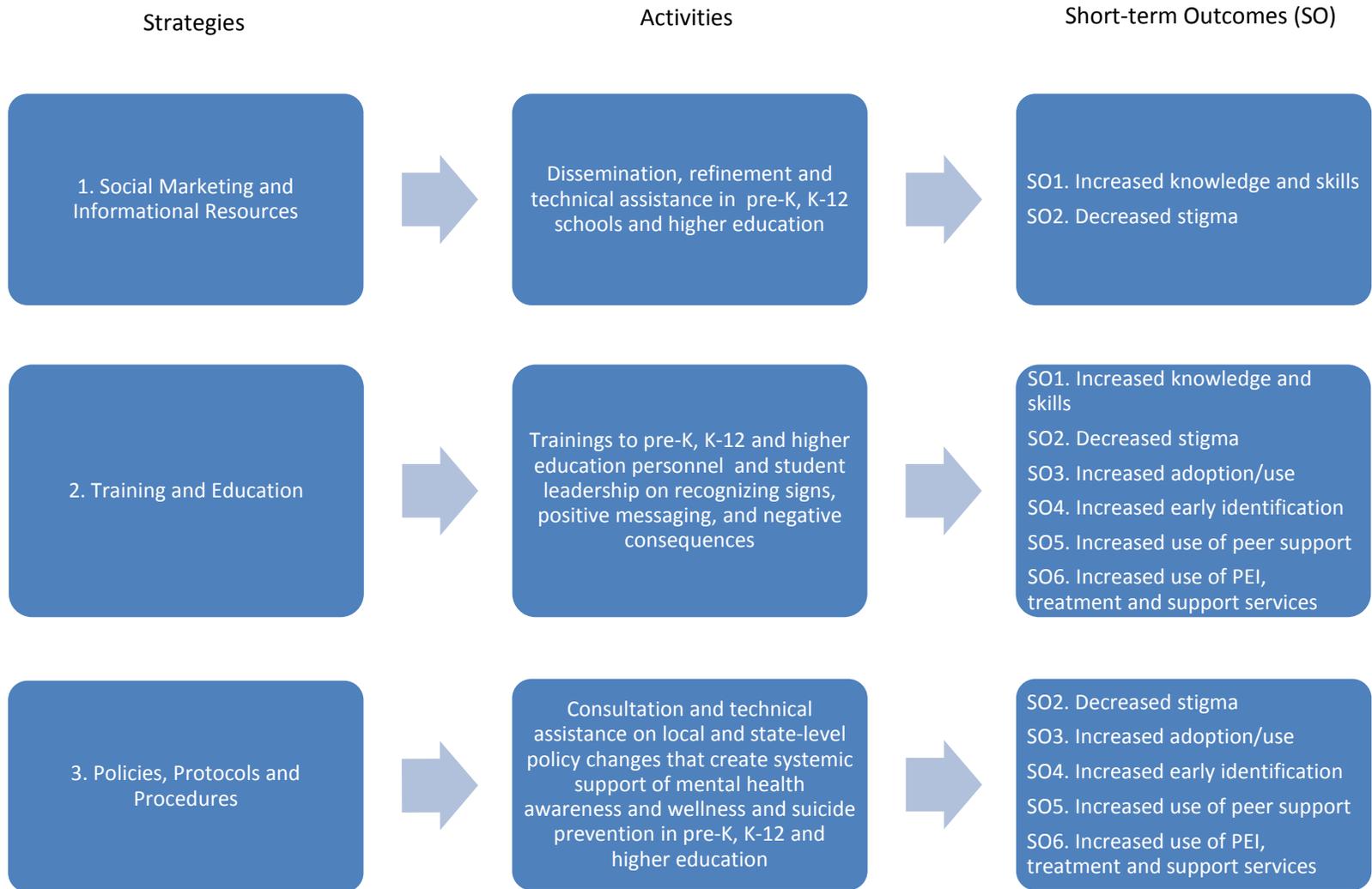


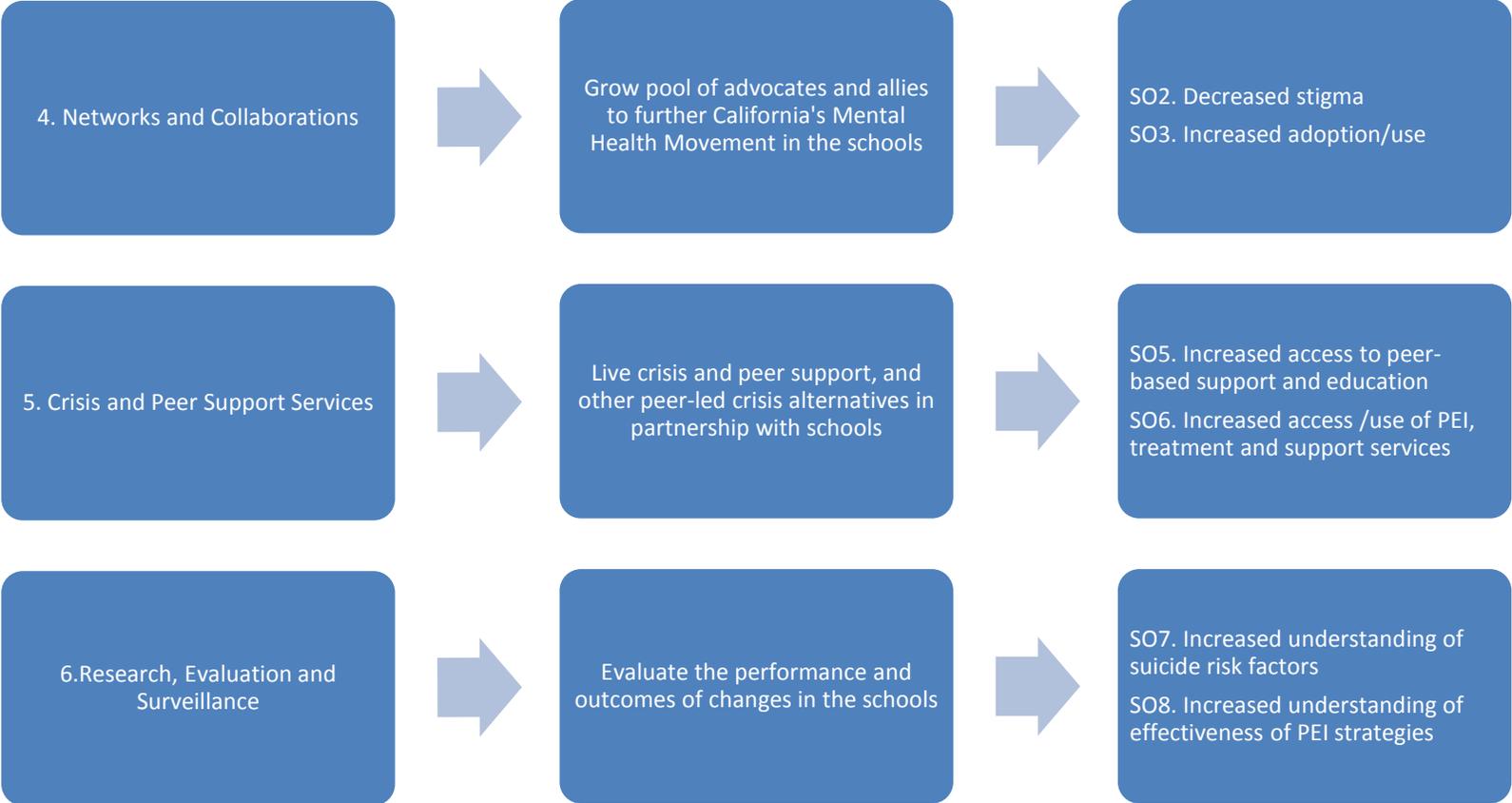
Appendix B. Logic Model for Diverse Communities



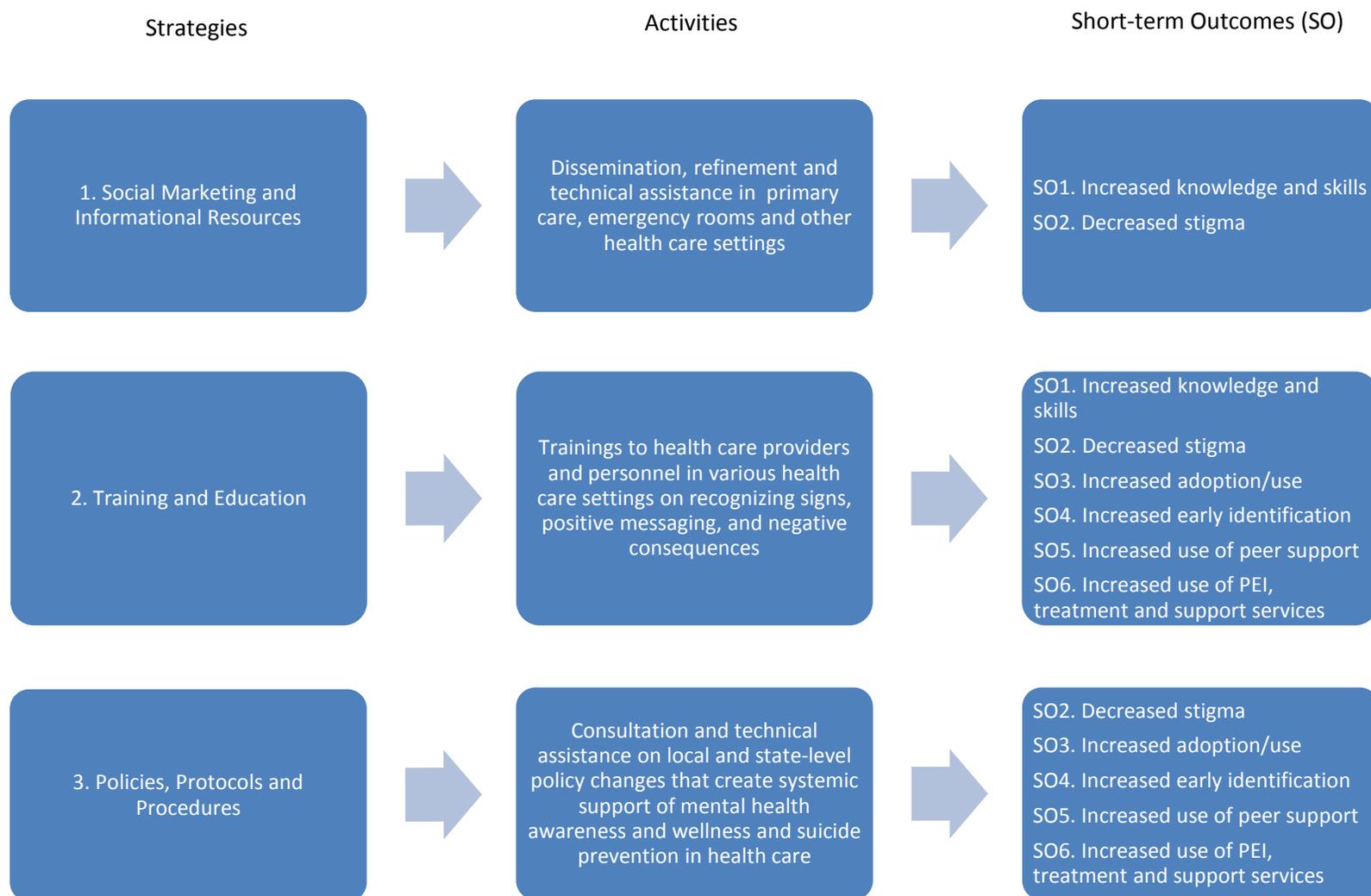


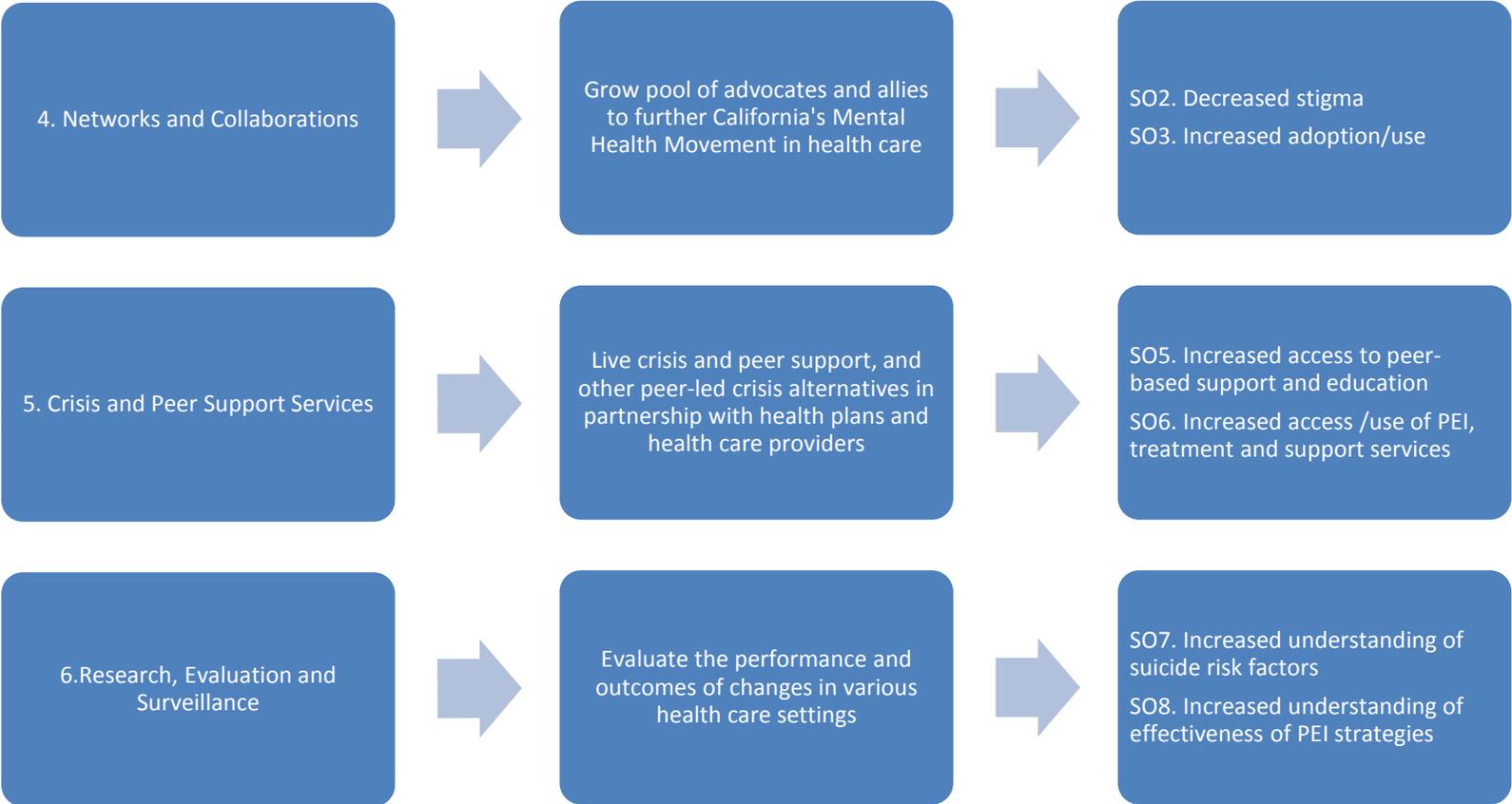
Appendix C. Logic Model for Schools



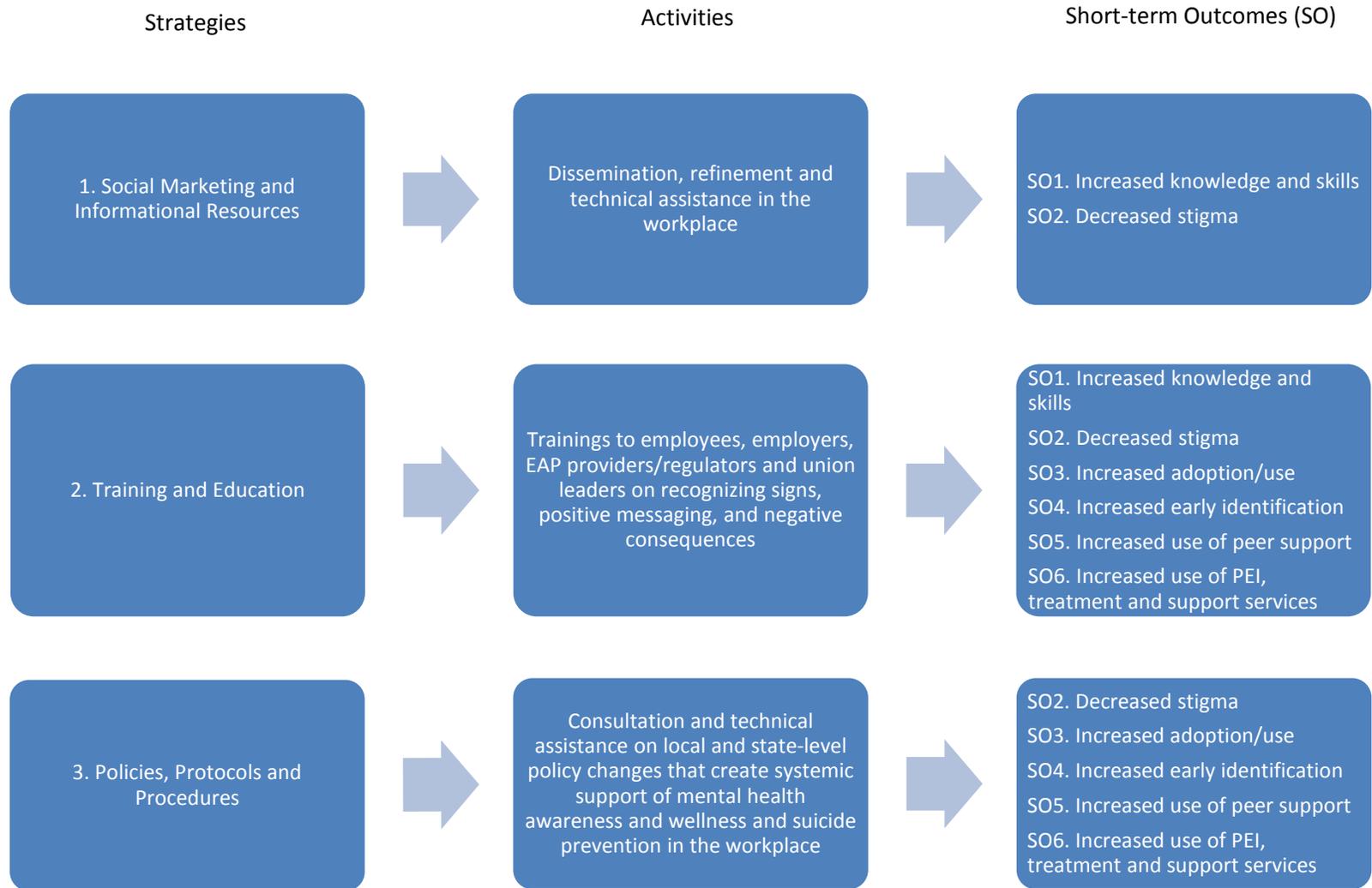


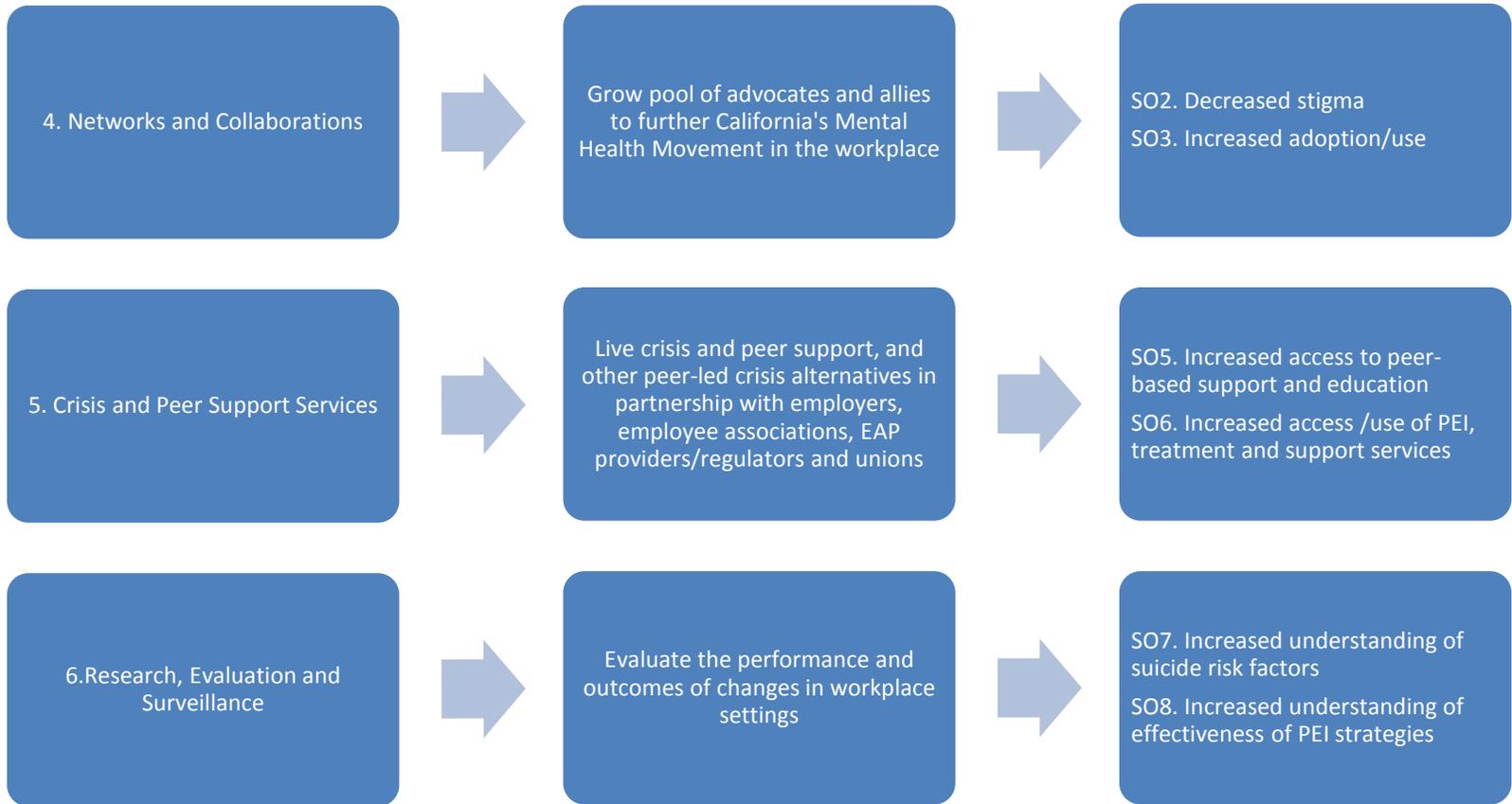
Appendix D. Logic Model for Health Care





Appendix E. Logic Model for Workplace



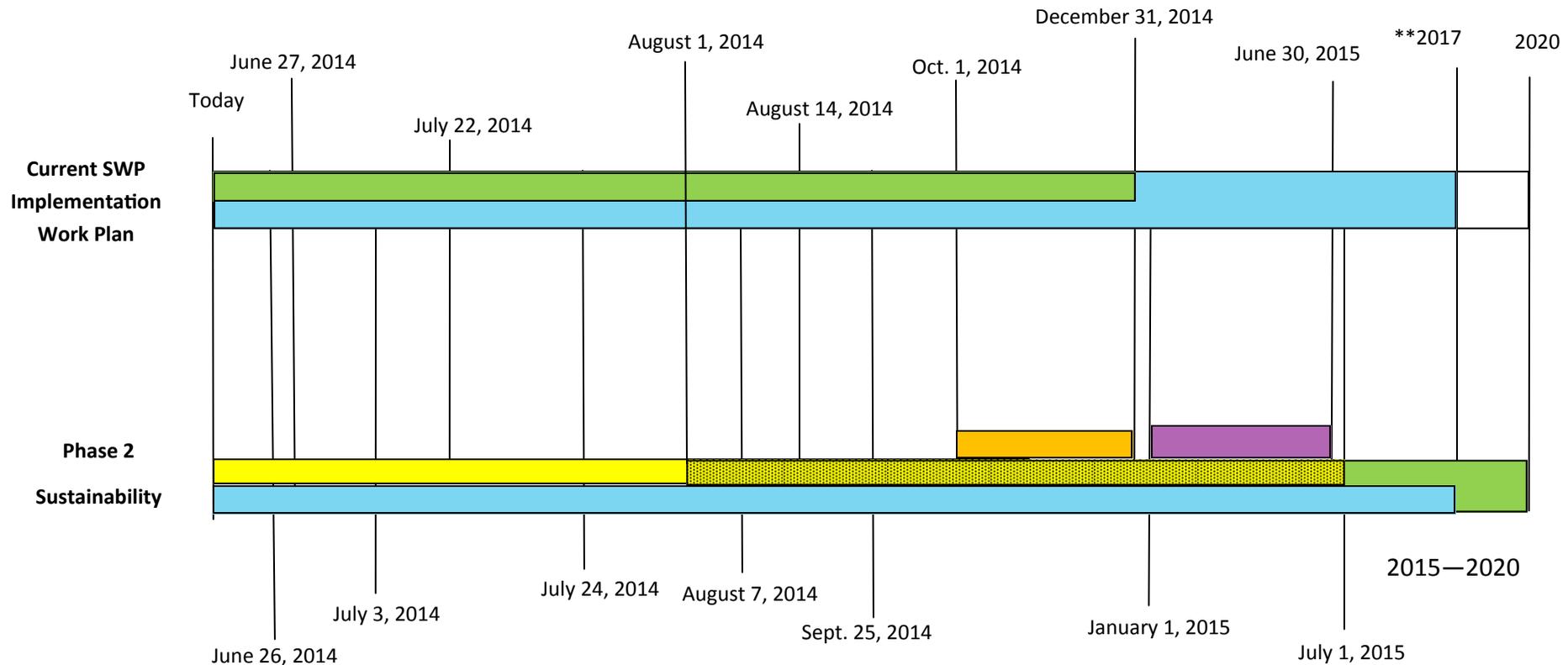


CRITERIA FOR RATING PROJECTS FOR IMPLEMENTATION OF FUTURE PROJECTS

(adopted August 15, 2013)

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

Phase Two Sustainability Timeline



- **June 26th** Sustainability Taskforce teleconference to review draft of Phase Two Plan for feedback
- **June 27th** update from sustainability taskforce on the weekly CalMHSAs Officers Call
- **July 3rd** posting of the Advisory Committee agenda which will include draft of the Phase Two plan (first public release of the draft plan). Send out to steering committee members requesting written feedback by July 10th (we can consider their feedback along with the AC feedback in redrafting for the next Sustainability Taskforce meeting)
- **July 22nd** Advisory Committee Meeting at the Doubletree Hotel – discussion and feedback on draft plan
- **July 24th** Sustainability Taskforce teleconference to review revised draft plan and provide feedback

- **August 7th** posting for CalMHSAs Board Meeting agenda
- **August 14th** Board of Director’s meeting at the Doubletree Hotel for possible action on the draft plan
- **September 25th** CalMHSAs Executive Committee Teleconference (for approval if there are revisions requested by the Board).
- **October – Dec. 2014** draft of competitive process timeline and beginning of requesting funding from counties
- **January – June:** bidding process and selection of contractors, contract development
- **July 1, 2015** Phase Two implementation begins

*** The expected completion date for the RAND evaluation is 2017.*

PROGRAM MATTERS
Agenda Item 10.D

SUBJECT: Update on Phase One and Board Action

ACTION FOR CONSIDERATION:

None, information only.

BACKGROUND AND STATUS:

Now that CalMHSA is fully in the 14-15 fiscal year, Phase One contract amendments with program partners are being negotiated and executed per the authorization from the CalMHSA Board at the June 2014 meeting. Common themes among the Phase One amendments continue to be dissemination of existing materials, implementation of key strategies including technical assistance and support for local use and adaptation of materials, and supporting program partners to develop and implement sustainability plans to continue strategies that were developed and expanded upon with the support of CalMHSA funding.

Additionally, invoices were sent out to all counties that were contributing new funding for the Phase One plan. Many counties have already replied and to-date CalMHSA has received \$747,083 from 9 counties of the total \$5,647,266 in new funds that was anticipated from counties. CalMHSA staff continues to work with county staff to ensure that all county questions are addressed quickly.

RECOMMENDATION:

None, information only.

REFERENCE MATERIAL(S) ATTACHED:

- None

PROGRAM MATTERS

Agenda Item 10.E

SUBJECT: Department of State Hospitals Update - Request for Information (RFI)

ACTION FOR CONSIDERATION:

Approve release of a Request for Information (RFI) for opportunities to state hospital beds.

BACKGROUND AND STATUS:

2013-14 MOU—has been distributed to all participating members for Board of Supervisor (BOS) approval and signature.

Participation Agreements—have been distributed to all participating members for review and approval. Several counties have indicated they are in various stages of completion.

2014 - 15 MOU—currently being negotiated with expected finalization in September 2014. Open items that remain are final rate discussion including moving to blended rate, 100% actual use billing, and medical third party.

Request for Interest (RFI)— A draft RFI has been developed in an effort to seek other opportunities to state hospital beds. The RFI was developed with the input and assistance of the SHB Committee, to include input from the Executive and Finance Committee members. A finalized RFI has been attached for authorization to publically release.

Summary of Recent Meeting(s):

The Department of State Hospitals (DSH) - A meeting was held with DSH on June 10, 2014 which included the participation of Department of Finance (DOF) via teleconference, with the intent to discuss moving to actual use, WIC 17601 election, rate calculation, and Medicare/ third party claims payments as they are related to the FY 2014-15 MOU. Initially, a representative of the State Controller's Office (SCO) was to be included in the meeting, however DSH indicated they wanted to discuss with counties the option of zero bed commitment. In essence this would provide for a 100% of bed use to be billed for actual usage, until such time that trailer bill language could be developed to propose statute changes. If counties were in support of the zero commitment, DSH would follow up with SCO and present for their support. We affirmed the counties were in support of the zero

commitment, until such time that DSH could comply with statute, as such DSH will be reaching out to SCO to seek their support as well.

DSH and DOF recommended CalMHSA initiate a meeting with SCO to further some of the above items, such as the third party payments, WIC 17601, and support of a zero commitment.

Additionally, given DSH and DOF have no access to data related to third party payments, they recommended CalMHSA reach out to the Department of Developmental Services (DDS), to discuss the claims process.

Our next meeting with DSH is being scheduled for the week of August 25, 2014.

Department of Finance (DOF) – A follow-up teleconference has been scheduled for August 21, 2014, but will also be invited to the meeting which will include the three state departments.

Department of Developmental Services (DDS) –A meeting is scheduled for August 8, 2014.

State Controller's Office (SCO) – A meeting was held on July 30, 2014 in Los Angeles with State Controller, John Chiang, Jill Kanemasu, Barbara Liebert – Deputy Controller, Dr. William Arroyo, Mary Marx - Los Angeles, John Chaquica - CalMHSA, and Doug Alliston - CalMHSA. The purpose of the meeting was to discuss Third Party Payments, Rate Negotiations for FY 14-15, Welfare Institutions Code (WIC) 17601 Annual Election and WIC 17601, Section 4330-4335 bed commitment. Although there was no resolution at the meeting, they were receptive to our inquiries and willing to work collaboratively with the committee, DSH and DOF to address our concerns. SCO agreed to hold a meeting between DSH, DOF and CalMHSA/Counties within thirty days to further address our concerns.

FISCAL IMPACT:

None

RECOMMENDATION:

Approve release of a Request for Information (RFI) for opportunities to state hospital beds.

TYPE OF VOTE REQUIRED:

Majority of the Board of Directors.

REFERENCE MATERIAL(S) ATTACHED:

- Status of Documents/ Payments

- RFI Draft

STATUS OF DOCUMENTS				PAYMENTS RECEIVED TO DATE							
Counties	FY 13/14 MOU	PA	FY 14/15 MOU	Planing and Development FY 12/13	PAID	Planing and Development FY 13/14	PAID	Prorated Operation Cost FY 13/14	PAID	Estimated annual Operation Costs FY 14-15 and Beyond	TOTAL
Counties that Procure Beds											
Alameda											
Contra Costa	✓										
Fresno	✓	✓		284.00	✓	155.00	✓	701.00	✓	1,402.00	2,542.00
Imperial											
Kern		✓		2,274.08	✓	1,238.00	✓	5,608.00	✓	11,216.00	1,238.00
Los Angeles	✓	✓		55,999.00	✓	30,496.00	✓	138,090.00	✓	276,194.00	55,999.00
Madera	✓	✓		284.00	✓	155.00	✓	701.00	✓	1,402.00	439.00
Marin	✓			1,137.00	✓	619.00	✓	2,804.00	✓	5,608.00	4,560.00
Monterey				1,137.00	✓	619.00	✓	2,804.00	✓	5,608.00	4,560.00
Napa	✓	✓		852.00	✓	464.00	✓	2,103.00	✓	4,206.00	1,316.00
Orange	✓	✓		4,832.00	✓	2,632.00	✓	11,917.00	✓	23,834.00	43,215.00
Placer	✓	✓		852.00	✓	464.00	✓	2,103.00	✓	4,206.00	3,419.00
Riverside	✓	✓		5,400.00	✓	2,941.00	✓	13,319.00	✓	26,638.00	21,660.00
Sacramento	✓	✓		5,116.00	✓	2,786.00	✓	12,618.00	✓	25,236.00	20,520.00
San Bernardino				3,409.00	✓	1,858.00	✓	8,412.00	✓	16,824.00	13,679.00
San Diego				4,548.00	✓	2,477.00	✓	11,216.00	✓	22,432.00	18,241.00
San Francisco											
San Joaquin	✓			852.00	✓	464.00	✓	2,103.00	✓	4,206.00	3,419.00
San Mateo											
Santa Barbara	✓		✓								
Santa Clara											
Santa Cruz				284.00	✓	155.00	✓	701.00	✓	1,402.00	1,140.00
Solano	✓			852.00		464.00	✓	2,103.00		4,206.00	464.00
Sonoma											
Stanislaus	✓			852.00	✓	464.00	✓	2,103.00	✓	4,206.00	3,419.00
Tulare				1,705.00	✓	929.00	✓	4,206.00	✓	8,412.00	6,840.00
Ventura	✓										
Yolo	✓										
Non Purchasing											
Colusa											
San Luis Obispo											
Sutter/Yuba											
Butte											
Glenn											
Trinity											
Modoc											
Lake				568.00		310.00					878.00
Siskiyou											
Mendocino				284.00	✓	155.00	✓	701.00		1,402.00	439.00
El Dorado											
Humboldt											
Lassen											
Mariposa											
Tuolumne	✓										
San Benito											
Tri-City											
Del Norte											
Shasta	✓										
Kings				284.00	✓	155.00	✓	701.00	✓	1,402.00	1,140.00
Berkeley											
Inyo		✓									
Mono											
Nevada											
Amador	✓										
Calaveras											
Merced											
Alpine	✓										
Plumas											
Sierra											
Tehama											
Total				90,385.08		16,562.00		70,100.00		450,042.00	177,047.08

NOTE: Grand total of \$177,047.08 reflects funds received to date. These are identified with a check mark next to them.

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY
(CalMHSA)



REQUEST FOR INFORMATION

Inpatient Services for Persons with Mental Disorders

Release Date: August 15, 2014

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EXECUTIVE SUMMARY

The California Mental Health Services Authority (CalMHSA), a Joint Powers Authority (JPA), serves California Counties and Cities as an independent administrative and fiscal intergovernmental structure for jointly developing, funding, and implementing mental health services and educational programs at the state, regional, and local levels. *(See Gov. Code §6500 et seq.)*

Services and programs include the negotiation with the State or other providers of psychiatric hospital beds and similar or related services.

In accordance with the Welfare and Institutions Codes, Counties will act jointly through CalMHSA in contracting with providers for access and use of hospital/treatment facility resources to ensure compliance with all applicable requirements and provisions. *(See Welfare Institutions Code § 5000 et seq.)*

CalMHSA and providers will work closely in the analysis of cost containment strategies and create efficiency and cost reductions of hospital/treatment facility bed rates and overall costs. In addition, CalMHSA and provider will work collaboratively in establishing “standardization of services” and consistency in service provided to ensure the quality and levels of patient care needed by counties.

This Request for Information (RFI) is issued solely for information and planning purposes – it does not constitute a Request for Proposal (RFP) or a promise to issue an RFP in the future. This request for information does not commit CalMHSA to contract for any supply or service whatsoever. Further, CalMHSA is not at this time seeking proposals and will not accept unsolicited proposals. Responders are advised that CalMHSA will not pay for any information or administrative costs incurred in response to this RFI; all costs associated with responding to this RFI will be solely at the interested party’s expense. Not responding to this RFI does not preclude participation in any future RFP, if any is issued.

1.0 Description

1.1 This Request For Information (RFI) is issued for the purpose of soliciting responses for interested entities with the experience and capacity to provide inpatient services at the same levels of care as existing California State Hospitals or Institutions for Mental Diseases (IMD) to persons with mental disorders, in accordance with Welfare and Institutions Code (WIC) Section 4100 et eq. The treatment facility must have the capability provide residential rehabilitation services, for individuals with complex behavioral health conditions, including co-morbid medical substance abuse, along with challenging behavioral problems. Currently there are approximately 500 Lanterman-Petris-Short (LPS)

beds in State Hospitals and close to another 2,000 IMD beds in other facilities. Of the 58 California Counties, 28 purchase beds from State Hospitals. It is believed that all counties purchase other IMD beds by way of contracts with a number of group/organizational providers funded by Federal dollars and often augmented through the use of County funds.

- 1.2 **THIS IS A REQUEST FOR INFORMATION ONLY.** This RFI is issued solely for information and planning purposes – it does not constitute a Request for Proposal (RFP) or a promise to issue an RFP in the future. This request for information does not commit CalMHSA to contract for any supply or service whatsoever. Further, CalMHSA is not at this time seeking proposals and will not accept unsolicited proposals. Responders are advised that CalMHSA will not pay for any information or administrative costs incurred in response to this RFI; all costs associated with responding to this RFI will be solely at the interested party’s expense. Not responding to this RFI does not preclude participation in any future RFP, if any is issued.

2.0 Timeline for Responses

The California Mental Health Services Authority (CalMHSA) announces the release of this Request For Information (RFI) for inpatient services for persons with mental disorders. Services must consist of acute, long term inpatient and skilled nursing services.

- | | | |
|-----|---|------------------------------------|
| 2.1 | Release Date for RFI: | August 15, 2014 |
| 2.2 | Last Day for Written Questions: | Sept. 5, 2014 |
| 2.3 | Last Day for Responses for Responders Questions | September 10, 2014 |
| 2.4 | Responses Due Date and Time: | September 19, 2014 by 5:00 pm, PST |
| 2.5 | Anticipated Total Available Funding: | Unknown |
| 2.6 | Number of Awards: | Unknown |
| 2.7 | Length of Project: | Minimum of Three years |

3.0 Responses

- 3.1 Responses for this RFI are to be submitted as follows:

Responses and/or inquiries may be submitted to CalMHSA at Info@Calmhsa.org and/or

Laura Li
JPA Administrative Manager
Email: laura.li@calmhsa.org
Phone: (916) 859-4818

4.0 External factors

External factors, including budgetary and resource constraints may affect the project. Any contract that may eventually be entered into with a provider would be subject to the availability of California County funds. As of the issuance of this RFI, CalMHSA anticipates that budgeted funds will be available to reasonably fulfill the project requirements.

5.0 Focus

CalMHSA is issuing this RFI for the purpose of soliciting responses for interested entities/facilities with the experience and capacity to provide residential rehabilitation services, for individuals with complex behavioral health conditions that include co-morbid medical substance abuse, along with challenging behavioral problems, in accordance with Welfare and Institutions Code (WIC) Section 4100 et. eq.

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

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

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

5.1 Demonstrates strengths in the following areas:

- Special Treatment Programs
- Innovative Solutions
- Continuity of Care
- Recovery Focus
- High security facility
- Cultural Competency

6.0 The Department of State Hospitals Current Provider

The Department of State Hospitals (DSH) was created by Governor Jerry Brown's 2012-13 Budget, which eliminated the Department of Mental Health by transferring its various functions to other departments.

DSH manages the California State Hospital System, which provides mental health services to patients admitted into DSH facilities.

DSH oversees five State Hospitals and three psychiatric programs located in state prisons.

The five State Hospitals are Atascadero, Coalinga, Metropolitan, Napa and Patton.

Through an interagency agreement with the California Department of Corrections and Rehabilitation (CDCR), they also treat inmates at prisons in Vacaville, Salinas Valley and Stockton.

Presently, all eight facilities are fully licensed by the California Department of Public Health, providing services to approximately 4,500 penal code and 500 civilly commitment patients.

6.1 Profile of Target Population

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

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

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

Acute:

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

Sub-Acute/Intermediate:

- Lower staff/patient ratio than on an acute care unit.

- Moderate risk of DTO or DTS requiring regular supervision and interventions.
- Continued treatment and behavioral interventions necessary to achieve goals relating to discharge.

Skilled Nursing:

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

7.0 Instructions for Submitting Statements of Interest

7.1 Five copies must be provided in a PDF format;

7.2 Statements of Interest must be submitted in the following format:

- Clearly legible;
- Sequentially page-numbered and include the respondent's name at the top of each page;
- Organized in the sequence outlined in the sections indicated in item 7.3;
- Bound in a notebook, cover or binder;
- Correctly identified with the RFI and submittal deadline;
- Responsive to all RFI requirements;
- Typed on " 8 ½ by 11" paper;
- Calibri font, size 11 for normal text, no less than size 10 for tables, graphs and appendices; and
- No more than 100 total pages, including required forms, appendices, requested plans and resumes.

7.3 Format and Content

The information must consist of the following sections:

- Section 1 - Executive Summary
- Section 2 – Statement of Interest
 - Corporate Background
 - Interest
 - Qualification and Experience
- Section 3 – Project Work Plan

- Section 4 – Value added Benefits
- Section 5 – Assumptions
- Section 6 – Subcontracting Plan, if applicable
- Section 7 – Certifications and Other Required Forms

EXHIBIT 1

GLOSSARY

CaIMHSA – California Mental Health Services Authority

JPA – Joint Powers Authority

WIC – Welfare Institutions Code

RFI – Request for Information

RFP – Request for Proposal

IMD – Institutions for Mental Diseases

DTO – Danger to Others

DTS – Danger to Self

LPS - Lanterman-Petris-Short

DSH – California Department of State Hospitals

CDCR – California Department of Corrections and Rehabilitation

STP - Special Treatment Programs

- Services designed to serve patients who have a chronic psychiatric impairment and whose adaptive functioning is moderately impaired.

PROGRAM MATTERS

Agenda Item 10.F

SUBJECT: RAND Evaluation Contract Amendment

ACTION FOR CONSIDERATION:

- 1.) Authorize staff to negotiate a contract amendment with current evaluation contractor, RAND, for up to \$800,000.00 as part of the approved Phase One FY 14-15 Program Plan.

- 2.) Authorize an extended term for the RAND contract until June 30, 2016.

BACKGROUND AND STATUS:

Since October 2011 CalMHSA has been contracting with RAND Corporation to develop and conduct a comprehensive independent evaluation of the Statewide Prevention and Early Intervention Programs funded by counties through the Mental Health Services Act (MHSA). In March 2013, RAND's contract and scope of work were amended to include additional activities needed to support the evaluation of new activities being implemented by program partners as directed by the CalMHSA WorkPlan Update of August 9, 2012 approved by the Board in August 12, 2012 . Consistent with the direction provided in the Update, the majority of additional evaluation activities included strategies to ensure a more inclusive analysis of reach and impact among diverse racial, ethnic, and cultural subpopulation groups across the lifespan. In addition, the Statewide Evaluation Expert (SEE) Team and board member Co-Chairs provided guidance and input into RAND's revised contract and scope of work.

Recognizing the need for time to analyze data and assess long-term outcomes, RAND's contract period was originally identified to conclude by June 30 2015, one year after close of contract activities for program partners. In 2013 it became evident, and was brought to the Board's attention, that some program partners would be unable to complete their deliverables with quality by June 30, 2014 and staff was granted authority to negotiate no-cost-extensions (NCEs) through December 2014 or June 2015. The delayed implementation and deliverable completion did have a minor impact on RAND's ability to complete evaluation tasks.

In June 2014, the Board authorized staff to negotiate contracts with current program partners consistent with the Phase One Prioritized Program Activities approved by the Executive Committee in April 2014. In addition, the Board also adopted the Fiscal Year 2014-2015 CalMHSA budget which included up to roughly \$1 million in funds for evaluation of Phase One Prioritized Program Activities.

STATUS

For the last several months staff, in consultation with our SEE Team Co-Chairs, has been working with RAND to conduct the following review prior to consideration of any new funding under the Phase One Program Plan:

- Projected vs Actual spending rates,
- Identifying evaluation activities that should be removed based on what we have learned so far,
- Identifying where evaluation activities can stop or data collection effort can be reduced , and
- Identifying what new and expanded activities should we be doing based on what we learned so far.

Considering that Phase One activities are a continuation of existing activities, there is no longer the need for extensive data collection among all program areas. Fiscal Year 14-15 for RAND will be a year primarily dedicated to the continuation of data collection due to NCE work, synthesis and analysis of collected data, as well as reporting and providing recommendations regarding future efforts. Several program partners will no longer be required to collect and submit significant data to RAND.

On the other hand, this has provided an exciting opportunity to address some gaps in evaluation activities. Below is a partial list of new and expanded activities:

- Economic Predictive Modeling
 - Evaluation of impact of specific interventions
 - Evaluation of overall impact of statewide investment
- Analysis of existing CHIS data
- Additional statewide survey analyses by demographic subgroups (Latino, API, AA, LGBTQ, etc.)
- Expanded Each Mind Matters Evaluation (EMM was not included in the original evaluation)
- Evaluation of how communities used messages, tools, and resources
- Examine campus factors that influence the results of the Higher Ed Survey

Estimated Timeline for Interim Products:

Sept 2014:

- Stigma and discrimination reduction
 - Paper focused on baseline statewide survey results for young adults
 - MHFA literature review paper
- Suicide prevention
 - Paper focused on baseline statewide survey results for young adults
 - Call monitoring methods – tool on RAND website
 - AdEase content analysis expert panel results
 - Hotline sustainability infographic with pros and cons of the current system (1 page)
- Student mental health
 - Outcomes from some training evaluations (those not extended)
 - Higher ed baseline survey race/ethnicity results
 - Principals survey results
 - Google analytics updates

Oct-Dec 2014:

- Across initiatives
 - Paper that provides estimates of return on investment (costs and estimated effects/benefits) for selected specific PEI interventions
- Stigma and discrimination reduction
 - Short term outcomes data for a few program partners
 - Results from follow-up general population survey
 - Results from baseline CHIS follow-back survey (California Wellbeing Survey)
 - Google analytics updates
- Suicide prevention
 - Call monitoring results
 - Hotline sustainability policy paper
 - AdEase message testing results
- Student mental health
 - K-12 survey results (baseline only)
 - Network and collaboration survey results

Jan 2015 and Beyond:

- Across initiatives
 - Disparities and cultural competence policy paper
 - Further results from follow-up statewide survey

- Paper that describes population outcomes over short-term (CHIS analysis) and provides recommendations for evaluating long-term social benefits of overall impact of statewide investment in PEI (task 1 of economic modeling)
- Stigma and discrimination reduction
 - Short term outcomes data for remaining partners and programs, including NAMI youth intervention results and IOOV
 - Message testing results
 - NAMI youth intervention results
- Suicide prevention
 - Suicide vital statistics results
 - Comparison of California media to national trends
- Student mental health
 - Results from extended SMH training evaluations (IVST, TAY foster use in CC system)
 - Higher education follow-up survey results

FISCAL IMPACT:

None

RECOMMENDATION:

- 1.) Authorize staff to negotiate a contract amendment with current evaluation contractor, RAND, for up to \$800,000.00 as part of the approved Phase One FY 14-15 Program Plan.
- 2.) Authorize an extended term for the RAND contract until June 30, 2016.

TYPE OF VOTE REQUIRED:

Majority of the Board of Directors

REFERENCE MATERIAL(S) ATTACHED:

- None

GENERAL DISCUSSION
Agenda Item 11.A

SUBJECT: Report from CalMHSA President – Maureen Bauman

ACTION FOR CONSIDERATION:

Approve recommended Executive Committee Alternate member, representing Superior Region.

BACKGROUND AND STATUS:

CalMHSA President Maureen Bauman, will provide general information and updates regarding the JPA.

- Executive Committee Election – Superior Region Alternate, Donnell Ewert
- General

FISCAL IMPACT:

None

RECOMMENDATION:

Discussion and/or action as deemed appropriate.

TYPE OF VOTE REQUIRED:

Approve recommended Executive Committee Alternate member, representing Superior Region.

REFERENCE MATERIALS ATTACHED:

- None

GENERAL DISCUSSION

Agenda Item 11.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.

- General

FISCAL IMPACT:

None

RECOMMENDATION:

Discussion and/or action as deemed appropriate.

TYPE OF VOTE REQUIRED:

None

REFERENCE MATERIALS ATTACHED:

- None