

Board of Directors Meeting

AGENDA

Thursday, August 13, 2015

2:15 p.m. – 3:15 p.m.

Call-In Information: 1-800-871-6757
Conference Code: 7212107
(Listen in only)



Meeting Location(s):

Doubletree Hotel Sacramento
2001 Point West Way
Sacramento, CA 95815

**Butte County Department of Behavioral
Health**
109 Parmac Road
Chico, CA 95928

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

Thursday, August 13, 2015

2:15 p.m. – 3:15 p.m.

Doubletree Hotel Sacramento
2001 Point West Way
Sacramento, CA 95815

Butte County Department of Behavioral Health
109 Parmac Road
Chico, CA 95928

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 REGULAR MEETING

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

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1. Treasurer’s Report as of June 30, 2015.....	12
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4. Revised Finance Committee meeting calendar for Fiscal Year 2015-2016.....	16
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• Draft Finance Committee Minutes from July 27, 2015	
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• CalMHSA Annual Revenue and Expenditure Report – Budget June 30, 2015 – Proposed Revision	
• Consultant Contracts	
<i>Recommendation: Approve proposed revision to adopted budget.</i>	
6. ADMINISTRATIVE MATTERS	
A. Annual Adjustment – Status Report.....	25
<i>Discussion.</i>	
7. PROGRAM MATTERS	
A. State Hospital Bed Program – Correct Care Presentation.....	45
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8. GENERAL DISCUSSION	
A. Report from CalMHSA President – Maureen Bauman.....	65
<i>Discussion.</i>	
B. Report from CalMHSA Executive Director – Wayne Clark.....	66
• County Liaisons/ESM	
<i>Discussion.</i>	

9. 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.

10. NEW BUSINESS

General discussion regarding any new business topics for future meetings.

11. CLOSING COMMENTS

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

12. ADJOURNMENT

CONSENT CALENDAR
Agenda Item 4

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 11, 2015 Board of Directors Meeting

B. Reports / Correspondence

1. Treasurer's Report as of June 30, 2015
2. Letters of Acknowledgment Matrix
3. Plumas County Agreement
4. Revised Finance Committee meeting calendar for Fiscal Year 2015-2016

FISCAL IMPACT:

None.

RECOMMENDATION:

Approval of the Consent Calendar.

TYPE OF VOTE REQUIRED:

Majority vote of the Board of Directors.

REFERENCE MATERIAL(S) ATTACHED:

- June 11, 2015 Board of Directors Meeting Minutes
- Treasurer's Report as of June 30, 2015
- Letters of Acknowledgment Matrix 5/27/15
- Plumas County Agreement
- Revised Finance Committee meeting Calendar for Fiscal Year 2015-2016



"A George Hill: Company Administered JPA"

**CalMHSA Board of Directors
Meeting Minutes from June 11, 2015**

BOARD MEMBERS PRESENT

Alameda County – **Manuel Jimenez**
Butte County – **Dorian Kittrell**
Colusa County – **Terence M. Rooney** *(Alternate)*
Contra Costa County – **Warren Hayes** *(Alternate)*
El Dorado County – **Don Ashton**
Fresno County – **Dawan Utecht**
Glenn County – **Amy Lindsey**
Imperial County – **Andrea Kuhlen** *(Alternate)*
Kern County – **Bill Walker**
Lake County – **Linda Morris**
Los Angeles County – **William Arroyo** *(Alternate)*
Madera County – **Dennis P. Koch**
Mendocino County – **Tom Pinizzotto** *(Alternate)*
Napa County – **Bill Carter**
Nevada County – **Michele Violet** *(Alternate)*
Orange County – **Mary Hale**
Placer County – **Maureen Bauman (President)**
Sacramento County – **Jane Ann LeBlanc** *(Alternate)*
San Bernardino County – **CaSonya Thomas**
San Diego County – **Adrienne Yancey** *(Alternate)*
San Joaquin County – **Vic Singh**
San Luis Obispo County – **Anne Robin**
San Mateo County – **Stephan Kaplan**
Shasta County – **Donnell Ewert**
Sonoma County – **Michel Kennedy**
Stanislaus County – **Madelyn Schlaepfer**
Sutter/Yuba Counties – **Tony Hobson**
Tri-City Mental Health Center – **Antonette Navarro**
Trinity County – **Noel O'Neill**
Tulare County – **Christi Lupkes**
Tuolumne County – **Rita Austin**

BOARD MEMBERS ABSENT

Berkeley, City of
Del Norte County
Humboldt County
Inyo County
Kings County
Lassen County
Marin County

Mariposa County
Modoc County
Mono County
Monterey County
Plumas County
Riverside County
San Benito County
San Francisco City/County
Santa Barbara County
Santa Clara County
Santa Cruz County
Siskiyou County
Solano County
Tulare County
Ventura County
Yolo County

MEMBERS OF THE PUBLIC

Anara Guard, Know The Signs
Anne Lagorio, Trinity County
Betsy Sheldon, Chancellors Office California Community Colleges
Colleen Ammerman, Foundation California Community Colleges
Heather McClenahen, California Community Colleges
John Liddle, Morgan Stanley
Kate Calderazzo, Runyon Saltzman & Einhorn, Inc.
Melen Vue, NAMI California
Michael Helmick, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO)
Estelle Saltzman, Runyon Saltzman & Einhorn, Inc.
Nicole Jarred, Runyon Saltzman & Einhorn, Inc.
Stacie Hiramoto, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO)
Tom Renfree, CBHDA

STAFF PRESENT

Doug Alliston, CalMHSA Legal Counsel, Murphy
John Chaquica, CalMHSA Chief Operations Officer
Kim Santin, CalMHSA Finance Director
Laura Li, CalMHSA JPA Administrative Manager
Stephanie Welch, CalMHSA Sr. Program Manager
Armando Bastida, CalMHSA Administrative Assistant
Wayne Clark, CalMHSA Executive Director
Ann Collentine, CalMHSA Program Director

1. CALL TO ORDER

President Maureen F. Bauman, LCSW, called the Board of Directors of the California Mental Health Services Authority (CalMHSA) to order at 8:16 a.m. on June 11, 2015, 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, reviewed the instructions for public comment, and noted items not on the agenda would be reserved for public comment at the end of the agenda.

4. CONSENT CALENDAR

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

Action: *The Board approved the Consent Calendar.*

Motion: *San Luis Obispo County – Anne Robin*

Second: *Butte County – Dorian Kittrell*

Motion passed unanimously.

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

None

5. ADMINISTRATIVE MATTERS

A. CalMHSA New Membership Application – Plumas County

President Bauman asked the Board for the approval of Plumas County to join CalMHSA as a new member.

Action: *The Board approved the new CalMHSA Membership for Plumas County.*

Motion: *Mendocino County – Tom Pinizzotto*

Second: *Alameda County – Manuel Jimenez*

Motion passed unanimously.

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

None

B. Executive Committee / Finance Committee Election

President Bauman introduced the slate for officers and Executive Committee, and requested a motion to approve the slate as presented.

Action: *The Board Approved the recommended slate of officers as presented for the Executive Committee members representing the five CMHDA regions, and Finance Committee Members.*

Motion: *Orange County – Mary Hale*

Second: *Butte County – Dorian Kittrell*

Motion passed unanimously.

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

None

6. FINANCIAL MATTERS

A. Report from the CalMHSa Finance Committee

Dawan Utecht, Treasurer, Fresno County gave an overview of the Finance Committee Meeting on May 11, 2015.

B. CalMHSa Annual Revenue and Expenditure Report

Wayne Clark, CalMHSa Executive Director, and Kim Santin, CalMHSa Finance Director, presented the Annual Revenue and Expenditure Report and provided members the opportunity to ask questions. President Bauman asked for a motion to approve the budget as presented.

Action: *The Board approved the CalMHSa Annual Revenue and Expenditure Report – Proposed Budget, June 30, 2016.*

Motion: *Orange County – Mary Hale*

Second: *Sacramento County – Jane Ann LeBlanc*

Motion passed unanimously.

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

None

C. Report from CalMHSa Executive Director regarding CBHDA recommendations for continued County assistance for Statewide PEI, and action thereon if deemed appropriate

Wayne Clark, Executive Director gave an overview of the discussion with CBHDA on receiving funds from Local Annual Adjustments.

7. PROGRAM MATTERS

A. Statewide PEI Phase II, Program One Proposal Recommendations

Dr. William Arroyo, Los Angeles County, provided a detailed review of the RFP process, to include the selection process and rationale for selections made. Dr. Arroyo referred

to page 102 for a comprehensive report. President Bauman asked for a motion to approve as presented.

Action: *The Board approved the contract awards recommended by the Sustainability Taskforce for Program One: Reaching California's Diverse Communities to Achieve Mental Health and Wellness for a maximum of \$4.2 million per year for FY 15/16 and 16/17 as follows:*

- *Runyon, Saltzman and Einhorn (RSE) – \$3 million*
- *Foundation for California Community Colleges – \$700,000*
- *Active Minds – \$300,000*
- *NAMI-CA – \$200,000*

The Board approved to delegate authority to the Taskforce to direct staff on allocating up to \$2 million in additional funds to Program One contractors if funds become available.

The Board approved the recommendation by the Sustainability Taskforce to have staff negotiate extensions of 4 existing contracts for up to \$400,000 for 2 years to accomplish the objectives set forth in Program Two: Creating Healthier Organizations and Communities through Policy Change.

The Board has authorized the Executive Director to execute contract with selected contractors consistent with the foregoing approvals.

Motion: *San Luis Obispo County – Anne Robin*

Second: *Mendocino County – Tom Pinizzotto*

Motion passed unanimously.

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

Betsy Sheldon and Colleen Ammerman from Foundation for California Community Colleges.

Anara Guard from Know The Signs

Melen Vue, NAMI California

8. GENERAL DISCUSSION

A. Report from CalMHSA Executive Director

Wayne Clark, Executive Director discussed making an effort to moving Board meetings to mornings, as many indicated that they liked the schedule. CalMHSA will work with CBHDA and Small Counties.

B. Report from CalMHSA President

This item was not discussed.

9. PUBLIC COMMENTS

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

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

None

10.ADJOURNMENT

Hearing no further comments, the meeting was adjourned at 9:20 a.m.

Motion: Sacramento County - Jane Ann LeBlanc

Second: Colusa County - Terrence Rooney

Motion passed unanimously.

Respectfully submitted,

CaSonya Thomas, MPA, CHC
Secretary, CalMHS

Date

DRAFT

Treasurer's Report

As of June 30, 2015

	Book Balance	Market Value	Effective Yield
Local Agency Investment Fund	\$13,968,135	\$13,973,387	0.30%
Morgan Stanley – Money Trust	1,630	1,630	.010%
Cash with California Bank & Trust	245,647	245,647	0.00%
Total Cash and Investments	\$14,215,412	\$14,220,664	0.29%

Attached are the Local Agency Investment Fund (LAIF) and Morgan Stanley Smith Barney statements detailing all investment transactions.

The LAIF market value was derived by applying the June 2015 fair value factor of 1.000375979 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



Dawan Utecht, Treasurer

County	PHASE I FUNDING FY 14-15 Funding		Date Payment Received	PHASE I Funding Received	Comments	PHASE II FUNDING FY 15-16 LOA Rcvd & Funding Projected		Date Payment Received	PHASE II Funding Received FY 15-16	Comments	FY 16-17 LOA Rcvd & Funding Projected (Phase II)		Date Payment Received	PHASE II Funding Received FY 16-17	Comments
	\$	%				\$	%				\$	%			
Alameda County	\$ 380,240.00	4%				\$ 342,215.00	3%		\$		\$ 290,883.00	3%			
*Alpine County															
*Amador County	\$ 8,000.00	4%	8/12/2014	\$ 8,000.00											
Butte County	\$ 15,000.00	2%	6/18/2015	\$ 15,000.00		\$ 25,000.00	6%	7/31/2015	\$ 25,000.00						
*Calaveras County	\$ 2,693.64	1%	2/25/2014	\$ 2,694.00											
City of Berkeley															
Colusa County	\$ 11,413.72	7%	7/10/2014	\$ 11,414.00											
Contra Costa County															
Del Norte County															
El Dorado County															
Fresno County	\$ 550,974.00	7%	8/19/2014	\$ 455,864.00		\$ 12,536.00	3%	5/27/2015	\$ 12,536.00		\$ 13,493.00	3%	5/27/2015	\$ 13,493.00	
Glenn County	\$ 8,800.00	5%	9/22/2014	\$ 8,800.00											
Humboldt County	\$ 8,198.31				BOD in January/feb	\$ 8,198.31					\$ 8,198.31				
Imperial County	\$ 48,915.00	4%	5/7/2015	\$ 48,915.00	BOD approved P1 on 1/6/2015	\$ 48,915.00	4%				\$ 48,915.00	4%			
Inyo County															
Kern County	\$ 120,019.19	2%				\$ 120,019.19	2%				\$ 120,019.19	2%			
Kings County	\$ 48,915.50	5%	7/10/2014	\$ 48,916.00		\$ 48,373.00	5%	7/21/2015	\$ 48,373.00		\$ 48,373.00	5%			
Lake County	\$ 27,027.69	7%	7/11/2014	\$ 27,028.00											
Lassen County															
Los Angeles County															
Madera County						\$ 15,200.00	2%	7/23/2015	\$12,200		\$ 15,000.00	2%			
Marin County	\$ 101,536.00	7%	10/8/2014	\$ 101,536.00		\$ 75,000.00	5%				\$ 75,000.00	5%			
Mariposa County	\$ 11,413.72	7%	7/30/2014	\$ 11,414.00											
Mendocino County	\$ 5,348.14	1%	8/7/2014	\$ 5,348.00		\$ 7,180.00	1%				\$ 8,625.00	1%			
*Merced County	\$ 40,000.00	4%	8/5/2014	\$ 40,000.00											
Modoc County	\$ 6,522.13	4%	7/10/2014	\$ 6,522.00		\$ 6,522.00	4%				\$ 6,522.00	4%			
Mono County															
Monterey County	\$ 208,460.20	7%	7/30/2014	\$ 208,460.00		\$ 252,000.00	7%				\$ 252,000.00	7%			
Napa County	\$ 10,551.00	1%	4/15/2015	\$ 10,551.00		\$ 9,391.00	1%				\$ 10,471.00	1%			
Nevada County															
Orange County	\$ 900,000.00	4%	4/27/2015	\$ 900,000.00		\$ 900,000.00	4%				\$ 900,000.00	4%			
Placer County	\$ 162,000.00	6%	10/3/2014	\$ 162,000.00		\$ 162,000.00	6%				\$ 162,000.00	6%			
*Plumas County	\$ 20,000.00		7/8/2015	\$ 20,000.00		\$ 20,000.00					\$ 25,000.00				
Riverside County	\$ 494,695.00	4%	10/14/2014	\$ 482,953.00		\$ 516,058.00	4%				\$ 526,379.00	4%			
Sacramento County	\$ 460,302.00	5%	7/16/2014	\$ 460,302.00		\$ 342,486.00	3%	7/21/2015	\$ 342,486.00						
San Benito County															
San Bernardino County	\$ 561,894.23	4%	7/30/2014	\$ 561,894.00		\$ 561,894.00	4%				\$ 561,894.00	4%			
San Diego County	\$ 650,000.00	3%	11/25/2014	\$ 650,000.00		\$ 650,000.00	3%								
San Francisco City And County	\$ 100,000.00	2%	7/22/2014	\$ 100,000.00		\$ 100,000.00	2%	7/15/2015	\$ 100,000.00		\$ 100,000.00	2%			
San Joaquin County	\$ 174,662.54	4%	1/8/2015	\$ 174,663.00		\$ 174,662.54	4%		verbal commitment		\$ 174,662.54	4%		verbal commitment	
San Luis Obispo County	\$ 67,308.34	4%	9/3/2014	\$ 67,308.00		\$ 67,308.00	4%				\$ 67,308.00	4%			
San Mateo County	\$ 85,139.00	2%				\$ 90,508.00	2%				\$ 95,965.00	2%			
Santa Barbara County															
Santa Clara County	\$ 502,699.41	4%	6/16/2015	\$ 502,699.00		\$ 550,000.00	4%								
Santa Cruz County															
Shasta County	\$ 11,485.46	1%	1/5/2015	\$ 11,485.00		\$ 11,485.00	1%				\$ 11,485.00	1%			
*Sierra County															
Siskiyou County	\$ 11,674.61	5%	10/7/2014	\$ 11,674.00											
Solano County	\$ 54,922.00	2%	1/27/2015	\$ 54,922.00		\$ 53,930.00	2%				\$ 60,611.00	2%			
Sonoma County	\$ 57,355.58	2%	3/23/2015	\$ 57,356.00		\$ 109,000.00	4%								
Stanislaus County	\$ 232,931.00	7%	8/15/2014	\$ 232,931.00		\$ 90,000.00	1%								
Sutter/Yuba County	\$ 39,185.00	4%	6/26/2014	\$ 39,185.00		\$ 39,185.00	4%				\$ 39,185.00	4%			3/30/15 Patrick Larrigan - Intend to fund
*Tehama County															
Tri-City Mental Health Center	\$ 13,324.70	1%	9/25/2014	\$ 13,325.00		\$ 14,852.00	1%				\$ 15,181.00	1%			
Trinity County	\$ 6,522.13	6%	7/21/2014	\$ 6,522.13		\$ 10,000.00	4%				\$ 10,000.00	4%			
Tulare County	\$ 31,443.17	1%	7/22/2014	\$ 31,443.00		\$ 31,443.17	1%	4/27/2015	\$ 31,443.17		\$ 31,443.17	1%	4/24/2015	\$ 31,443.17	
Tuolumne County	\$ 15,750.94	5%	7/9/2014	\$ 15,751.00		\$ 16,715.00	5%	5/20/2015	\$ 16,715.00		\$ 16,715.00	5%	5/20/2015	\$ 16,715.00	
Ventura County	\$ 55,000.00	1%	9/23/2014	\$ 55,000.00		\$ 52,500.00	1%				\$ 53,500.00	1%			
Yolo County	\$ 70,000.00	5%	9/17/2014	\$ 70,000.00											
TOTAL	\$ 6,392,323.35	4%		\$ 5,691,875.13		\$ 5,539,576.21	3%		\$ 588,753.17		\$ 3,748,828.21	3%		\$ 61,651.17	
Balance Due				\$ 700,448.22					\$ 4,950,823.04					\$ 3,687,177.04	

KEYS
BLUE = PHASE I FY 14-15
GREEN = PHASE II FY 15-16
PURPLE = PHASE II FY 16-17
ORANGE = HAS IDENTIFIED FUNDING FOR SPECIFIC PROGRAM
RED = VERBAL COMMITMENT

CONSENT CALENDAR
Agenda Item 4.B.3.

SUBJECT: Plumas Crisis Intervention Resource Center (PCIRC) Contract (as part of CalMHSA contract implementation and management of the Plumas County Wellness Centers Program)

ACTION FOR CONSIDERATION:

Approval of this item will authorize staff to negotiate a contract with PCIRC to implement and manage four Wellness Centers on behalf of the Plumas County Mental Health Department (which is currently transitioning to becoming the Plumas County Behavioral Health Department) and authorize CalMHSA Executive Director to execute a contract with PCIRC for a maximum funding of \$850,000.

BACKGROUND AND STATUS:

At the June 11, 2015 Board Meeting, Board members authorized CalMHSA staff to enter into a contract with Plumas County to manage their CSS Wellness Centers Program consistent with the Plumas County Mental Health Services Act FY 2014-2017 Three Year Program and Expenditure Plan, dated on January 21, 2015 for a maximum amount of \$1,000,000 through 6/30/2017. Of the \$1,000,000 total budget, \$850,000 will be provided to PCIRC to execute the Wellness Centers, and \$150,000 (15% of total budget) will be paid to CalMHSA as an administrative fee. On July 7 & 8, 2015, CalMHSA staff met with Plumas County staff and their identified subcontractor, PCIRC, to discuss a workplan, budget, and timeline to meet outcomes as directed by Plumas County. CalMHSA staff will work closely with Plumas County staff to ensure successful management of this project as contracted.

FISCAL IMPACT:

CalMHSA has received \$1,000,000 from Plumas County to execute the Plumas County CSS Wellness Centers Program through June 30, 2017. Upon Board approval, CalMHSA will execute a contract with PCIRC for maximum funding of \$850,000. CalMHSA will retain \$150,000 for administrative costs.

RECOMMENDATION:

Authorize CalMHSA staff to negotiate and execute a 2-year contract with PCIRC for FY 2015-2016 and FY 2016-2017 for a maximum of \$850,000 to implement the Plumas County CSS Wellness Centers Program consistent with the Plumas County Mental Health Services Act FY 2014-2017 Three Year Program and Expenditure Plan, dated January 21, 2015.

TYPE OF VOTE REQUIRED:

Majority vote of the Board of Directors.

REFERENCE MATERIAL(S) ATTACHED:

None



**FINANCE COMMITTEE CALENDAR of MEETINGS
FISCAL YEAR 2015-2016**

<u>Date:</u>	<u>Time:</u>	<u>Location:</u>
July 27, 2015	3:00 pm – 4:00 pm	Teleconference <i>Financial Audit Engagement Letter State Hospital Beds</i>
September 14, 2015	3:00 pm – 4:00 pm	Teleconference Cash Flow Management
October 26, 2015	3:00 pm – 4:00 pm	Teleconference Cash Flow Management
December 7, 2015	3:00 pm – 4:00 pm	Teleconference <i>Review of Draft Financial Audit, June 30, 2015 Review of the first quarter financial statements for the period ending September 30, 2015</i>
January 25, 2015	3:00 pm – 4:00 pm	Teleconference Cash Flow Management
March 21, 2016	3:00 pm – 4:00 pm	Teleconference <i>Review of the second quarter financial statements for the period ending December 31, 2015</i>
May 9, 2016	3:00 pm – 4:30 pm	Teleconference <i>Review of the third quarter financial statements for the period ending March 31, 2016 Review of Annual Revenue and Expense Report – Proposed Budget, June 30, 2017 for presentation at next Board of Directors Meeting</i>

Financial Matters
Agenda Item A

SUBJECT: REPORT FROM THE CALMHSA FINANCE COMMITTEE – DAWAN UTECHT

ACTION FOR CONSIDERATION:

Discussion: Cash Management.

BACKGROUND AND STATUS:

The Finance Committee Members are:

Role	Committee Member	Original Start Date	End Date
Chair	Dawan Utecht, Fresno County	5/1/2015	6/30/2016
Bay Area	Michael Lucid, Sonoma County	7/1/2015	6/30/2017
Central	Dennis Koch, Madera County	7/1/2015	6/30/2017
Los Angeles	William Arroyo, Los Angeles County	2/29/2012	6/30/2017
Superior	Terrance Rooney, Colusa County	7/1/2015	6/30/2017
Southern	Tanya Bratton, San Bernardino County	2/29/2012	6/30/2015
Ex Officio	Maureen Bauman, Placer County	NA	NA

The Finance Committee met by teleconference on July 27, 2015. The following items were included on the agenda:

1. Treasurer’s Report as of June 30, 2015
2. Cash Flow Management
3. CalMHSA Annual Revenue and Expenditure Report – Budget June 30, 2016 – Proposed Revision
4. CalMHSA Investment Update
5. Revised Finance Committee Calendar

FISCAL IMPACT:

None.

DISCUSSION:

Cash Management.

TYPE OF VOTE REQUIRED:

None.

REFERENCE MATERIAL(S) ATTACHED:

- Draft Finance Committee Minutes from July 27, 2015



CalMHSA Finance Committee

TELECONFERENCE MINUTES FROM JUNE 27, 2015

Finance Committee Members

Present

- Dawan Utecht, Fresno County, Treasurer
- Maureen Bauman, CalMHSA President (Ex-Officio)
- Dennis P. Koch, Madera County
- Dr. William Arroyo, Los Angeles County
- Terence M. Rooney, Colusa County
- Michael Lucid, Sonoma County

Absent

- Jerry Wengerd, Riverside County

CalMHSA Staff

- Wayne Clark, Executive Director
- Kim Santin, Finance Director
- Laura Li, JPA Administrative Manager
- Armando Bastida, Executive Assistant
- Romaine Taylor, Administrative Assistant

1. **Call to Order**

The CalMHSA Finance Committee teleconference was called to order at 3:02 p.m. on July 27, 2015 by Dawan Utecht, Fresno County, Treasurer. All participants were asked to introduce themselves, followed by instructions for the teleconference process.

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

Dawan Utecht, Fresno County, Treasurer, called roll and a quorum was established as well as reviewed the public comment instructions and noted items not on the agenda would be reserved for public comment at the end of the agenda.

3. **Consent Calendar**

Dawan Utecht, Fresno County, Treasurer, asked for any changes to the following items:

Routine Matters

- May 11, 2015 Finance Committee Minutes

Reports / Correspondence

- Treasurer's Report as of June 30, 2015

Action: Approval of the consent calendar.

**Motion: Dr. William Arroyo, Los Angeles County
Seconded: Dennis P. Koch, Madera County**

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

None

4. **Cash Flow Management**

Kim Santin, Finance Director gave an overview of the Cash Flow Management. Cash Balances are decreasing as payments for prior year PEI contract obligations are paid out. Staff anticipates there to be paid in the next six months. CalMHSA cash management is a priority and to be added to regular Finance Committee discussions. Wayne Clark, Executive Director spoke on the importance of collections for the fiscal year 2015-2016.

Action: None, information only.

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

None

5. **CalMHSA Annual Revenue and Expenditure Report – June 30, 2016 – Proposed Revision**

Kim Santin, Finance Director, did a thorough review of the proposed budget. Members asked questions and proposed that the staff provide some clarification on unexpected funds/ reserve in the Total Expenditure section of the Annual Revenue and Expenditure Report, referred to on page 18. Revisions to the adopted annual budget are below.

Total unexpended funds/ Reserves – adopted budget June 30, 2016 \$2,428,385

Proposed Revisions:

Plumas County Contract - \$1,000,000 over 2 years	1,000,000
Allocation for General and Admin costs Plumas County	75,000
Funding to NAMI	(200,000)
Plumas County Expenditures – 1 st year	(500,000)
Proposed Consultant Agreements (Two contracts at maximum of \$36,000 and one contract to \$10,000)	<u>(82,000)</u>

Revised Unexpended Funds/ Reserves at June 30, 2016 \$2,721,385

Action: Approve proposed revision to adopted budget.

Motion: Dr. William Arroyo, Los Angeles County

Seconded: Dennis P. Koch, Madera County

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

None

6. **CalMHSa Investment Update– Final Performance and Income Report**

Kim Santin, Finance Director, briefly went over page 33 with the Finance Committee that shows the income since inception. Wayne Clark, Executive Director concluded with, Morgan Stanley performed very well.

Action: None, information only.

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

None

7. **Executive Director Finance Report**

Wayne Clark, Executive Director stated they were working on a template for the annual adjustment that could be used by all counties. The template will provide fiscal and program information needed for them to seek the appropriate approval. Harbridge Consulting is piloting 2 counties – Placer County and Orange County.

Dr. Clark met with Darrell Steinberg on July 23, 2015 and discussed the need for more Prevention and Early Intervention at colleges.

Action: Action: None, Information only.

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

None

8. **Finance Committee Calendar**

Dawan Utecht, Finance Committee Chair discussed the incorporation of the Cash Flow Management meetings in the revised Finance Committee Calendar and the importance.

Action: Approve revised Finance Committee meeting schedule for Fiscal Year 2015-2016

Motion: Dr. Bill Arroyo, Los Angeles County

Seconded: Michael Lucid, Sonoma County

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

None

9. **State Hospital Beds Program Update**

State Hospital Bed Committee conducted site visits of the Correct Care facilities located in Florida with a report out to the Board at the August 13, 2015 meeting. Correct Care will also be doing a brief presentation.

10. **General 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. **Closing Comments**

Dawan Utecht, Fresno County, Treasurer, asked for any closing comments.

12. **Adjournment**

Hearing no further comments, the meeting was adjourned at 3:40 p.m.

Financial Matters
Agenda Item 6.B.

SUBJECT: CALMHSA ANNUAL REVENUE AND EXPENDITURE REPORT – BUDGET JUNE 30, 2016 – PROPOSED REVISION

ACTION FOR CONSIDERATION:

Approve proposed revision to adopted budget.

BACKGROUND AND STATUS:

The CalMHSA Board of Directors adopted the annual budget at their June 2015 meeting. Since adoption of the budget, staff has proposed the revisions below.

Total unexpended funds/ Reserves – adopted budget June 30, 2016	\$2,428,385
Proposed Revisions:	
Plumas County Contract - \$1,000,000 over 2 years	1,000,000
Allocation for General and Admin costs Plumas County	75,000
Funding to NAMI	(200,000)
Plumas County Expenditures – 1 st year	(500,000)
Proposed Consultant Agreements	<u>(82,000)</u>
(Two contracts at maximum of \$36,000 and one contract to \$10,000)	
Revised Unexpended Funds/ Reserves at June 30, 2016	<u>\$2,721,385</u>

FISCAL IMPACT:

Increase Reserves as of June 30, 2016 by \$293,000

RECOMMENDATION:

Approve proposed revision to adopted budget.

TYPICAL OF VOTE REQUIRED:

Majority vote.

REFERENCE MATERIALS ATTACHED:

- CalMHSA Annual Revenue and Expenditure Report – Proposed Budget Revisions for June 30, 2016

California Mental Health Services Authority
Annual Revenue and Expenditure Report - Proposed Budget
June 30, 2016

	Approved Budget 2014/15	Current Year 2014/15 Projected Actuals	Adopted Budget 2015/16	Proposed Revised 2015/16	Proposed Revised 2015/16	Known Additional Funding	Potential Funding	Potential Funding	Potential Funding	Potential Funding	Research and Development	Sum of A to F Total
						Plumas County	SAMHSA	Los Angeles	Drug Medical	TBD		
Revenue to CalMHSA 2015/2016												
Phase 1 - Sustainability Contributions FY 15-16	12,895,000	6,133,998	-	-	-							
Phase 2 - Sustainability Contributions FY 15-16	-	-	4,820,775	4,820,775	4,820,775							
Statewide Hospital Beds	450,000	438,642	438,642	438,642	438,642							
Proposed CBHDA Dues	-	-	-	-	-							
Total Revenue to CalMHSA 2015/16	13,345,000	6,572,640	5,259,417	5,259,417	5,259,417	1,000,000	-	-	-	-	-	6,259,417
Transfer of Funds to Programs	2,939,997	-	-	-	-	-	-	-	-	-	-	-
Total Funds Available 2015/16	16,284,997	6,572,640	5,259,417	5,259,417	5,259,417	1,000,000	-	-	-	-	-	6,259,417
Expenditures												
PEI Program Services	42,676,123	29,486,266	8,099,737	200,000.00	8,299,737	425,000	-	-	-	-	-	8,724,737
WET Program Expenditures	-	148,470	-	-	-	-	-	-	-	-	-	-
TTACB Contract	-	89,597	120,000	-	120,000	-	-	-	-	-	-	120,000
State Hospital Beds	450,080	143,551	438,422	-	438,422	-	-	-	-	-	-	438,422
Short Doyle Fiscal Pilot	248,703	21,134	210,527	-	210,527	-	-	-	-	-	-	210,527
Total Program Services Expenditures	43,374,906	29,889,018	8,868,686	200,000	9,068,686	425,000	-	-	-	-	-	9,493,686
General And Administrative Expenses												
General & Administrative Staffing	-	773,578	322,407	(75,000)	(75,000)	75,000	-	-	-	-	-	322,407
Legal	-	60,000	21,500	-	21,500	-	-	-	-	-	-	21,500
Travel & Meetings	-	40,000	17,000	-	17,000	-	-	-	-	-	-	17,000
Other Contracts	-	40,000	20,000	-	20,000	-	-	-	-	82,000	-	102,000
Insurance	-	31,431	35,000	-	35,000	-	-	-	-	-	-	35,000
Financial Audit	-	15,000	25,000	-	25,000	-	-	-	-	-	-	25,000
Total General And Administrative Expenditures	3,155,583	960,009	440,907	(75,000)	365,907	75,000	-	-	-	82,000	-	522,907
Total Expenditures	46,530,489	30,849,027	9,309,593	125,000	9,434,593	500,000	-	-	-	82,000	-	10,016,593
Net Increase/(Decrease) Unexpended funds (1)-(2)	(30,245,492)	(24,276,388)	(4,050,177)	(125,001)	(4,175,177)	500,000	-	-	-	(82,000)	-	(3,757,176)
Total Unexpended Funds Available from Prior Fiscal Years	34,016,422	30,754,949	6,478,561	-	6,478,561	-	-	-	-	-	-	6,478,561
Reserves - June 30, 2016	3,770,930	6,478,561	2,428,384	(125,001)	2,303,384	500,000	-	-	-	(82,000)	-	2,721,385
Restricted for Run out of JPA Operations	-	790,000	650,000	-	650,000	-	-	-	-	-	-	650,000
Restricted Program Obligations	-	4,191,696	681,369	-	681,369	-	-	-	-	-	-	681,369
Restricted for Plumas County Contract	-	-	-	-	-	500,000	-	-	-	-	-	500,000
Unexpended Funds - 'Contingency for Phase 1 Funds not collected (Committed vs. Collected)	-	1,243,865	1,097,016	-	972,015	-	-	-	-	(82,000)	-	890,016
Prudent Reserve	3,770,930	253,000	-	-	-	-	-	-	-	-	-	-
Total Unexpended Funds/Reserves	3,770,930	6,478,561	2,428,385	-	2,303,384	500,000	-	-	-	(82,000)	-	2,721,385

Total Unexpended Funds/Reserves - June 30, 2016	2,428,385
Proposed Revisions to Adopted Budget	
Plumas County Contract - \$1,000,000 over 2 years	1,000,000
Allocation for G&A from Plumas County Contract	75,000
Funding to NAMI	(200,000)
Plumas County Expenditures	(500,000)
Proposed consultant agreements	(82,000)
Total	2,721,385

2 @ \$36k 8

Administrative Matters **Agenda Item A**

SUBJECT: ANNUAL ADJUSTMENT – STATUS REPORT

ACTION FOR CONSIDERATION:

None, information only.

BACKGROUND:

On June 11, 2015 the CalMHSA Sustainability Taskforce presented funding recommendations for board action regarding authority to enter into contracts to implement elements of Phase II (FY 2015-16 and FY16-17) of the Prevention and Early Intervention (PEI) Statewide Projects (SWP). As part of the presentation Board members were informed that funding for the Phase II SWP was much less than anticipated, and as a result, the Phase II SWP activities recommended would represent a significant reduction in current and prior activities. Full implementation of the Phase II plan was dependent upon raising \$10 million in non-county funds as well as receiving \$10 million in county MHSA contributions. As of June 11th less than \$5 million in annual funding had been identified by county Letters of Acknowledgment (LOA). In short, the information shared clearly demonstrated the need to strengthen strategies to secure county contributions to support programmatic activities in Phase II.

To date counties thru CalMHSA have invested substantial funding to develop infrastructure, systems, networks, and assets such as resources, materials, and training programs to eliminate stigma and discrimination, reduce suicides, and improve student mental health. These efforts have been independently evaluated by RAND documenting the continued need for such programs, identifying the most effective strategies and best investments, and reporting on short-term outcomes that promise to save lives and money over time.

A strategy identified to support continued investments in the Phase II SWP is the opportunity for counties to dedicate a portion of available MHSA annual adjustment funds. Such action would be dependent upon the support of local stakeholders. These additional funds would ensure that existing investments are not lost and that the momentum in statewide prevention of mental illness and promotion of mental health is amplified for increased impact.

STATUS:

CalMHSA staff have been working to provide guidance to member counties regarding *how to determine if there are available annual adjustment funds*, and if so, *what benefit could result from dedicating those funds to Phase II SWP?* Administratively, CalMHSA will be contracting with Harbage Consulting

to develop a process/template for counties to determine financial availability of annual adjustment funds. Programmatically, CalMHSA staff will provide updated statewide and county level impact and outcome data to illustrate value consistent with local priorities, as well as, provide sample board language and tools for communication with staff and stakeholders. As always, staff will be available to provide one-on-one assistance to meet distinct county needs. This work is underway now with a goal of providing tools to counties more broadly by September.

FISCAL IMPACT:

Undetermined at this time.

RECOMMENDATION:

None, information only.

TYPE OF VOTE REQUIRED:

None.

REFERENCE MATERIAL(S) ATTACHED:

- Phase II Recommendations for PEI Funded Activities PowerPoint

Recommendations for County PEI Funded Activities in Phase II as of June 2015

CalMHSA Board of Directors Meeting

June 11, 2015



Overview

- Review Background and Status of Phase II Funding and Programs (RFPs)
- Provide an Overview of the Review and Selection Process
- Share Analysis and Rationale for Recommendations
- Seek Approval for Recommendations for Phase II Programs with Available Funding to Date



Background

- Phase II Strategic Plan for Statewide PEI Projects was approved on Aug. 14, 2014.
- Annual funding for Phase II is \$20 Million
 - \$10 million in county funds
 - \$10 million in diverse funding (state, federal, foundation, private, etc.)



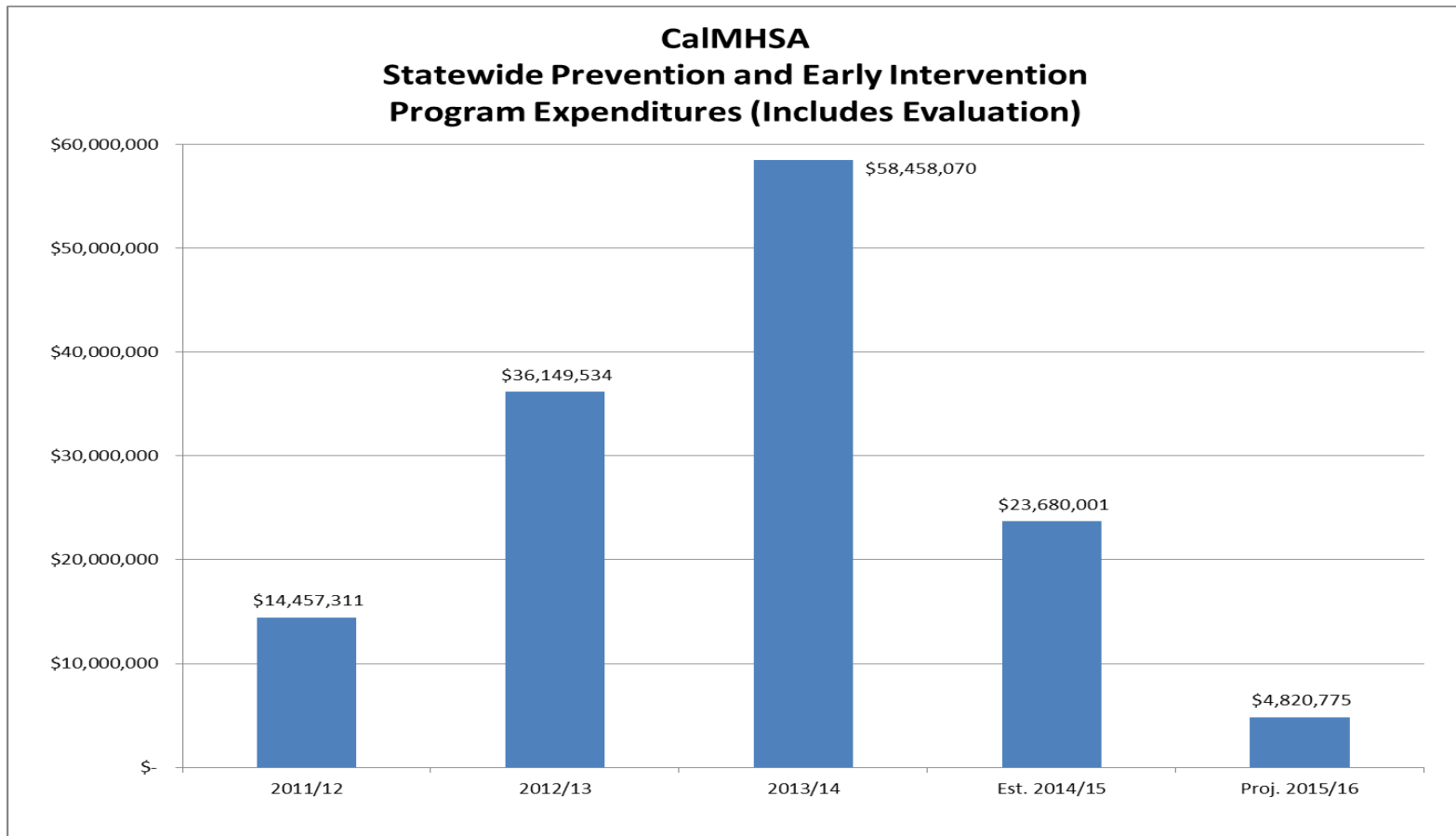
Background

In December 2014 the Board Adopted the Sustainability Taskforce's Recommendations:

- Release RFPs by priority order in phases based on reduced available funding
- Authorize the Sustainability Taskforce to further refine the RFP's based on the funding available and specific criteria within the RFP's such as: match requirements.



Challenging Funding Status



RFP 1. Effectively Reaching and Supporting California and its Diverse Communities to Achieve Mental Health and Wellness

- Released March 16 2015
- Up to \$7.5 Million Annually for 2years (subject to fund availability)
- Up to 6 awards
- 13 eligible Awards Received



RFP 1 Primary Aims

- Disseminate and support tools and resources developed under the Each Mind Matters umbrella to effectively reach California and its diverse communities
- Focuses on utilizing schools (including preschools, K-12 and higher education), health care providers, and employers as partners for the dissemination of materials
- RFP contains two components:
 - Social Marketing and Information Resources
 - Networks and Collaborations



Review and Selection Process

- 10 Subject Matter Expert Reviewers
 - County operations, cultural competency, lived experience, population health expertise, etc.
- Two Review Groups
- Reviewer Training
- In-person Review Committee Meetings
- CalMHSA staff analyzed the top ranked proposals and vetted recommendations with the Sustainability Taskforce



Analysis

Taskforce recommendations are based upon previously adopted Board guidance:

1. Guiding Principles to Determine Funding Priorities

e.g. Builds on Initial Investment

2. Priority Activities

e.g. Statewide Dissemination and reach into Diverse Communities



Considerations Due to Funding Limitations

- Up to 7.5M annually was to be awarded but only \$4.2M annually is currently available
- Responses submitted request \$49.5M for 2 years of operations.
- Less than 50% of anticipated award funds are available



Considerations Due to Funding Limitations

In addition to the Review Committee Score, the Taskforce considered:

- How well did the proposal meet the needs of the guiding principles and prioritized program activities identified by the Board?
- How well did the proposal support peer to peer and family to family programs?
- Did the proposal leverage efforts to amplify impact and avoid duplication?
- Is there flexibility and capacity to expand reach and impact if additional funds become available?



Examples of Activities Impacted Due to Funding Limitations

- No funding for activities in the Health and Workplace Wellness areas
- Reduced ability to reach and address gaps and needs for diverse communities
- Reduced funding for family and consumer operated programs
- Reduced support and technical assistance to counties and community partners
- Reduced ability to support collaboration with K-12, UC and CSU systems



Recommendation Part A

Contractor	Program Focus	Wellness Area	Annual Funding
Ruynon, Saltzman and Einhorn (RSE)	Cause Marketing of Existing Each Mind Matters Diverse Communities Training and TA	Diverse Communities and Schools	\$3 million
California Community Colleges (CCC)	Dissemination Diverse Communities Student PEI Efforts	Diverse Communities and Schools	\$700,000
Active Minds	Dissemination Peer Outreach & Support	Diverse Communities and Schools	\$300,000
NAMI-CA	Diverse Communities Capacity Support for Affiliates	Diverse Communities	\$200,000



Recommendation Part B

- Delegate authority to the Taskforce to direct staff on allocating up to \$2 million in additional funds to these Program One contractors if funds become available
- This *may* allow some proposed activities not to be eliminated among the 4 contractors



Extend Existing Phase I Contracts to fulfill Phase II Program Two Objective

Phase II Program Two: Creating Healthier
Organizations and Communities through Policy
Change:

Objective:

Support policy changes that will result in the great adoption of mental health and substance use awareness and suicide prevention practices within organizations, in local communities, and at the state-level.



Rationale for Contract Extensions

- Timeliness - Ensures Existing Investments in Policy Change would continue
- Cost-Effective and Relevant Work in Current Funding Environment
- Unique Capabilities of Contractors
- Recorded Performance of Contractors



Recommendation

Contractor	Program Deliverables	Wellness Area	Annual Funding
California Department of Education (CDE)	Student Mental Health Policy Workgroup	Diverse Communities and Schools	\$60,000
California County Superintendents Educational Services Association	Sustain collaboration between counties and county school superintendents	Diverse Communities and Schools	\$100,000
Community Clinics Initiative/ Integrated Behavioral Health Project	Support partnerships policies for the integration between Mental Health, Substance Use, and Primary Care services	Diverse Communities and Health	\$120,000
Disability Rights CA	Support the effective implementation of CA and Fed Mental Health and Substance Use Parity Requirements	Diverse Communities and Health	\$120,000



Summary of State of Phase II Funding for Prevention & Early Intervention Programs (FY 15/16 – 16/17)

Program 4

- Crisis & Peer Support Strategies

Target: \$1,000,000
Available: \$0

Program 3

- Education
- Training Programs

Target: \$6,000,000
Available: \$0

Program 2

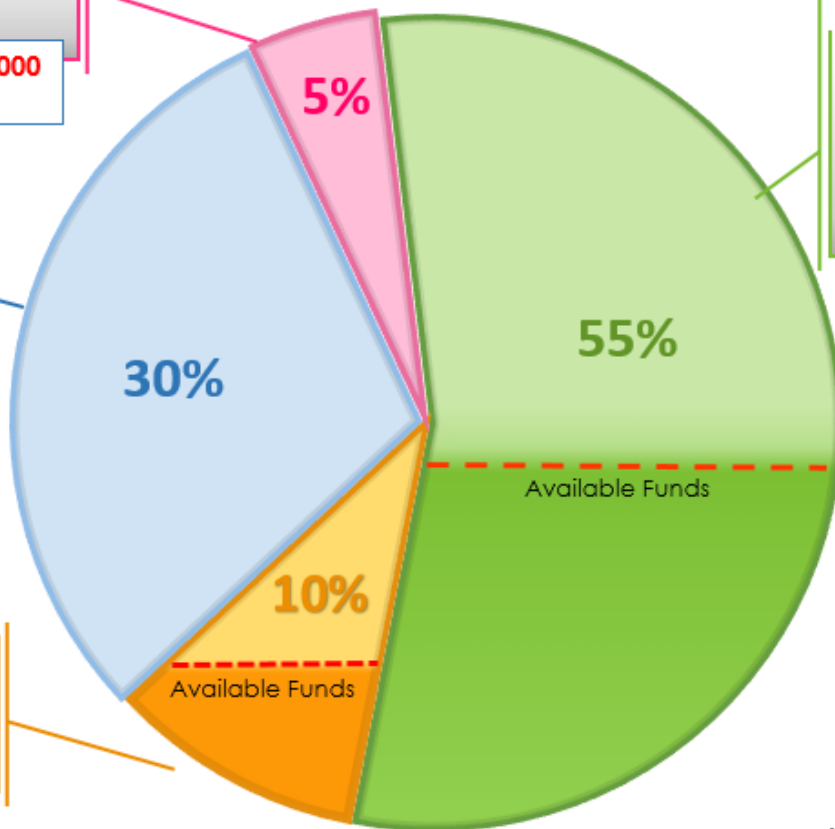
- Policy Change
- System Change

Target: \$2,000,000
Available: \$400,000

Program 1

- Social Marketing
 - Mental Health Promotion
 - Suicide Prevention
- Reaching Diverse Communities
- Technical Assistance

Target: \$11,000,000
Available: \$4,300,000



Target: \$20,000,000 per yr.

*5% of overall \$ will be dedicated to evaluation; 15% of overall \$ will be dedicated to administration



Program Matters Agenda Item A

SUBJECT: STATE HOSPITAL BED PROGRAM – CORRECT CARE PRESENTATION

ACTION FOR CONSIDERATION:

Approval to proceed with Correct Care MOU for alternatives to state hospital beds.

BACKGROUND AND STATUS:

As previously reported at the June 11, 2015, the State Hospital Bed Committee completed interviews of the three entities having submitted a proposal related to the RFI released in September 2014.

The committee was in full agreement that Correct Care was most qualified with the experience and expertise required to meet the needs of California counties. Prior to the interviews, Correct Care had already visited California several times to research political challenges, do a needs assessment, and develop options for funding. They fully understand they would need to purchase the expertise needed to be successful in this highly regulated state.

Although Correct Care has been identified as the lead entity, there is still a strong desire for collaboration efforts between all three entities in order to be effective throughout the state.

Site Visit – CalMHSA and both the Chair and Vice Chair (Los Angeles and Orange Counties) of the Committee completed site visits at various Correct Care facilities as part of the due diligence plan. A project report and supplemental documents related to the site visits and Correct Care Services are attached for your review. Mary Marx, Committee Chair, will be reporting on outcomes of the visit.

Commitment: Given there is a demand for state hospital type services, it will be necessary to have critical conversations with counties as to the level of financial commitment required in order to secure alternatives to state hospital beds. It is necessary to clarify the commitment required to be successful; the process will require a long term commitment. After staff and the Committee have completed the due diligence plan and gathered sufficient information, we will report this to participating counties. Counties are encouraged to initiate internal/local discussions related to the need and demand, followed by the level of commitment. In the next 45--60 days, the committee will commence reaching out to counties to initial these discussions.

Value-Added Benefits:

- Pure bed rate reduction
- Full control of the management of hospital operations
- Improved patient care

- Reduced length of stay – resulting in potential savings
- Create an alternative to DSH and competitive environment
- Ability to manage third party pay billing and collections
- Increase bed availability
- Enhancements of Accountability
 - Face Check
 - Performance Dashboards
 - Video Monitoring
 - Key Control System
 - Fleet Tracking Management System
 - Management by Walking Around
- Increased Efficiencies
 - Krons®
 - Remote Physician Assessments
 - Automated Policy Management
 - Learning Management System (LMS)
 - Online Credentialing Software
 - Electronic Medical Records
 - Electronic Applicant Tracking
 - eCommerce Foodservice Procurement
- Improvements in Quality of Care
 - Aftercare Team
 - Recovery Plan Coordinator
 - Employee Assistance Program

FISCAL IMPACT:

Unknown at this time

RECOMMENDATION:

Approval to proceed with Correct Care MOU for alternatives to state hospital beds.

TYPE OF VOTE REQUIRED:

Majority vote of the Board of Directors

REFERENCE MATERIAL(S) ATTACHED:

- Los Angeles County Project Report (*Draft*)
- Correct Care Services
 - MOU
 - History and Timeline
 - Overview and Similar Projects

- Organizational Chart
- Site Visit Attendee List

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

STATE HOSPITAL LPS ALTERNATIVE PROJECT PROPOSAL

The Department of Mental Health (DMH) proposes to build upon its successful collaboration with the California Mental Health Services Authority (CalMHSA), partially funded by surrounding counties, to develop a Mental Health Rehabilitation Center (MHRC) for placement of LPS conservatees that will serve as an alternative to the services currently provided by Metropolitan and Napa State Hospitals.

BACKGROUND

In Los Angeles County, the annual per-bed cost for Lanterman-Petris-Short (LPS) conservatees in facilities operated by the Department of State Hospitals (DSH) has risen substantially over the past decade, currently exceeding \$200,000 per bed annually. Patients served at Metropolitan and Napa State Hospitals exhibit high levels of aggression and violence, which has prevented placement with the County's current network of providers. Many of these patients have significant criminal court involvement, with a large percentage initially committed as incompetent to stand trial or under other penal code commitment orders. The combination of these factors has resulted in a lack of placement options and growing expenditures for placements at Metropolitan and Napa State Hospitals, which now exceed \$55,000,000 annually.

Due to these factors, in 2014 DMH entered into an agreement with CalMHSA to negotiate more favorable terms with DSH, promote responsiveness to County needs, and obtain more competitive rates. CalMHSA established a workgroup led by DMH to explore alternatives to state hospitals for the placement of LPS conservatees that would improve patient care, reduce costs and provide a greater level of local control.

In September 2014, CalMHSA issued a Request for Information and subsequently obtained responses from multiple qualified providers. Following provider interviews in March 2015, CalMHSA entered into a memorandum of understanding with a provider in July 2015. As part of the due diligence process, CalMHSA and DMH representatives toured three of the selected provider's facilities that serve a variety of civil and forensic populations. The facilities range in size from 216 beds to 341 beds, are accredited by The Joint Commission, and serve patients with clinical and behavioral profiles similar to the patients served by DSH hospitals. All three of the facilities were developed jointly by the provider and a public mental health authority, with two facilities developed using the "lease buyback" model of design-build-finance and the third model developed through renovation of a vacant, publically-owned facility.

PROJECT DESCRIPTION

In partnership with CalMHSA and the provider, DMH proposes to develop an MHRC for the placement of clients on LPS conservatorship that will serve as an alternative to the services currently provided by Metropolitan and Napa State Hospitals. The project will consist of two phases: 1) Site Identification and Project Development; and 2) Service Delivery.

Phase 1: Site Identification and Project Development: The project will be developed using either the model of design-build-finance or using renovation of a publically-owned facility with a goal of securing placement for patients on LPS conservatorships within 24 months of site identification. The contracted provider will work collaboratively with DMH, CalMHSA, the County of Los Angeles, and surrounding counties to identify a suitable property and secure funding to develop a facility with at least 200 beds. The preferred location for the project is within the County of Los Angeles, and DMH will coordinate with other County departments and/or agencies to determine the availability of existing properties that could be developed or renovated for this purpose. In the event that a suitable location in Los Angeles County is unavailable, the project may be located in Orange, Riverside or San Bernardino County. The contracted provider, in collaboration with DMH, CalMHSA, and participating counties, will serve as developer for the project and arrange for all necessary financing, permitting, architectural design, construction, and licensing requirements. In order to obtain necessary project financing, DMH and other participating counties will be required to enter into contracts to purchase a guaranteed number of beds from the newly developed facility.

Phase 2: Service Delivery: The contracted provider will provide services for patients on LPS conservatorships that meet or exceed the services currently provided by DSH-operated facilities. Services will be provided by a multi-disciplinary team that will include psychiatrists, psychologists, licensed mental health professionals, mental health workers, certified drug and alcohol counselors and family and peer support advocates.

Services will include:

- Comprehensive assessment, including physical health, mental health and substance abuse treatment needs
- Individual and group treatment
- Medication management
- Safe and secure environment
- Recovery planning
- Recovery-based self-help and support groups
- Discharge planning

The contracted provider will report outcomes consistent with performance measures for Hospital-Based Inpatient Psychiatric Services (HBIPS) and Joint Commission ORYX® (National Hospital Quality Measures) performance measure reporting requirements.

The on-going cost of services is anticipated to be 5%-10% less than the cost of services currently provided by DSH.

SUMMARY

DMH anticipates that the State Hospital LPS Alternative Project will improve the quality of patient care, increase local oversight of services provided to this population and reduce costs, all as compared to the services provided by DSH-operated facilities.

MM:08/2015

MEMORANDUM OF UNDERSTANDING

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY and CORRECT CARE, LLC

THIS MEMORANDUM OF UNDERSTANDING (“Agreement”) is made effective this 22nd of June 2015 between the California Mental Health Services Authority (“CalMHSA”), located at 3043 Gold Canal Drive, Suite 200, Rancho Cordova, California 95670; and Correct Care, LLC (“Correct Care”) located at 800 Fairway Drive, Suite 490, Deerfield Beach, Florida 33441; and jointly referred to as the "Parties".

RECITALS

WHEREAS, CalMHSA has determined that the development, management and operation of a facility for evaluation and treatment of persons involuntarily detained under the Lanterman-Petris-Short (“LPS”) Act in southern California (the “Project”) by a private entity is a viable alternative to the program currently operated by the California Department of State Hospitals (“DSH”);

WHEREAS, on September 10, 2014, CalMHSA issued a Request for Information for Inpatient Services for Persons with Mental Disorders (“RFI”) requesting alternatives for the LPS population to the programs operated by DSH;

WHEREAS, CalMHSA received and considered responses to the RFI and designated Correct Care as the preferred vendor based upon the response submitted by Correct Care on or about November 7, 2014 and interview on March 24, 2015;

WHEREAS, CalMHSA desires to explore with Correct Care, who will support CalMHSA in certain additional services, including but not limited to site identification, presentations to stakeholders, consultation, evaluation and analysis of alternatives, and project development, for the Project; and

WHEREAS, CalMHSA and Correct Care will act in good faith to negotiate the terms and conditions of development, management and operations contracts of the Project by Correct Care (the “Contract”); and

WHEREAS, CalMHSA and Correct Care affirm that the Contract will be contingent upon one or multiple California counties (the “Counties”) entering into a long-term agreement(s) with CalMHSA to procure LPS beds and services.

WHEREAS, CalMHSA and Correct Care affirm there is no fiscal obligation until such time that a plan has been formalized and approved by the CalMHSA Board of Directors and the Contract has been signed;

NOW, THEREFORE, in consideration for the mutual promises contained herein, the parties enter into this Agreement and Agree as follows:

A. Confidentiality

1. The parties agree that all data, including existing and newly developed drawings, designs, prints, photographs, specifications, test data tabulation, completed forms, reports, proposals, and all other information furnished by each party to the other for use in connection with the preparation of the Project proposal or emanating from the work called for in the Project proposal (herein called "data") shall be and remain the sole property of the party who furnished the data (the "furnishing party"). The parties further agree that the data shall be kept in confidence and will not be disclosed to third parties, except as required by law. In the event that a party receives a subpoena, Public Records Act request, or other demand for information furnished by the other party, the receiving party shall promptly notify the furnishing party. The furnishing party shall indemnify the receiving party for any costs of opposing such requests. The parties agree that the other party's data shall not be used for any other purposes or projects or disclosed to any third parties except with the prior written consent of the furnishing party.

2. The parties agree that the furnishing party shall be entitled to equitable relief, including injunction and specific performance, in the event of any breach of the provisions of this Agreement, in addition to all other remedies available to the furnishing party at law or in equity.

B. Exclusivity

In consideration of each party's involvement as part of the Project, recognizing the confidential nature of the data that the furnishing party will make available and in consideration for receiving such confidential information, the parties hereby agree that each will work exclusively with the other for purposes of the Project.

C. Teaming

1. Each party will assist the other, as necessary, and will exert its best efforts in developing the Project, finalizing the Contract and conducting any due diligence related thereto.

2. It is understood by the Parties that CalMHSA will pay no fee to Correct Care prior to execution of the Contract; however, CalMHSA may reimburse Correct Care for certain Project-related expenses, including but not limited to third party consultants, so long as said expenses are mutually agreed upon in writing before work is commenced and are used exclusively for performance of the Project.

D. Legal Effect of Memorandum of Understanding

The parties agree that no legal relationship of any kind exists as a result of this Agreement other than the covenants expressly contained herein. Neither party shall have authority to create any obligations for the other except to the extent stated herein. The parties agree that this Agreement may be made known to the Counties.

E. Termination of Agreement

This Agreement, except for Section A, "Confidentiality" which shall survive this Agreement and continue in effect so long as permitted by applicable law, shall expire twelve (12) months from the date hereof unless terminated earlier by one of the following events:

- 1. The parties execute the Contract in accordance with this Agreement;
- 2. The parties terminate this Agreement by mutual written consent;
- 3. One of the parties petitions for bankruptcy or reorganization under bankruptcy laws or makes an assignment for the benefit of creditors; or
- 4. One of the parties is bought by another company or goes out of existence.

F. Assignment

Neither party shall assign, not in my manner transfer, its interests or any part thereof in this Agreement to others.

G. Entire Agreement

This Agreement constitutes the entire understanding and agreement between the parties and supersedes any prior or written agreement with respect to the subject matter hereof. The Agreement shall not be modified unless agreed to in writing by both parties.

H. Applicable Law

The validity and performance of this Agreement shall be governed by the laws of the State of California.

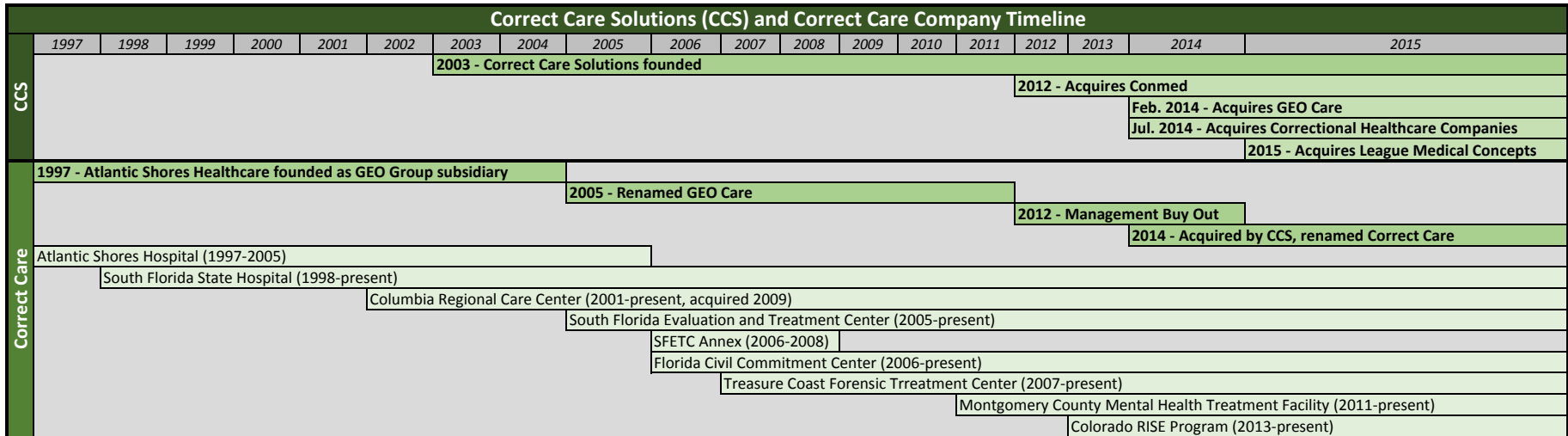
Agreed to this 7th day of July 2015.

CalMHSA

By: _____
Wayne Clark, PhD.
Executive Director

Correct Care, LLC

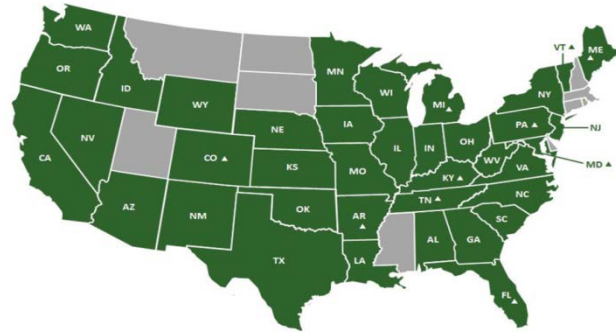
By: _____
Marta Prado
President



Company Overview

Established in 1997, Correct Care has more than 17 years of experience operating psychiatric facilities in multiple states, including experience with civil, forensic, sex offender, youth, adult, and geriatric populations. We specialize in treating high-risk and vulnerable populations, with additional experience delivering behavioral healthcare and other secure treatment services to government agencies. A wholly owned subsidiary of Correct Care Solutions (CCS), Correct Care is led by a team of dedicated healthcare professionals with expertise in mental health, discharge planning, general healthcare, facility maintenance, security, nursing, social work, pharmacy, facility design, utilization management, and all aspects of facility management.

Today, Correct Care and CCS employ over 11,000 employees and cares for approximately 250,000 lives in 38 states, 2,000 of which are provided direct inpatient mental health services. Through consumer demand, we have grown into a progressive and customer-oriented leader within the correctional health care field. We continue to meet our customers' needs by relying on our experience in creating solutions for the healthcare issues faced by organizations of all sizes.



Nationwide footprint: CCS and Correct Care provide healthcare on behalf of governmental entities in 38 states.

Current Similar Operations

Correct Care operates similarly complex hospital operations in Florida, South Carolina, and Texas. At each of the following locations, we provide integrated management of facility services, including treatment and support services.

South Florida State Hospital (SFSH) is a 341-bed psychiatric facility with 55 step-down forensic beds in Pembroke Pines, Florida. Correct Care assumed management of the old hospital in 1998 and achieved Joint Commission Accreditation within 10 months, while simultaneously constructing a new hospital.

The contract between the Florida Department of Children and Families and Correct Care signified a pioneering, public-private partnership and the first new civil state psychiatric hospital built in Florida in over forty years. The state-of-the-art facility was built as a residential community, specifically designed to provide efficient delivery of service. The project encompasses about 37 acres, with an administration building, medical facilities, numerous residential buildings, and transitional duplex housing. The complex provides necessary treatment space and incorporates features consistent with best practices in mental health residential service delivery. Support and treatment facilities are clustered in a village-like town center with a clock tower, gazebos, covered walkways, and other features designed to enhance the non-institutional community atmosphere.



Pioneering public-private partnership. SFSH was the first state psychiatric hospital in the country to be operated through a public-private partnership. Correct Care has operated SFSH since 1998.

Significant accomplishments include:

- The Joint Commission Top Performer on Key Quality Measures for 2012 and 2013
- Developed a new \$38 million state-of the art hospital on state-owned property utilizing certificates of participation financing
- Transitioned management from State to Correct Care with no significant operational issues and no disruption of treatment services
- Virtual elimination of restraint and seclusion
- Achieved Joint Commission accreditation in July 1999, approximately one year ahead of contractual obligation
- Extensive physical plant improvements and clean-up of existing facility
- Daily operation of the existing facility continued without disturbance while a new, state-of-the-art, purpose-built replacement facility was constructed
- Replacement facility completed on schedule and within budget
- Safely transitioned 450 employees and 325 residents from the old facility into the new facility within a five-day period without any disruption of normal services
- Implementation of the Boston Center Role Recovery Process with emphasis on staff training and the goal of enabling patients to return to the community
- New and innovative staffing, performance, and training standards consistent with the more progressive role recovery treatment process utilizing more nurses, healthcare professionals and other skilled healthcare providers, while streamlining the number of non-treatment positions
- Lawsuits regarding substandard levels of care and inhumane conditions under state operation were dismissed after Correct Care assumed operations
- The first state hospital in Florida to implement electronic medical records
- 86% reduction in the average length of stay of those admitted and discharged under Correct Care vs. state operation
- The Continuum of Care includes re-entry into the community with follow-up care and coordination with community-based services

Columbia Regional Care Center (CRCC) is a 354-bed psychiatric/healthcare facility in Columbia, South Carolina. CRCC began operation in 1998 and includes 178 forensic beds accredited by the Joint Commission. Since 2001, Correct Care has provided room and board, nursing care, pharmacy, security, chaplains, and all other support services for state forensic mental health patients. CRCC also provides medical and skilled nursing services for an additional 176 beds, and psychiatric services to three units.



Significant achievements include:

- Finalized installation of electronic medical record
- Assisted SCDMH to remove contempt charges for not providing timely forensic services to county jails
- Assisted SCDMH to secure initial Joint Commission accreditation for 178 forensic beds
- Praised by the National Alliance on Mental Illness and American Red Cross for community involvement
- Named the National Commission on Correctional Health Care’s 2012 Program of the Year for its long-term care program

Meeting the needs of diverse populations.

CRCC partners with numerous agencies to serve a wide variety of patients, including civil, forensic, special needs, and correctional populations.

South Florida Evaluation and Treatment Center (SFETC) is a 238-bed forensic psychiatric hospital in Miami-Dade County, Florida. Correct Care began operating the former SFETC facility in downtown Miami in 2005 while simultaneously constructing a state-of-the-art replacement facility that opened in April 2008. SFETC is a Joint Commission accredited facility.



Correct Care provides all programmatic elements to individuals adjudicated incompetent to proceed and not guilty by reason of insanity, including assessment, treatment planning, psychiatric services, competency restoration, court reports, court testimony, psychosocial rehabilitation, discharge planning, medical care, pharmacy, food/nutrition, facility maintenance, transportation, and safety/security. Forensic services provide individualized, quality care to those with psychiatric illness and substance use disorders. We have developed processes for ensuring respect for patient rights, prevention of abuse, neglect and exploitation, virtual elimination of seclusion and restraint, and effective linkages to the community, legal system, state psychiatric facilities, and other agencies.

Forensic treatment. Correct Care began providing services at SFETC, a secure forensic facility in 2005. We designed, built, and financed a replacement facility that opened in 2009.

Significant achievements include:

- The Joint Commission Top Performer on Key Quality Measures for 2012 and 2013
- Established academic affiliations, such as with Florida International University to create resident rotation for its new School of Medicine

- Screened and trained approximately 325 employees in advance of opening new facility
- Developed a new \$37 million state-of-the-art hospital on public-owned property using certificates of participation financing
- Implemented active individualized patient treatment plans that led to a significant reduction in the average number of days to restore competency
- Initiated Crisis Intervention Team training for all security staff
- Established evidenced based practices and recovery culture
- Formed interdisciplinary response team for therapeutic responses to aggressive patients
- Coordinated training with National Technical Assistance Collaborative to educate staff on how to reduce the use of seclusion and restraint
- Exceeded all performance requirements identified by the Florida Department of Children and Families since assuming operations
- Implemented trauma informed care

Florida Civil Commitment Center (FCCC) is a 720-bed civil commitment facility for sexually violent predators (SVP) in Arcadia, Florida. FCCC is the second largest SVP program in the nation and was one of the first SVP programs to adapt its treatment philosophy to the Risk/Needs/Responsivity and Good Lives models. Correct Care has operated FCCC since 2006.

FCCC has been accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF) for its Mental Health Inpatient Treatment program since 2010. In addition to an Association for the Treatment of Sexual Abusers (ATSA) compliant four stage treatment program, mental health and medical services are in compliance with NCCHC standards.

A specialized inpatient mental health unit provides a structured treatment setting for residents that cannot live in the general population setting because of their chronic and often severe psychiatric symptoms. Crisis intervention is provided on the inpatient unit, and mental health treatment is provided by licensed master's level therapists, psychiatrists, psychologists, and psychiatric nurses. Treatment on the inpatient unit includes group therapy and individual case management in a milieu setting.

Significant achievements include:

- Developed a new \$62 million state-of-the-art facility using certificates of participation financing
- Transitioned program from a troubled provider, assuming operations within 17 days of notice of award
- Redesigned treatment program and increased civilly committed resident participation in programming from 44% to 62%



Fully integrated treatment, and support functions. FCCC is the nation's only SVP civil commitment program operated by a single private provider.

Treasure Coast Forensic Treatment Center (TCFTC) is a secure 223-bed forensic psychiatric facility in Indiantown, Florida. TCFTC is Joint Commission accredited and provides mental health treatment to residents found incompetent to stand trial or declared not guilty by reason of insanity. Correct Care opened TCFTC in an abandoned state building in 2007, alleviating a statewide forensic bed shortage.

Correct Care provides all programmatic elements to individuals adjudicated incompetent to proceed and not guilty by reason of insanity, including assessment, treatment planning, psychiatric services, competency restoration, court reports, court testimony, psychosocial rehabilitation, discharge planning, medical care, pharmacy, food/nutrition, facility maintenance, transportation, and safety/security. Forensic services provide individualized, professional, and quality care to those with psychiatric illness and substance use disorders.

Significant achievements include:

- Surpassed all performance requirements identified by the Florida Department of Children and Families since assuming operations
- Renovated, retrofitted, and rehabilitated the facility; recruited and trained 240 new staff; and outfitted the entire operation – all within 40 days of contract signing
- Little to no use of restraint and seclusion
- Forensic waiting list reduced to zero within six months of opening
- Achieved Joint Commission accreditation within 10 months of opening
- Developed strong relationships with community providers, courts, and advocates

Montgomery County Mental Health Treatment Facility (MCMHTF) is a secure 100-bed forensic hospital in Conroe, Texas. MCMHTF began operations in March 2011 and achieved Joint Commission accreditation within 90 days of opening. In collaboration with Montgomery County Officials and the Texas Department of State Health Services (DSHS), Correct Care has created a therapeutic environment that fosters recovery, community and criminal justice partnerships, and continuity of care.



Optimizing underutilized public resources. Correct Care renovated an abandoned, state-owned complex into the TCFTC in 2007.



Multi-agency partnership. MCMHTF was opened through collaboration between Texas DSHS, Montgomery County, and Correct Care.

The partnership between the state, Montgomery County, and Correct Care has resulted in a comprehensive plan for the operation and management of MCMHTF, which meets or exceeds local, state, and federal contractual requirements.

Significant achievements include:

- The Joint Commission Top Performer on Key Quality Measures for 2012 and 2013
- Achieved initial Joint Commission accreditation within 90 days of opening
- Licensed as a private psychiatric hospital within 90 days of application
- First newly constructed inpatient hospital for state psychiatric patients in decades
- Established Hospital Advisory Board comprised of community leaders representing health care, education, elected officials, and others
- Interviewed, hired, and oriented 175 new staff in 120 days
- Admitted 95 patients directly from Texas jails within three months of opening

Key Project Personnel

The following individuals will be involved in developing the proposed state hospital alternative project.

Jorge A. Dominicus, Chief Executive Officer, has led Correct Care since 2004 and is responsible for the overall operational management, administrative, and business development activities of Correct Care Solutions. Mr. Dominicus will provide overall strategic guidance to the project.

Marta Prado, ARNP, President, is responsible for executive oversight of the Correct Care division. Ms. Prado is a seasoned healthcare professional and previously served as the President of InPhyNet's and EMSA's government services and correctional medical care subsidiaries as well as President of the Emergency Nurses Association. Ms. Prado will provide executive oversight to the project.

Manny Fernandez, Senior Vice President, Operations, is responsible for the oversight of all Correct Care facilities to ensure corporate and contract compliance. Mr. Fernandez has over 26 years of healthcare management experience and served as a Mass Casualty Director in the United States Army. Mr. Fernandez will provide operational and contractual oversight for the project.

Karen Galin, PhD., Chief Behavioral Health Officer, joined Correct Care in 2002 and oversees clinical programming, treatment planning, court reports, psychology staff and training programs. Dr. Galin is a licensed psychologist with over 25 years of experience in civil and forensic hospitals and has expertise in psychological assessment, forensic evaluation and treatment, behavior planning, treatment planning, expert witness testimony and training of interns and staff. Dr. Galin will provide ongoing clinical oversight and support to the project.

Cassandra Newkirk, M.D., Vice President / Chief Medical Officer, oversees medical and mental health initiatives throughout the organization, working closely with facility physicians and psychiatrists that provide services at the facilities. Dr. Newkirk is a Board Certified Forensic psychiatrist with 31 years of experience in direct and administrative correctional mental health services and has been with Correct Care since 2005. Dr. Newkirk has 20 years of experience as an expert witness and extensive experience as a part-time faculty member at Emory,

Morehouse, and Florida International University Schools of Medicine. Dr. Newkirk will provide psychiatric consultation and support to the project.

Bent Nielsen, RN, Director of Nursing and Utilization Review, has more than 20 years international experience as clinician, executive manager, public policy and health planner. Mr. Nielsen spent 10 years in clinical and managerial capacities of all aspects of the integrated forensic mental health program in Sydney, Australia. He served as Deputy Director for the Statewide Forensic Mental Health Program in the State of New South Wales, Australia, overseeing correctional mental health care, court diversion programs, and community forensic mental health. Mr. Nielsen also served as operations manager for statewide court diversion programs and provided direct support to judges in individual courts. Mr. Nielsen joined Correct Care in 2007 and will provide nursing consultation and support to the project.

Judy Dowdie, Director Performance Improvement and Risk Management, is a Certified Professional in Healthcare Quality and Licensed Healthcare Risk Manager with over 20 years of professional practice in quality and program management. Ms. Dowdie joined Correct Care in 1998 and is experienced in The Joint Commission Accreditation, hospital licensure, and Medicare certification standards interpretation and survey processes. She also served as a past examiner for the Florida Governor's Sterling Award for Organizational Performance Excellence. Ms. Dowdie will monitor risk management and quality improvement for the project.

Diana Acosta, Director of Compliance, certifies that facilities are following the policies and regulations that are set in place either by Correct Care or the corresponding agency. Ms. Acosta provides an independent accountability function for all Correct Care operations as well as compliance training and support to the facilities when it is needed. Ms. Acosta joined Correct Care in 2007 as Forensic Liaison and Aftercare Coordinator for South Florida Evaluation Treatment Center and has previously partnered with regulating agencies such as the Florida Department of Children and Families, The Joint Commission, Agency for Health Care Administration (AHCA), and The Advocacy Center for Persons with Disabilities. Ms. Acosta will provide auditing and compliance monitoring for the project.

Genna Marx Brisson, LCSW, Director of Operations, has primary responsibility for the development and maintenance of performance, efficiency and quality initiatives. She assures that all facilities have systems and processes necessary for maintaining a safe, secure and functional resident care environment and coordinates resources necessary to support and implement facility strategic planning activities. In addition, Ms. Brisson serves as the corporate liaison between senior management, facilities, and contracted clients. Ms. Brisson joined Correct Care in 2007 as Director of Contract Compliance and assumed her current role in April 2012. Ms. Brisson will provide operational support to the project.

Philip Mahalik, PHARM.D, R.Ph., CPh, Pharmacy Services Director, has more than 30 years of progressive pharmacy and management experience in acute, long term, correctional, civil commitment, and behavioral healthcare settings. Prior to joining Correct Care, Dr. Mahalik worked for the Illinois Department of Human Services as Deputy Director of Pharmacy Services for 23 years and provided pharmacy oversight for 18 facilities.

Charles "Chuck" Lister, Vice President, Security Operations, has over 15 years of public administration experience in the areas of corrections, law enforcement and mental health. Mr. Lister has more than 20 years in the field of corrections and residential treatment services, with an emphasis in special operations, detention construction, and electronic security systems. Mr. Lister will provide security support to the project.

Scott A. Pustizzi, SPHR, Senior Vice President of Human Resources, joined Correct Care in 2007, with 16 years of progressive experience in Human Resources with strategic focus in talent acquisition, integrating facility

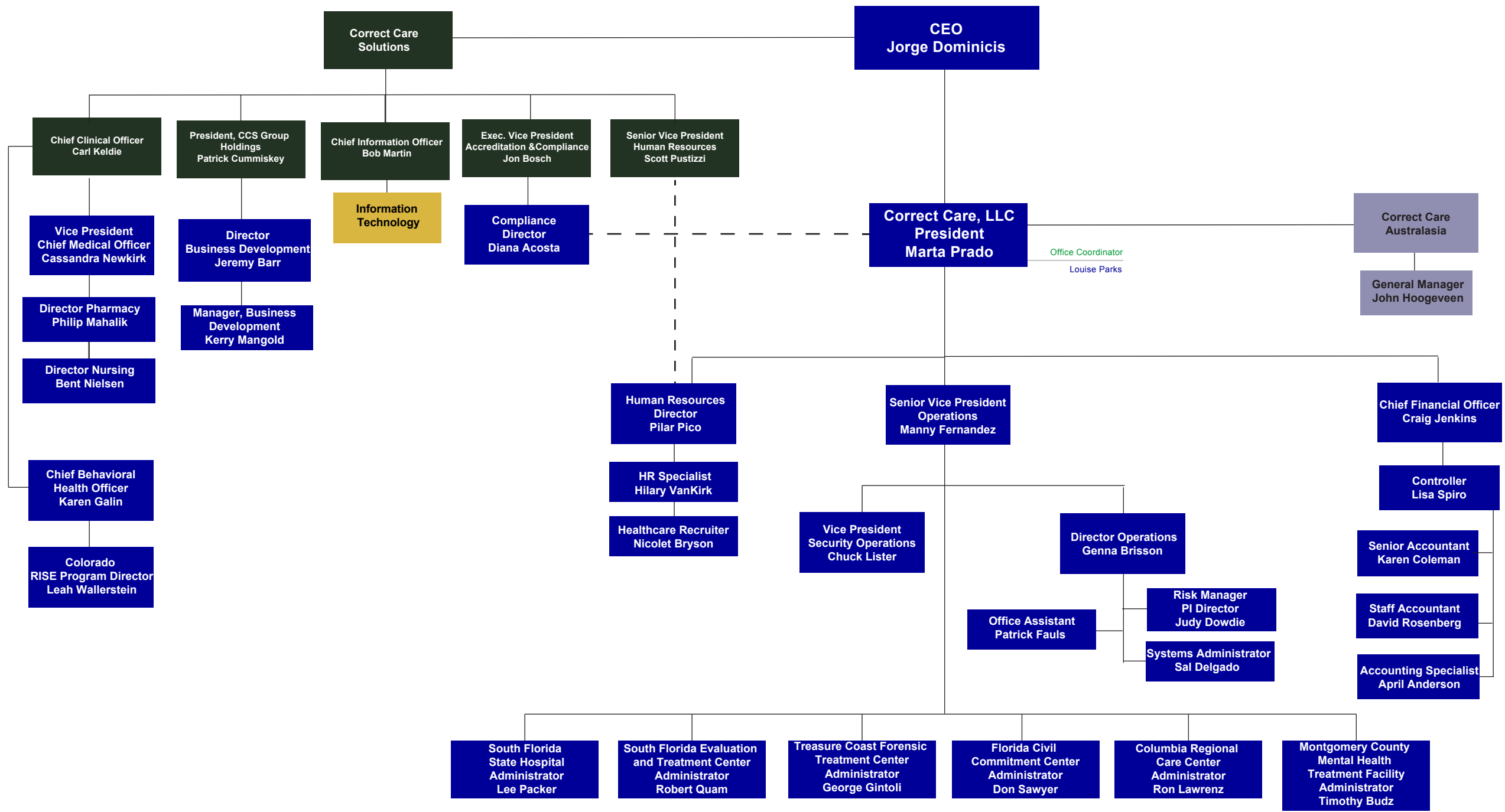
transitions and start-ups, employee relations, human resources technology, and web-based applications. Mr. Pustizzi is responsible for the identification, development, refinement, and implementation of the strategic human resources, labor relations, forecasting, and talent acquisition initiatives. Mr. Pustizzi will provide HR support for the project.

Pilar Pico, RN, Director of Human Resources, has more than 25 years of healthcare recruitment and management experience in the field of health care. She has executive experience in government contracting having served as a Regional Vice President to multiple military and correctional facilities. Ms. Pico brings the following strengths to CCRS: experience managing new contract start-ups, healthcare staffing and recruitment, contract negotiations, business development, budget administration and marketing skills. Ms. Pico holds a Bachelor's Degree in Nursing and practiced as a Registered Nurse before beginning her career in physician and healthcare recruiting. Ms. Pico will provide HR support for the project.

Bob Martin, Chief Information Officer, has more than 28 years of Information Technology experience, including 17 years of leadership in the healthcare industry. With expertise in operations, systems integration, software development, and networking, Mr. Martin is responsible for the development and implementation of the Correct Care Solutions' Electronic Record Management Application (ERMA) and the Electronic Care Management System. Mr. Martin has worked for CCS since 2003 and provides IT support to all Correct Care operations.

Craig Jenkins, Chief Financial Officer, joined Correct Care in 2007, with 15 years of progressive leadership team experience and working directly with clients, boards of directors, and peers. As Chief Financial Officer, Mr. Jenkins provides oversight and reporting for all business operations at Correct Care's facilities, projects, and corporate office. He also develops new approaches to reducing expenses and lowering per client day expenses. Mr. Jenkins will provide support and financial oversight for the project.

Jeremy Barr, Director of Business Development, has more than 15 years of experience in project management and relationship building. As Director of Business Development, Mr. Barr is responsible for identifying opportunities and developing strategies to align clients' needs with Correct Care's capabilities, managing governmental affairs, and building strategic partnerships to support the continued growth of the organization. Mr. Barr will provide strategic support, present to stakeholders, and coordinate all project activities.



Correct Care Solutions Corporate Attendees

- Jorge Dominicis, CEO (SFETC, SFSH)
- Patrick Cummiskey, President (SFSH)
- Dr. Cassandra Newkirk, Chief Psychiatric Officer (SFETC, planning session)
- Dr. Karen Galin, Chief Behavioral Health Officer (TCFTC, planning session)

Correct Care Attendees

- Marta Prado, President (SFETC, SFSH, TCFTC, planning session)
- Craig Jenkins, Vice President of Finance (planning session)
- Jeremy Barr, Director of Business Development (SFETC, SFSH, TCFTC, planning session)

South Florida State Hospital (SFSH) Attendees

- Lee Packer, Hospital Administrator
- Frank Schwartz, Assistant Hospital Administrator
- Dr. James Jordan, Clinical Operations Director

South Florida Evaluation and Treatment Center (SFETC) Attendees

- Bob Quam, Hospital Administrator
- Dr. Jacqueline Estrella, Assistant Hospital Administrator
- Dr. Daniel Mandri, Medical Director
- Dr. Michael Funk, Director of Psychology Services
- Dr. Yenys Castillo, Director of Program Services
- Adeley Laurenti, PI/Compliance Administrator
- Zebadiah Reddick, Risk Manager

Treasure Coast Forensic Treatment Center (TCFTC) Attendees

- George Gintoli, Hospital Administrator
- Enza Abbate, Assistant Hospital Administrator
- Roland Peltier, Chief Nursing Officer
- John Mike, Medical Director
- Ben Brandt, Risk Manager

GENERAL DISCUSSION
Agenda Item 9.A.

SUBJECT: Report from CalMHSa President – Maureen Bauman

ACTION FOR CONSIDERATION:

Discussion and/or action as deemed appropriate.

BACKGROUND AND STATUS:

CalMHSa President, Maureen Bauman, 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:

Majority vote of the Board of Directors.

REFERENCE MATERIAL(S) ATTACHED:

- None.

GENERAL DISCUSSION
Agenda Item 8.A.

SUBJECT: **Report from CalMHSA Executive Director – Wayne Clark**

ACTION FOR CONSIDERATION:

Discussion and/or action as deemed appropriate.

BACKGROUND AND STATUS:

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

- General
- County Liaisons/ESM

FISCAL IMPACT:

None.

RECOMMENDATION:

Discussion and/or action as deemed appropriate.

TYPE OF VOTE REQUIRED:

Majority vote of the Board of Directors.

REFERENCE MATERIAL(S) ATTACHED:

- None.