

Board of Directors Meeting Agenda

Thursday, February 9, 2017

10:00 a.m. – 10:20 a.m. Closed Session

10:20 a.m. – 12:00 p.m. General Session

Call-In Information: 916-233-1968

Conference Code: 3043

(Listen in only)



Meeting Location:

Courtyard by Marriott Sacramento Cal Expo
1782 Tribute Road
Sacramento, CA 95815

San Bernardino County
303 E. Vanderbilt Way, 4th Floor
San Bernardino, CA 92415

Tri-City Mental Health Services
2001 N. Garey Ave
Pomona, CA 91767

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

Thursday, February 9, 2017

10:00 a.m. – 10:20 a.m. Closed Session
10:20 a.m. – 12:00 p.m. General Session

Courtyard by Marriott Sacramento Cal Expo
1782 Tribute Road
Sacramento, CA 95815

San Bernardino County
303 E. Vanderbilt Way, 4th Floor
San Bernardino, CA 92415

Tri-City Mental Health Services
2001 N. Garey Ave
Pomona, CA 91767

In compliance with the Americans with Disabilities Act, if you are a disabled person and you need a disability-related modification or accommodation to participate in this meeting, please contact Laura Li at (916) 859-4818 (telephone) or (916) 859-4805 (facsimile). Requests must be made as early as possible, and at least one full business day before the start of the meeting.

Materials relating to an item on this agenda submitted to this Board after distribution of the agenda packet are available for public inspection at 3043 Gold Canal Drive, Suite 200, Rancho Cordova, CA, 95670, during normal business hours.

A. CLOSED SESSION

a. CALL TO ORDER

b. ROLL CALL AND INSTRUCTIONS

c. CONFERENCE WITH LEGAL COUNSEL – PENDING LITIGATION – Government Code section 54956.9(d)(1) – In the Matter of Mental Health America of California, Case No. MH17-1214-361-RD before the DHCS Office of Administrative Hearings and Appeals.

B. 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 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. CONSENT CALENDAR.....5

A. Routine Matters

- 1. Minutes from the December 15, 2016 Board of Directors Meeting.....7

B. Reports / Correspondence

- 1. Cash Balance as of January 31, 2017.....14
- 2. Projected Cash Flow as of January 31, 2017.....15
- 3. Treasurer’s Report as of December 31, 2016.....16
- 4. CalMHSA Financial Statement for Quarter Ending December 31, 2016.....20
- 5. CalMHSA Board of Directors Meeting Dates 2017.....24
- 6. State Hospitals Program Update.....26

Recommendation: Approval of the Consent Calendar.

5. PROGRAM MATTERS

- A. Sustainability Taskforce Report – Alfredo Aguirre.....31

Recommendation: Discussion and/or action as deemed appropriate.

- B. Directing Change 2016 Outcomes34

Recommendation: Information only.

6. FINANCIAL MATTERS

- A. Report from the CalMHSA Finance Committee – Bill Walker.....78

Recommendation: Information only.

7. NEW MEMBER ORIENTATION.....83

Recommendation: Information and discussion only.

8. GENERAL DISCUSSION

- A. Report from CalMHSA President – Terence M. Rooney.....85

- Elections and Nominations

- General

Recommendation: Discussion and/or action as deemed appropriate.

B. Report from CalMHSA Executive Director – Wayne Clark.....128

- No Place Like Home Role for CalMHSA
- Possible Collaboration for Prop. 47 Partnership
- General

Recommendation: Discussion and/or action on items above, as deemed appropriate.

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, in the case of 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 December 15, 2016 Board of Directors Meeting

B. Reports / Correspondence

1. Cash Balance as of January 31, 2017
2. Projected Cash Flow as of January 31, 2017
3. Treasurer's Report as of December 31, 2016
4. CalMHSA Financial Statement for Quarter Ending December 31, 2016
5. CalMHSA Board of Directors Meeting Dates 2017
6. State Hospitals Program Update

FISCAL IMPACT:

See staff reports for fiscal impact.

RECOMMENDATION:

Approval of the Consent Calendar.

TYPE OF VOTE REQUIRED:

Majority vote.

REFERENCE MATERIAL(S) ATTACHED:

- December 15, 2016 Board of Directors Meeting Minutes
- Cash Balance as January 31, 2016
- Projected Cash Flow as of January 31, 2017
- Treasurer's Report as of December 31, 2016
- CalMHSA Financial Statement for Quarter Ending December 31, 2016

- CalMHSA Board of Directors Meeting Dates 2017
- State Hospitals Program Update



"A George Hills Company Administered JPA"

CalMHSAs Board of Directors Meeting Minutes from December 15, 2016

BOARD MEMBERS PRESENT

Alpine County – **Alissa Nourse**
Colusa County – **Terence M. Rooney**
Contra Costa – **Warren Hayes** (*Alternate*)
El Dorado County – **Patricia Charles-Heathers**
Fresno County – **Dawan Utecht**
Glenn County – **Amy Lindsey**
Kern County – **Bill Walker**
Kings County – **Ahmad Bahrami** (*Alternate*)
Los Angeles County – **William Arroyo** (*Alternate*)
Modoc County – **Karen Stockton**
Napa County – **Bill Carter**
Orange County – **Brett O'Brien** (*Alternate*)
Placer County – **Maureen Bauman**
Sacramento County – **Uma Zykovsky**
San Bernardino County – **Sarah Eberhardt-Rios**
Shasta County – **Donnell Ewert**
Sonoma County – **Michael Kennedy**
Sutter/Yuba Counties – **Tony Hobson**
Trinity County – **Noel O'Neill**
Yolo County – **Joan Beesley** (*Alternate*)

BOARD MEMBERS ABSENT

Alameda County
Berkeley, City of
Butte County
Del Norte County
Humboldt County
Imperial County
Inyo County
Lake County
Lassen County
Madera County
Marin County
Mariposa County
Mendocino County
Modoc County
Mono County
Monterey County
Nevada County
Plumas County

Riverside County
San Benito County
San Diego County
San Francisco City/County
San Joaquin County
San Luis Obispo County
San Mateo County
Santa Barbara County
Santa Clara County
Santa Cruz County
Siskiyou County
Solano County
Stanislaus County
Tri-City
Tulare County
Tuolumne County
Ventura County

MEMBERS OF THE PUBLIC

Scott Rose, RSE

Kirsten Barlow, CBHDA

STAFF PRESENT

Wayne Clark, CalMHSA Executive Director
John Chaquica, CalMHSA Chief Operations Officer
Ann Collentine, CalMHSA Program Director
Kim Santin, CalMHSA Finance Director
Laura Li, CalMHSA JPA Administrative Manager
Douglas Alliston, CalMHSA Legal Counsel
Theresa Ly, Program Manager
Armando Bastida, CalMHSA Executive Assistant

A. CLOSED SESSION

a) CALL TO ORDER

CalMHSA President Terence M. Rooney, Colusa County, called the Board of Directors meeting of the California Mental Health Services Authority (CalMHSA) to order at 3:03 P.M. on December 15, 2016, at the Doubletree by Hilton Hotel Sacramento, California. President Rooney welcomed those in attendance as well as those listening in on the phone, and asked all present to introduce themselves.

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

b) ROLL CALL AND INTRODUCTIONS

Ms. Li called roll and informed President Rooney a quorum had not been reached, and proceeded to do a roll call for the Executive Committee. Ms. Li confirmed that a quorum was established for the Executive Committee.

c) CONFERENCE WITH LEGAL COUNSEL – PENDING LITIGATION – Government Code section 54956.9(d)(1) – In the matter of Mental Health America of California, Case No. MH17-1214-361-RD before the DHCS Office of Administration Hearings and Appeals.

Approval was given to legal counsel to defend CalMHSA in an administrative proceeding arising out of DHCS's audit of Mental Health America of California, a subcontractor of CalMHSA in the original PEI statewide programs.

B. Board of Directors Regular Meeting

1. CALL TO ORDER

CalMHSA President Terence M. Rooney, Colusa County, called the Board of Directors meeting of the California Mental Health Services Authority (CalMHSA) to order at 3:30 P.M. on December 15, 2016, at the Doubletree by Hilton Hotel Sacramento, California. President Rooney welcomed those in attendance as well as those listening in on the phone, and asked all present to introduce themselves.

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

2. ROLL CALL AND INTRODUCTIONS

Ms. Li called roll and informed President Rooney a quorum had not been reached, and proceeded to do a roll call for the Executive Committee. Ms. Li confirmed that a quorum was established for the Executive Committee.

3. INSTRUCTIONS FOR PUBLIC COMMENT AND STAKEHOLDER INPUT

CalMHSA Legal Counsel, Douglas Alliston reviewed the instructions for public comment, and noted items not on the agenda would be reserved for public comment at the end of the agenda. Public comment cards to be submitted to Laura Li and individuals on the phone were instructed to email Laura Li with their comments.

4. CONSENT CALENDAR

President Rooney acknowledged the consent calendar and asked for comment from Board members. President Rooney entertained a motion for approval of the Consent Calendar.

Action: *Approval of the consent calendar.*

Motion: *Dr. William Arroyo, Los Angeles County*

Second: *Bill Walker, Kern County*

Motion passed unanimously.

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

None

5. PROGRAM MATTERS

A. Phase III Plan

President Rooney called on Dr. William Arroyo, Los Angeles County, to present the Phase III Plan. Dr. William Arroyo provided an overview of the presentation and recommendations up for action. A discussion ensued on the deliverables for Phase III and questions arose related to the intent to continue providing activities to populations not identified in the plan. Staff clarified in that Phase Plan III still provides activities at a statewide level. Concerns of duplication of work arose with the department of public health regarding engaging diverse communities, however staff indicated the work is not the same.

Action: *1) Adopt the sustainability Taskforce recommendation to approve the CalMHSA Statewide Prevention and Early Intervention (PEI) Project Phase III Implementation Plan: Forging California Culture of Mental Wellness, 2017-2020. 2) Authorize the staff, with the guidance of the sustainability Taskforce, to further refine and operationalize the Phase III Implementation Plan based on the funding available. 3) Affirm the importance of counties collectively funding Phase III at an amount greater than 5\$ million, with a goal of \$12.6 million which eventually will leverage county funding with an equal or greater level of private funding.*

Motion: *Dr. William Arroyo, Los Angeles County*

Second: *Bill Walker, Kern County*

Motion passed unanimously.

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

None

B. State Hospitals Program – Correct Care MOU

Executive Director, Dr. Clark, provided an overview of the amended MOU with Correct Care Services (CSS) and noted difficulties in securing a location/facility, as an alternative to state hospitals. However, staff continues to work with counties and other partners to identify and assess leads as they come in. Dr. Clark also indicated since 2015 CCS representative's have traveled to California to partake in CalMHSA Board, regional and county specific meetings, along with attending site visits at potential facilities/land, at the request of CalMHSA, at no cost to CalMHSA. Given the need for their expertise and the amount of research and development still needed,

CalMHSA proposed a two year extension of the MOU to include a travel reimbursement per diem of \$500.00 per CCS representative traveling to California at CalMHSA's request.

Action: *Approve to proceed with Correct Care Services (CCS) via an Amended MOU, that includes an approved reimbursement travel per diem of \$500.00 for each CCS representative that travels for purposes covered under the Agreement.*

Motion: *Dr. William Arroyo, Los Angeles County*
Second: *Michael Kennedy, Sonoma County*

Motion passed unanimously.

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

6. FINANCIAL MATTERS

A. CalMHSA 4%-7% Funding Plan

Treasurer, Bill Walker, provided a thorough presentation of the three year sustainability plan and referred to pages 114 to 117 in the meeting packet. Discussion ensued on supporting CalMHSA, however some members unable to fund at the 4% level due to local approval. Members would like to see an opt-in, opt-out option, instead of mandatory participation for the 1%. Members raised concerns with timeliness of the seeking the 1% as the source of funding, given the new initiative, No Place Like Home. The 1% off the top however does prove fairer and more appealing for new directors.

Additionally, there were concerns with the disorganization, the numerous plans, lack of quorums, and lack of county funding. Mr. Walker indicated a plan was in process of being developed to address the non-paying counties, which will be presented to the Board of Directors in February. The plan is complex however it will be fair for everyone to benefit from the statewide PEI programs.

Action: *Approve the three year financial sustainability plan which sets a goal of each county contributing 4% of their annual PEI local funds to CalMHSA on an annual basis for three (3) years, or the equivalent amount through another local funding source that can be non-PEI or non-MHSA related and direct staff to explore funding Statewide PEI Projects from the 1% distribution formula off the top of MHSA funds.*

Motion: *Terence M. Rooney, Colusa County*
Second: *Michael Kennedy, Sonoma County*

Motion passed unanimously.

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

None.

7. GENERAL DISCUSSION

A. Report from CalMHSA President – Terence M. Rooney

President Rooney gave thank you to Directors for their dedication to CalMHSA and being at the meetings even when we are not able to reach a quorum.

B. Report from CalMHSA Executive Director

Executive Director, Dr. Clark, presented a state of the authority on the following items:

- 2017 Board Meetings will be held every other month, most meeting times will be 10:00am to 12:00pm.
- Educational and Policy sessions will be coordinated for 2017
- Scott Rose, RSE, created a video of CalMHSA's accomplishments, which will be displayed to CSAC.
- Lester Consulting Group has started working and hopes to have seed money prior to 2020.

Action: *Discussion and/or action on items above, as deemed appropriate.*

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

None.

8. PUBLIC COMMENTS

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

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

None

9. NEW BUSINESS

General discussion regarding any new business topics for future meetings.

10. CLOSING COMMENTS

11. ADJOURNMENT

Hearing no further comments, the meeting was adjourned at 5:11 p.m.

Respectfully submitted,

Michael Kennedy, MFT
Secretary, CalMHSA

Date

DRAFT

CalMHSA
Cash Balance
As of January 31, 2017

Cash Balance, 6/30/2016	7,709,093.70
Cash Received 07/01 to 01/31/2017	6,257,793.36
Cash Payments 07/01 to 01/31/2017	(5,014,459.00)
Cash Balance, 01/31/2017	8,952,428.06

Cash Balance by Institution	
California Bank & Trust	17,485.87
Morgan Stanley Smith Barney	1,471.05
Local Agency Investment Fund	8,933,471.15
Cash Total 11/30/2016	8,952,428.07

California Mental Health Services Authority
Projected Cash Flow
2016/2017

As of Jan 31, 2017

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
Beginning Cash Balance	7,709,094	9,648,712	11,342,521	11,095,582	10,609,287	10,094,743	9,582,663	8,952,428	8,177,889	7,220,962	6,085,798	4,931,207	7,709,094
Cash Receipts:													
Phase II -1- Sustainability 15-16	409,471	8,198		27,028	35,000								479,697
Phase II-2 - Sustainability 16-17	2,131,811	2,324,063	63,115	18,625	138,722	7,591		174,663					4,858,589
Suicide Prevention Hotline 16-17	15,063	30,451	109,235										154,749
State Hospital Beds 15-16	168,941	16,824	73,605					135,201	135,201				529,772
State Hospital Beds 16-17	86,924	44,864	89,728	4,206	5,608			161,138	161,138				553,606
Fiscal Modernization Project								4,427	4,427	4,427			13,281
Other Strategic Programs	18,500		3,000		8,000			12,500					42,000
Private Fund Develop - Member Fee					5,671	99,923	6,315	194,804	194,804				501,517
Other (LAIF Interest, etc.)	11,978	12,989		14,264		600	267,481			15,000			322,312
Total Cash Receipts	2,842,687	2,437,389	338,683	64,123	193,001	108,114	273,796	682,732	495,570	19,427	-	-	7,455,523
Cash Expenses:													
PEI/Phase I Obligations 2014/15	63,769	-	-	-	-	-	-	297,906	297,906	-	-	-	659,581
Phase II Obligations 2015/16 & 2016/17	559,871	344,159	318,925	189,327	514,061	374,679	652,557	763,598	763,598	763,598	763,598	763,598	6,771,566
Suicide Prevention Hotline	45,022	47,383	51,094	49,393	41,243	45,271	37,527	50,647	50,647	50,647	50,647	50,647	570,171
Plumas Wellness Center		116,061	43,116	92,305	436	47,286	69,147	21,827	21,827	21,827	21,827	21,827	477,482
Community Response Plan	3,848	2,250	8,923	90	3,441								18,552
TTACB Contract								33,009	33,009	33,009	33,009	33,009	165,045
State Hospital Beds	52,414	309	887	51,190	330	5,618	634	98,967	98,967	98,967	98,967	98,967	606,218
Fiscal Modernization Project	922	30,270		1,866	1,134		1,936	17,715	17,715	17,715	17,715	17,715	124,704
Drug Medi-Cal	1,604	1,554		388	1,359			5,755	5,755	5,755	5,755	5,755	33,681
PNWE	257	338				1							595
EDC	675	4,378	496		1,395								6,944
Orange County													-
WET Program Expenditures								24,745	24,745	24,745	24,745	24,745	123,725
Research & Development													-
Private Fund Develop - Consulting					15,000	15,000	15,000	15,000	15,000	15,000	15,000	15,000	120,000
Total Administrative Expenses	174,687	196,878	162,182	165,859	129,147	132,338	127,230	128,103	123,328	123,328	123,328	123,328	1,709,736
Total Cash Expenses	903,069	743,580	585,622	550,417	707,546	620,193	904,031	1,457,272	1,452,497	1,154,591	1,154,591	1,154,591	11,388,000
Ending Cash Balance	9,648,712	11,342,521	11,095,582	10,609,287	10,094,743	9,582,663	8,952,428	8,177,889	7,220,962	6,085,798	4,931,207	3,776,617	3,776,617



"A George Hills Company Administered JPA"

Treasurer's Report

As of December 31, 2016

	Book Balance	Market Value	Effective Yield
Local Agency Investment Fund	\$9,515,990	\$9,510,507	0.72%
Morgan Stanley – Money Trust	1,471	1,471	0.00%
Cash with California Bank & Trust	65,202	65,202	0.00%
Total Cash and Investments	\$9,582,663	\$9,577,180	0.72%

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

The LAIF market value was derived by applying the December 2016 fair value factor of 0.999423823 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



William Walker, Treasurer

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

www.treasurer.ca.gov/pmia-lai/laiif.asp
November 08, 2016

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

PMIA Average Monthly Yields

**Account
Number:**

Tran Type Definitions

October 2016 Statement

Effective Date	Transaction Date	Tran Type	Confirm Number	Authorized Caller	Amount
10/11/2016	10/11/2016	RD	1515956	KIM SANTIN	200,000.00
10/14/2016	10/13/2016	QRD	1517831	SYSTEM	14,264.41
10/19/2016	10/18/2016	RW	1518912	KIM SANTIN	-400,000.00

Account Summary

Total Deposit:	214,264.41	Beginning Balance:	10,701,725.74
Total Withdrawal:	-400,000.00	Ending Balance:	10,515,990.15

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

www.treasurer.ca.gov/pmia-lai/laiif.asp
December 06, 2016

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

PMIA Average Monthly Yields

Account Number:

Tran Type Definitions

November 2016 Statement

Effective Date	Transaction Date	Tran Type	Confirm Number	Authorized Caller	Amount
11/21/2016	11/18/2016	RW	1520993	KIM SANTIN	-500,000.00

Account Summary

Total Deposit:	0.00	Beginning Balance:	10,515,990.15
Total Withdrawal:	-500,000.00	Ending Balance:	10,015,990.15

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

www.treasurer.ca.gov/pmia-lai/laiif.asp
January 03, 2017

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

PMIA Average Monthly Yields

Account Number:

Tran Type Definitions

December 2016 Statement

Effective Date	Transaction Date	Tran Type	Confirm Number	Authorized Caller	Amount
12/16/2016	12/15/2016	RW	1522614	KIM SANTIN	-500,000.00

Account Summary

Total Deposit:	0.00	Beginning Balance:	10,015,990.15
Total Withdrawal:	-500,000.00	Ending Balance:	9,515,990.15

**SUMMARY OF SIGNIFICANT CHANGES IN FINANCIAL STATEMENTS
FOR THE SIX MONTHS ENDED DECEMBER 31, 2016**

BALANCE SHEET:

Cash and Cash Equivalents – The total cash balance as of December 31, 2016 is \$9.6 million. This is a decrease of \$1.5 million compared to the \$11.1 million in cash as of September 30, 2016. The decrease in cash is due to expenses of \$1.9 million for the second quarter, offset by operating revenues of \$845 thousand, of which \$434 thousand were receivable at December 31, 2016.

Receivables – The balance in accounts receivable as of December 31, 2016, is \$1.4 million. The categories with the most significant balances are as follows:

• State Hospital Beds Program	\$ 592,678
• Public/Private Partnership Development	394,411
• Sutter Health Systems	250,000
• Phase II PEI Sustainability Funding	<u>174,663</u>
	\$1,411,752

Accounts Payable – The balance in accounts payable as of December 31, 2016, is approximately \$1.3 million. The payables are primarily for payments to program partners. The vendors with the most significant balances are as follows:

• Runyon, Saltzman & Einhorn, Inc.	\$ 131,720
• RAND	197,853
• University of California	<u>595,813</u>
	\$ 925,386

STATEMENT OF REVENUE AND CHANGES IN NET ASSETS:

Operating Revenue – Total revenue for the six months ended December 31, 2016 was \$7.1 million consisting primarily of revenue for Phase II Sustainability (\$5.2 million) and Public/Private Partnership Development Fee (\$500 thousand), as well as other strategic programs such as Wellness Center, Suicide Prevention Hotline, the Community Response Plan and the State Hospital Beds Program.

Expenses – Overall expenses for the six months ended December 31, 2016 were \$3.9 million. Expenses consisted mainly of contract expenses for the Statewide Program (Phase II.)

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY

**UNAUDITED
BALANCE SHEET**

	<u>December 31, 2016</u>	<u>June 30, 2016</u>
ASSETS		
Current Assets:		
Cash & Cash Equivalents	\$ 9,582,663	\$ 7,713,846
Investments - Current Portion		
Contractor Prepayments	40,000	60,000
Receivables:		
State Hospital Bed Funds	592,678	529,772
Public/Private Partnership Development	394,411	
Fiscal Modernization	13,281	13,281
Phase II Sustainability	174,663	452,669
Other	262,500	31,348
Interest	17,481	11,978
Total Current Assets	<u>11,077,677</u>	<u>8,812,894</u>
Noncurrent Assets:		
Investments		
Total Assets	<u>\$ 11,077,677</u>	<u>\$ 8,812,894</u>
LIABILITIES AND NET ASSETS		
Current Liabilities:		
Accounts Payable and Accrued Expenses	\$ 1,278,570	\$ 1,541,735
Program Partner Holdbacks		
Deferred Revenue		780,361
Total Current Liabilities	<u>1,278,570</u>	<u>2,322,096</u>
Net Assets:		
Operations	713,096	776,518
Obligated Funds Under Contract:		
International SDR Conference	(50,116)	(50,116)
Tech Asst/Capacity Building	203,272	203,272
WET Program Funding	148,470	148,470
Fiscal Modernization	136,915	169,915
SHB Program Funding	1,789,505	1,347,307
Wellness Center	252,568	620,938
Suicide Prevention Hotline	398,478	34,015
Community Response Plan	1,041	10,745
PNWE	7,576	7,576
Drug Medi-Cal	(6,585)	(4,797)
Orange County	15,362	2,862
Education Development Center, Inc.	2,024	2,968
Sutter Health Systems	250,000	
Statewide PEI Project	5,937,502	3,221,124
Total Net Assets	<u>9,799,107</u>	<u>6,490,798</u>
Total Liabilities and Net Assets	<u>\$ 11,077,677</u>	<u>\$ 8,812,894</u>

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY

**UNAUDITED
STATEMENT OF REVENUES, EXPENSES AND
CHANGES IN NET ASSETS**

For The Six Months Ended December 31, 2016

	<u>Operations</u>	<u>Strategic Programs</u>	<u>Statewide PEI Program</u>	<u>December 2016 Total</u>	<u>June 2016 Total</u>
OPERATING REVENUES:					
Program Funding Contributions		\$ 1,460,481	\$ 5,184,952	\$ 6,645,433	\$ 8,552,942
Private Fund Development Fee			500,005	500,005	
Conference Registration				-	(20,421)
Donations				-	-
Application Fee				-	250
Total Operating Revenue	-	1,460,481	5,684,957	7,145,438	8,532,771
PROGRAM EXPENSES:					
SDR Conference		-		-	3,117
Program Contract		639,336	2,087,605	2,726,941	9,798,835
Program Mgmt. & Oversight		104,023	485,157	589,180	1,926,174
Other Contract Services		51,510	4,680	56,190	184,006
Private Fund Development Contract			30,000	30,000	
Legal	18,500	4,681	-	23,181	20,621
Marketing			-	-	1,396
Meeting and Other	14,543	5,576	4,234	24,353	78,994
Total Program Expense	33,043	805,126	2,611,676	3,449,845	12,013,143
INDIRECT EXPENSES:					
General Management			351,321	351,321	322,407
Other Contract Services	16,150		5,432	21,582	28,386
Legal Services			-	-	22,952
Insurance	29,920		-	29,920	29,203
Investment Management Fees	25		-	25	439
Dissemination Materials			-	-	64,263
Meeting and Other	11,278		150	11,428	16,512
Total General And Administrative	57,373	-	356,903	414,276	484,161
Total Expenses	90,416	805,126	2,968,579	3,864,121	12,497,304
Income/(Loss) from Operations	(90,416)	655,355	2,716,378	3,281,317	(3,964,533)
NONOPERATING INCOME:					
Investment Income	31,746			31,746	51,073
Change in Investment Value	(4,752)			(4,752)	(500)
Total Nonoperating Income	26,994			26,994	50,573
Change in Net Assets	(63,422)	655,355	2,716,378	3,308,310	(3,913,960)
Beginning Net Assets	776,518	2,493,155	3,221,124	6,490,797	10,404,757
Ending Net Assets	\$ 713,096	\$ 3,148,510	\$ 5,937,502	\$ 9,799,107	\$ 6,490,797

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY

UNAUDITED
STATEMENT OF REVENUES, EXPENSES AND
CHANGES IN NET ASSETS

For The Six Months Ended December 31, 2016

	Strategic Programs												Total Strategic Programs	June 2016 Total	
	International SDR Conference	Tech Asst/ Capacity Building	WET Program	Fiscal Modernization	SHB Program	Wellness Center	Suicide Prevention Hotline	Community Response Plan	PNWE	Drug Medi-Cal	Orange County	EDC	Sutter Health Systems		
OPERATING REVENUES:															
Program Funding Contributions					\$ 553,606		\$ 636,375	\$ 5,000			\$ 12,500	\$ 3,000	\$ 250,000	\$ 1,460,481	\$ 2,593,150
Conference Registration														-	(20,421)
Total Operating Revenue	-	-	-	-	553,606	-	636,375	5,000	-	-	12,500	3,000	250,000	1,460,481	2,572,729
PROGRAM EXPENSES:															
SDR Conference														-	3,117
Program Contract						367,424	271,912							639,336	869,481
Program Mgmt. & Oversight				1,848	102,175									104,023	205,670
Other Contract Services				31,152				14,704		1,710		3,944		51,510	115,685
Legal					4,681									4,681	1,499
Meeting and Other					4,552	946				78				5,576	9,058
Total Program Expense	-	-	-	33,000	111,408	368,370	271,912	14,704	-	1,788	-	3,944	-	805,126	1,204,510
Change in Net Assets	-	-	-	(33,000)	442,198	(368,370)	364,463	(9,704)	-	(1,788)	12,500	(944)	250,000	655,355	1,368,219
Beginning Net Assets	(50,116)	203,272	148,470	169,915	1,347,307	620,938	34,015	10,745	7,576	(4,797)	2,862	2,968	-	2,493,155	1,124,936
Ending Net Assets	\$ (50,116)	\$ 203,272	\$ 148,470	\$ 136,915	\$ 1,789,505	\$ 252,568	\$ 398,478	\$ 1,041	\$ 7,576	\$ (6,585)	\$ 15,362	\$ 2,024	\$ 250,000	\$ 3,148,510	\$ 2,493,155

Unaudited

CaIMHSA BOARD OF DIRECTORS MEETING DATES 2017

Date: Thursday, February 9, 2017

Time: 10:00AM – 12:00PM - Board of Directors Regular In-Person Meeting

Time: 12:00PM – 1:00PM Lunch (Provided by CaIMHSA)

Time: 1:00PM – 3:00PM – Value Based Purchasing Conference

Location: Courtyard Sacramento Cal Expo, 1782 Tribute Road, Sacramento, CA 95815

Board of Directors Strategic Planning Session

Date: Thursday, April 13, 2017

Time: 10:00AM – 4:00PM

Location: Courtyard Sacramento Cal Expo, 1782 Tribute Road, Sacramento, CA 95815

Board of Directors Regular In-Person Meeting

Date: Thursday, June 15, 2017

Time: 10:00AM – 12:00PM

Location: Courtyard Sacramento Cal Expo, 1782 Tribute Road, Sacramento, CA 95815

Board of Directors Regular In-Person Meeting

Date: Thursday, August 10, 2017

Time: 10:00AM – 12:00PM

Location: **California Institute for Behavioral Health Solutions**, 2125 19th St, Sacramento, CA 95818

Board of Directors Regular In-Person Meeting

Date: Thursday, October 12, 2017

Time: 3:15PM – 5:00PM

Location: Courtyard Sacramento Cal Expo, 1782 Tribute Road, Sacramento, CA 95815

Board of Directors Regular In-Person Meeting

Date: Thursday, December 14, 2017

Time: 10:00AM – 12:00PM

Location: Courtyard Sacramento Cal Expo, 1782 Tribute Road, Sacramento, CA 95815

DRAFT

PROGRAM MATTERS
Agenda Item 4.B.6.

SUBJECT: State Hospital Bed Program Update and Approval of MOU with Correct Care

ACTION FOR CONSIDERATION:

Information Only

BACKGROUND AND STATUS:

June 14, 2012 – Staff proceeded with direction provided at the April 23, 2012 Strategic Planning Session, where staff was to work with CMHDA in exploring the JPA acting on behalf of member counties in the negotiations of the annual procurement contract with the Department of State Hospitals (DSH), for state hospital beds.

Memorandum of Understanding (MOU) Amendment:

For the past three fiscal years CalMHSA, in collaboration with counties, has negotiated the terms of the MOU for procurement of state hospital beds, which has resulted in significant benefits to all counties procuring beds. The CalMHSA State Hospital Bed Workgroup was formed to direct and advise CalMHSA staff on this project.

Due to the previous multi-year MOU having been finalized late its term, DSH has prepared an Amendment to the MOU, extending the term for an additional three (3) years through June 30, 2019. This extension will only affect the term of the contract as all other terms remain in effect. This extension would allow all parties a reasonable amount of time to resolve any outstanding items and modify as deemed appropriate, for future year(s). The Amendment is currently with DSH's legal team and hope to finalize in the next coming weeks.

Alternative to State Hospital Beds:

On August 13, 2015 CalMHSA and the CalMHSA State Hospital Bed Workgroup received approval from this board to proceed in working with **Correct Care Solutions (CCS)** on alternatives to State Hospitals.

Site Visits:

Los Angeles County – Done

Fresno County – 1st visit done, 2nd trip to be scheduled for late February –Early March

Sonoma County – In process of working with 1st District Supervisor and Michael Kennedy on potential sites within the county.

California Department of Corrections and Rehabilitation (CDCR) – Currently working on scheduling site visits in the following areas:

- *Norwalk – done (assessment attached)*
- *Stockton(in process)*

- *Ione(in process)*
- *San Luis Obispo(in process)*
- *Venture (in process)*

DSH Collaboration Efforts:

Staff has been in regular communication with DSH, primarily to discuss how to best proceed with addressing the standing issues (MOU Amendment, Capacity and Third Party Pay) and coming up with solutions. We agreed in the formation of an ad hoc state hospitals committee consisting of counties, DSH and CalMHSA staff, which would meet on a scheduled basis. At the first committee meeting of June 30, 2016, it was evident that in order to move swifter and be effective, it would be best to form workgroups that would focus on specific issues, and then report back to the committee for updates, guidance, etc. As such, the following workgroups were formed:

1. Data Workgroup – Focus on working on reconciling patient wait times and placements by developing a gap analysis of current issues.
2. Standardization of Admissions & Discharge – Focus on assessment and development of standardization of admissions criteria and access to treatment, along with standardization of discharge and transfer processes.
3. Capacity Workgroup – Focus on brainstorming alternatives for capacity (e.g. Procurement of land, buildings, etc.)
4. Third Party Pay Workgroup – Focus on assessment of issues and development of a simplistic and logical solution to third party payments.

The workgroups continue to meet and will report out on current activities, next steps at the full ad hoc committee meeting scheduled for March 10, 2017. A full update will be provided to the Board at the April 2017 Strategic Planning Session.

FISCAL IMPACT:

None.

RECOMMENDATION:

Information Only

TYPE OF VOTE REQUIRED:

Majority vote.

REFERENCE MATERIAL(S) ATTACHED:

- None.



SOUTHERN YOUTH CORRECTIONAL RECEPTION CENTER AND CLINIC (SYCRCC)

November 15, 2016 - Norwalk, CA

ATTENDEES:

Dr. Meanie Heto, CCS
John Chaquica, CalMHSA
Laura Li, CalMHSA
Mary Marx, Mental Health Clinical District Chief, Los Angeles County
Jennilee Tuazon, M.D., Los Angeles County
Jacqueline You, LCSW, Los Angeles County
Deborah Lent, Orange County
Katherine Tebrock, Esq., Deputy Director, California Correctional Health Care Services
Michael Beaber, Associate Director, Design and Environmental Services and Standards, CDCR
Michael Thompson, Correctional Plant Manager, CDCR

SUMMARY:

- Mike Bieber (CDCR Design Director) said there are regional sites like this all over the state that were left vacant due to downsizing juvenile funding
 - Another, larger site referred to as "Stark" that was described as higher security with control towers
 - Masonry the same
 - Both sites built in about the 50's
 - Stark is in the Chino area, is a 100-acre site, and celled 1200 youth individually
- Norwalk Site housed approximately 400 single-celled youth
 - Vacant since 2012
 - Security and basic maintenance still maintained
 - Single no climb fencing
 - Seven dorms that housed about 50 youth each
 - One special housing/mental health unit ("Marshall") housed 48 individually
 - 7th dorm and Marshall were built more recently (1990s)
- Utilities
 - Water comes from the city
 - Sewer at a local site
 - No central boiler – individual units at each building
- 24 buildings total (built 1954)
 - Gym
 - Offices
 - Classrooms (some modular)

- Clinic/hospital
- Multipurpose space
- Central plant operation
- Warehouse
- Food services
- Laundry (although laundry was washed off site)
- Some employee residence buildings converted to offices
- No information about the neighborhood restrictions, but extremely close to newly built residential
- Buildings considered for surplus or for other use, but are not at surplus status
- **Abatement will be necessary**
 - Asbestos
 - Lead
 - Some walls were hardened when youth were puncturing the walls, and those walls only were remediated
- All hazardous materials have been removed (i.e. not stored on site.)
- There is an "alarm system" but details were not provided

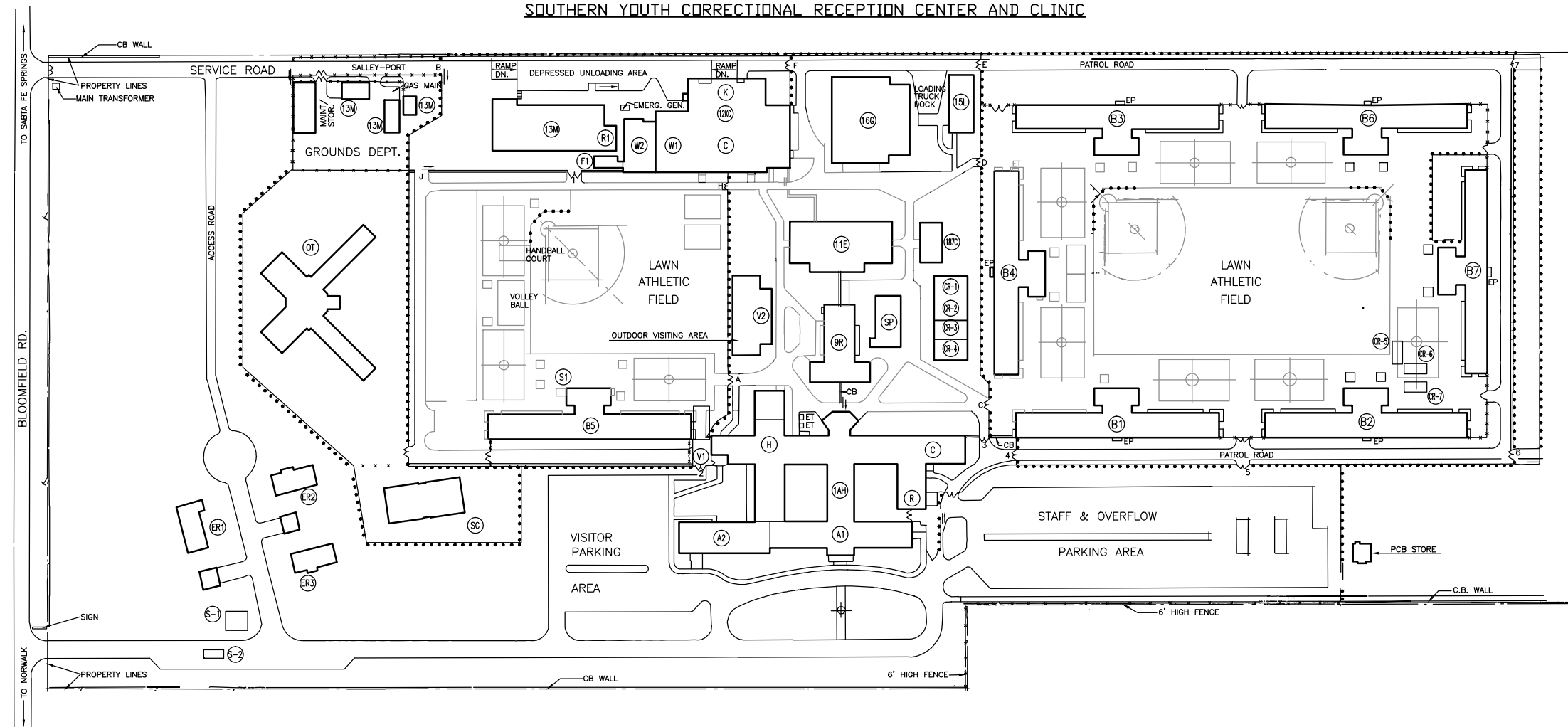
The photo albums are numbered according to the order of the tour. The parentheses refer to the corresponding legend number on the attached site map.

1. <https://goo.gl/photos/PmmMjfh7fn3U9G1s7>
2. <https://goo.gl/photos/fSWWvx57rJr9W5gC8>
3. <https://goo.gl/photos/QSvUPuhMbCft7nRE7>
4. <https://goo.gl/photos/Y1KX4ftazvUCa4tB9>
5. <https://goo.gl/photos/BEamJLg6s2NsvoTt7>
6. <https://goo.gl/photos/3c1REhoYAak8nunE9>
7. <https://goo.gl/photos/V3sCsvdmg6K5Y2Fi6>
8. <https://goo.gl/photos/ebDLpzQjcqyR8BMd7>
9. <https://goo.gl/photos/9QRW217mMQFd4XAr7>
10. <https://goo.gl/photos/ZDUkxx27HEcEjgYH9>

RECOMMENDATION:

Due to the proximity to a densely populated residential area and the need for significant lead/asbestos remediation, this site does not appear to be viable at this time.

SOUTHERN YOUTH CORRECTIONAL RECEPTION CENTER AND CLINIC

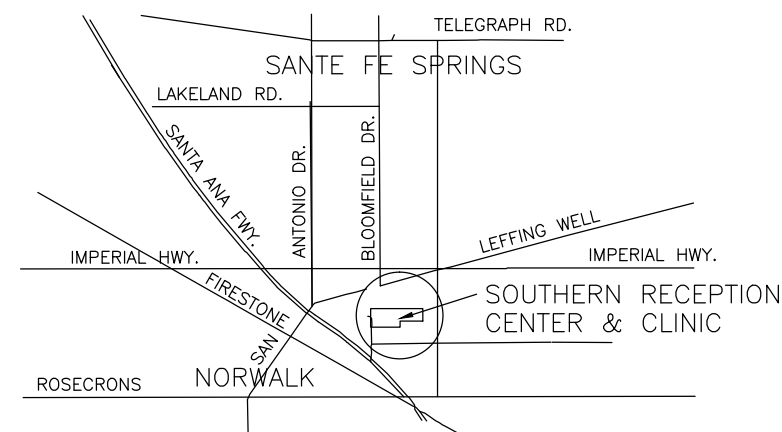


BUILDING LEGEND

MARK	USE OR NAME	MARK	USE OR NAME	MARK	USE OR NAME
1AH	ADMINISTRATION (A) PLUS CLINIC (C), HOSPITAL (H) & ADMISSIONS RECEIVING (R)	B1	GIBBS COTTAGE (SLEEP UNIT)	SC	SPEC. COUNSELING BLDG. (F)
9R	MULTI-PURPOSE BUILDING	B2	SUTTER COTTAGE	SP	SWIMMING POOL
11E	EDUCATION	B3	CABRILLO COTTAGE	PH	PUMP HOUSE
12KC	KITCHEN-CAFETERIA (KC) PLUS WAREHOUSE (W1) WAREHOUSE ADDITION (W2) AND FREEZER BLDG (F1)	B4	PICO COTTAGE	ER1	EMPLOYEE RESIDENCE
13M	MAINTENANCE (M) PLUS ELEC. TRANSF. BLDG (T1)	B5	OLD MARSHALL COTTAGE	ER2	EMPLOYEE RESIDENCE
14M	GROUNDS BUILDING	B6	PORTOLA COTTAGE	ER3	EMPLOYEE RESIDENCE
15L	CLOTH'G DISTRIB'N CTR	B7	DRAKE COTTAGE	S1	STOREROOM
16G	GYMNASIUM	B8	NEW MARSHAL	CR-1	PORTABLE CLASSROOM BLDG'S
		17M	PROPERTY STORAGE	CR-2	PORTABLE CLASSROOM BLDG'S
		18TC	TRAINING CENTER	CR-3	PORTABLE CLASSROOM BLDG'S
				CR-4	PORTABLE CLASSROOM BLDG'S
				CR-5	PORTABLE CLASSROOM BLDG'S
				CR-6	PORTABLE CLASSROOM BLDG'S
				CR-7	PORTABLE CLASSROOM BLDG'S
		V1	VISITOR ENTRANCE BLDG.		
		V2	OUTDOOR VISIT'G SHELTER		
		S-1	ARMORY BLDG		

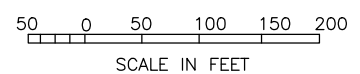
PLOT PLAN LEGEND

- EXISTING BUILDINGS
- FUNDED PROJECTS
- 14' SECURITY FENCE
- CHAIN LINK FENCE (HT VARIES)
- ELECTRIC OR MANUAL SLIDING GATES
- MANUAL HINGED GATES
- PAVING, ROADS, WALKS, ETC.
- EMERGENCY POWER UNIT
- ELECT. TRANSFORMER UNIT



VICINITY MAP

NO SCALE



STATE OF CALIFORNIA
 DEPARTMENT OF CORRECTIONS AND REHABILITATION
 FACILITY PLANNING, CONSTRUCTION AND MANAGEMENT
 DIVISION OF PLANNING, ACQUISITION AND DESIGN
 DESIGN SERVICES

SITE AND FACILITY PLAN
SOUTHERN YOUTH CORRECTIONAL RECEPTION CENTER AND CLINIC - SYCRC
1320 S. BLOOMFIELD AVE.
NORWALK, CA 90650

JOB No.: A/E:
11DL4251 IS

DATE:
10/25/2011

SHEET:
1 OF 1

PROGRAM MATTERS
Agenda Item 5.A.

SUBJECT: Sustainability Taskforce Report – Alfredo Aguirre

ACTION FOR CONSIDERATION

Discussion and/or action as deemed appropriate.

BACKGROUND AND STATUS

In December 2016, CalMHSA Board approved the Phase III PEI Plan with a funding goal of \$12.6 million, and authorized staff to operationalize the plan based on the funding available and with guidance provided by the Sustainability Taskforce. CalMHSA staff continues to receive feedback from the Board, as well as from county program-level staff (Appendix 1), on prospective funding for the Phase III Plan and key county interests. Emerging themes from this feedback suggest that counties are a) highly interested in advancing select key services offered by the Statewide PEI Project, and b) collectively unlikely to raise \$12.6 million in funds.

CalMHSA staff project that counties will more realistically be able to collectively contribute at least \$5 million per year for Phase III Statewide PEI Project, which is approximately the same amount of funding that is currently committed for FY 16/17. Based on this information, CalMHSA staff drafted further definition and direction for the Phase III Statewide PEI Project Implementation Plan and presented the information for feedback at the Sustainability Task Force meeting on Thursday, January 26th, 2017. The Sustainability Taskforce provided guidance to staff and recommends the following direction for implementation of the Phase III Plan based on projected new funding at a level of \$5 million per year. CalMHSA staff will continue to refine the Phase III Statewide PEI Project Implementation Plan based on these priority activities and will continue to seek Taskforce guidance as additional funding information is available.

Priority Phase III Activities

Based on comments by Board members, and county staff, and with the guidance of the Sustainability Task Force, the following activities emerge as priorities for counties:

Priority 1: Receive capacity-building support and subject matter technical assistance in suicide prevention & stigma and discrimination reduction to support local programs

Priority 2: Receive resource navigation and strategic planning support to help counties integrate Statewide PEI Project resources, branding and campaign to local programs

Priority 3: Develop new outreach materials to reach diverse audiences

The following lists the proposed Phase III activities, identified in the Phase III Implementation Plan approved by the Board of Directors in December 2016, stratified by what can be implemented with \$5 million, and activities that can be implemented with funding beyond \$5 million:

With \$5 million, CalMHSA projects to be able to implement the following activities:

- Maintain primary initiative websites including Each Mind Matters, Know the Signs, Directing Change and Walk In Our Shoes, and related websites and engaging communities through social media
- Provide subject matter expertise and technical assistance to counties and CBOs to support local suicide prevention and stigma reduction programs
- Provide resource navigation to each county through a designated Each Mind Matters contact person to support counties and CBOs in accessing and utilizing existing resources associated with those programs
- Disseminate existing resource materials including those reaching diverse communities created during Phase 2 of the Statewide PEI project
- Create and disseminate new culturally-adapted Spanish-language stigma reduction and/or suicide prevention outreach materials
- Continue supporting Directing Change
- Compile annual local and statewide impact statements, describing reach and dissemination of programs implemented under the Phase III Statewide PEI Project.

If funds collectively exceed \$ 5 million, CalMHSA projects to be able to additionally implement the following activities:

- Provide local integration support to the counties in order to incorporate statewide social marketing campaigns, brands and resources
- Provide mini-grants to local CBOs serving Latino communities
- Provide mini-grants to CBOs serving other diverse communities
- Update & refresh initiative website content
- Implement Walk In Our Shoes statewide tour
- Maintain partnerships with higher education school system partners

Consideration regarding Research, Evaluation & Surveillance:

If funds exceed \$5 million annually, CalMHSA will continue to engage in some level of statewide evaluation to track effectiveness of any implemented activities. Moreover, as collective funding allows, evaluations will be focused on county/regional outcomes and impacts beyond information on dissemination and reach. However, if funds do not exceed \$5 million annually, CalMHSA does not recommend implementing annual statewide, regional or local evaluation, except tracking dissemination and reach. CalMHSA may consider conducting these types of evaluation every 2-3 years depending on available funding. Other evaluation projects may be considered on a case-by-case basis as needs arise.

Considerations regarding augmented provision of services:

Based on conversations with county staff, CalMHSA is projecting that most contributing counties will contribute less than 4% of annual local PEI funds, and continue funding at a level consistent with FY 16/17 (approximately 3% of annual local PEI funds). The Sustainability Task Force recommends that Phase III Statewide PEI Project activities should be augmented for counties that contribute annually above a specified threshold. This threshold has yet to be determined.

Furthermore, considerations regarding augmenting provision of services for higher contributing counties will be revised or refined based on Board action pertaining to “contributing vs. non-contributing counties”. Thus far, the Finance Committee meeting held on January 23rd, 2017 recommended that CalMHSA staff and the Finance Committee continue to define parameters for contributing and non-contributing counties, and bring a recommendation to the Board at a future Board meeting.

Appendix 1: Summary of county outreach, as of January 26th, 2017

As of January 26th 2017, 2017, CalMHSA staff have spoken to 18 counties about the Phase III Statewide PEI Project. All counties, except for counties that are not CalMHSA members, received a packet of information that included the Phase III Statewide PEI Project Implementation Plan, the local county Statewide PEI Project Impact Statement, and the statewide PEI Project Impact Statement. All documents were sent to the county’s designated liaison, as well as the county’s Director or Alternate.

Key themes emerging from conversations with counties include:

- Counties thoroughly appreciate the programs implemented under the Statewide PEI Project, with particular appreciation for technical assistance and receipt of hardcopy materials.
- Reaching Latino/Hispanic communities is a priority, among other diverse populations and target audiences.
- Funding for 17/18 and beyond will remain level from 16/17 contribution, but future contributions beyond 17/18 will be reduced due to static PEI funds, and building reserves to anticipate changes to ACA.
- Expressed concerns that county contributions will be harder to advocate for as long as there are other counties that do not contribute but still get direct benefit from the Statewide PEI Project.

RECOMMENDATION:

Discussion and/or action as deemed appropriate.

TYPE OF VOTE REQUIRED:

None, information only.

REFERENCE MATERIAL(S) ATTACHED:

- None.

PROGRAM MATTERS
Agenda Item 5.B.

SUBJECT: Directing Change 2016 Outcomes

ACTION FOR CONSIDERATION:

None, information only.

BACKGROUND AND STATUS:

Through the Statewide PEI Project, CalMHSA implements the *Directing Change Youth Film Contest and Program*. This program promotes mental health and prevents suicide by educating young people about the warning signs for suicide, mental health and how to help a friend through a film contest. It changes conversations about these topics in schools and communities through education, training, and film viewings. As of 2017, *Directing Change* is entering its fifth consecutive year in California, with promising survey findings and outcomes demonstrating the program's ability to change knowledge and attitudes about mental illness and suicide prevention. NORC at the University of Chicago, in partnership with Runyon Saltzman and Einhorn (RSE), Your Social Marketer and the Dallas Pugh Foundation who implement *Directing Change* on behalf of CalMHSA, conducted two studies to evaluate *Directing Change* from June through September, 2016. The purpose of the two studies was to evaluate the effectiveness of *Directing Change*, to learn about the strengths of the program, and to identify areas for improvement. The information gathered from respondents in the two studies will assist in future efforts related to implementation of *Directing Change*.

The complete CalMHSA *Directing Change* Film Contest and Program Evaluation Report can be viewed at: <http://www.directingchange.org/about/>

FISCAL IMPACT:

None

RECOMMENDATION:

None, information only.

TYPE OF VOTE REQUIRED:

Majority vote of the Board of Directors

REFERENCE MATERIAL(S) ATTACHED:

- CalMHSA *Directing Change* Film Contest and Program Evaluation Presentation
- CalMHSA *Directing Change* Film Contest and Program Evaluation Report Cover Letter

- CalMHSA Directing Change Film Contest and Program Evaluation Report Executive Summary



CaIMHSA Directing Change Film Contest and Program Evaluation

Alyssa Ghirardelli, MPH, RD

February 9, 2017

Overview

In partnership with Runyon Saltzman, Inc. (RSE) and the California Mental Health Services Authority (CalMHSA), NORC conducted two studies to evaluate the Directing Change Program and Student Film Contest

- June through September, 2016

Purpose:

- Evaluate the effectiveness of Directing Change
- Learn about the strengths of the program
- Identify areas for improvement

Study Design

Cross-sectional Case-control Survey

- Online Survey Comparing
 - Youth and young adults age 14 to 25 who entered the Directing Change Film Contest (n = 131)
 - Controls (other youth/young adults) not exposed to the program (n = 268)
- Topics included
 - Knowledge about mental illness, discrimination behaviors, prevalence of mental illness, recovery prospects, and signs of suicide
 - Attitudes toward others with mental illness and intention to share knowledge about mental illness with family and friends

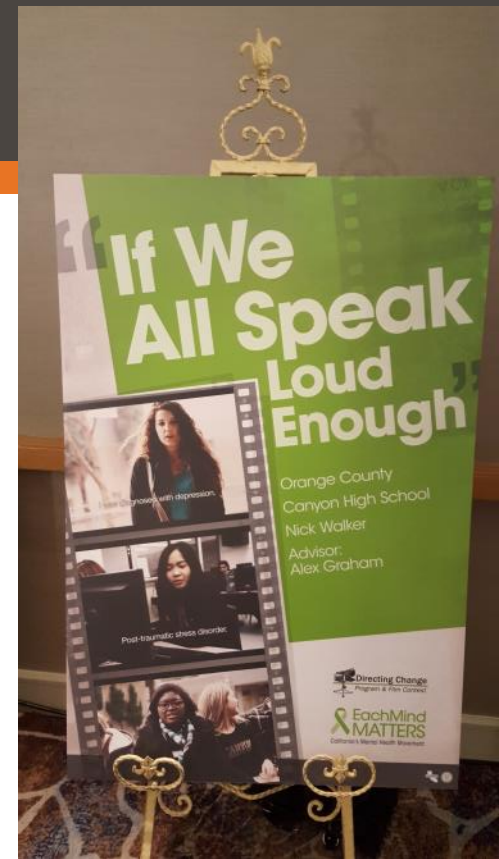
Group Interviews with Advisors

- Participants were advisors of the youth who participated in Directing Change; those who responded to invitations from random selection by region (northern, central, southern)
- Designed to capture more in-depth qualitative aspects of the program
- One group consisted of four respondents and another of two respondents. One advisor completed the interview independently
- Sessions were conducted using a teleconference line with a shared PowerPoint through a webinar interface

Key Findings Overall

- Directing Change is effective at:
 - Increasing knowledge and skills
 - Changing attitudes and behaviors related to mental illness and suicide prevention

- It is remarkable that significant findings persisted even months after the program had ended—with fielding of the survey among participants in the program 3 - 6 months after completing their film submissions



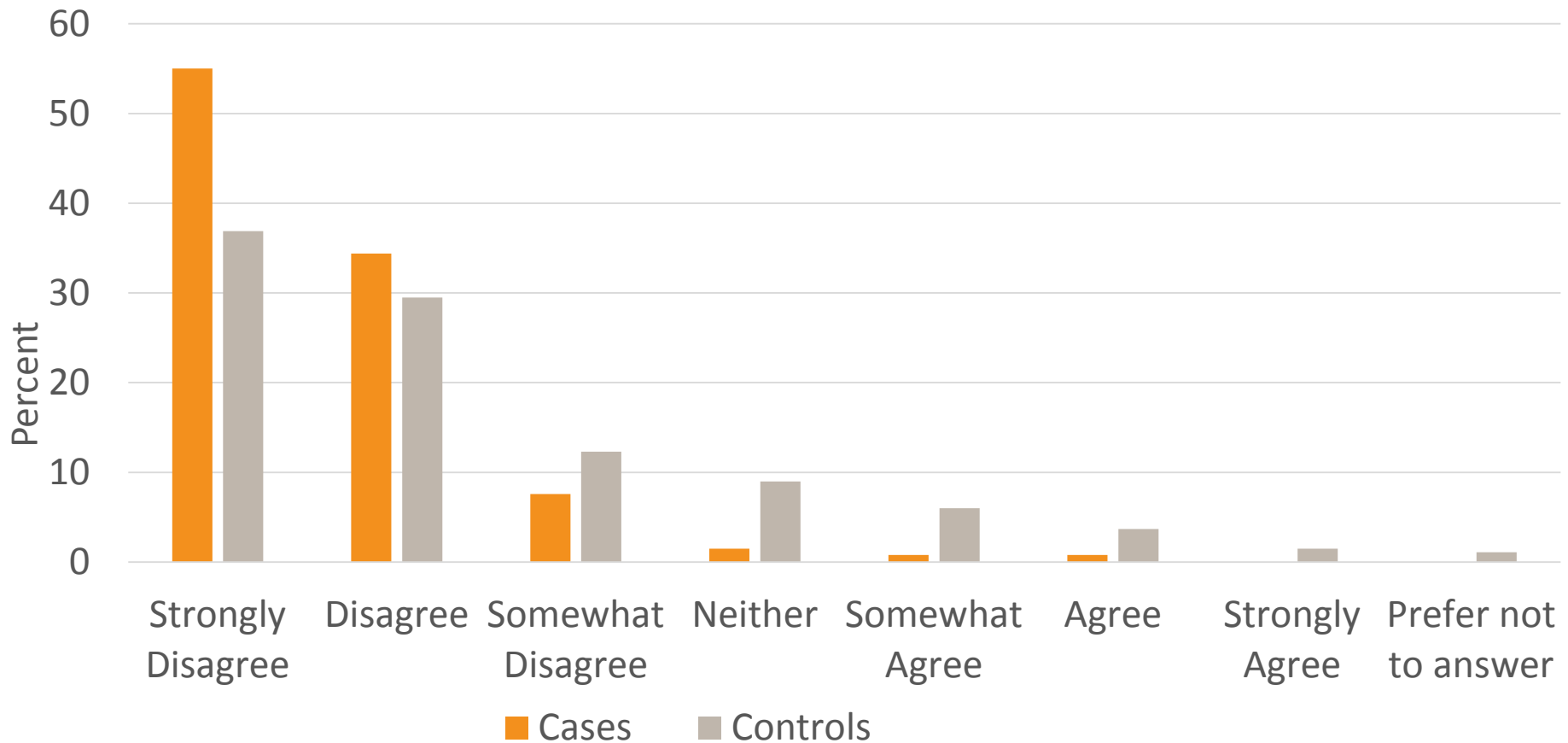


Significant Findings: Case-Control Youth Survey

Understanding Mental Illness and Suicide

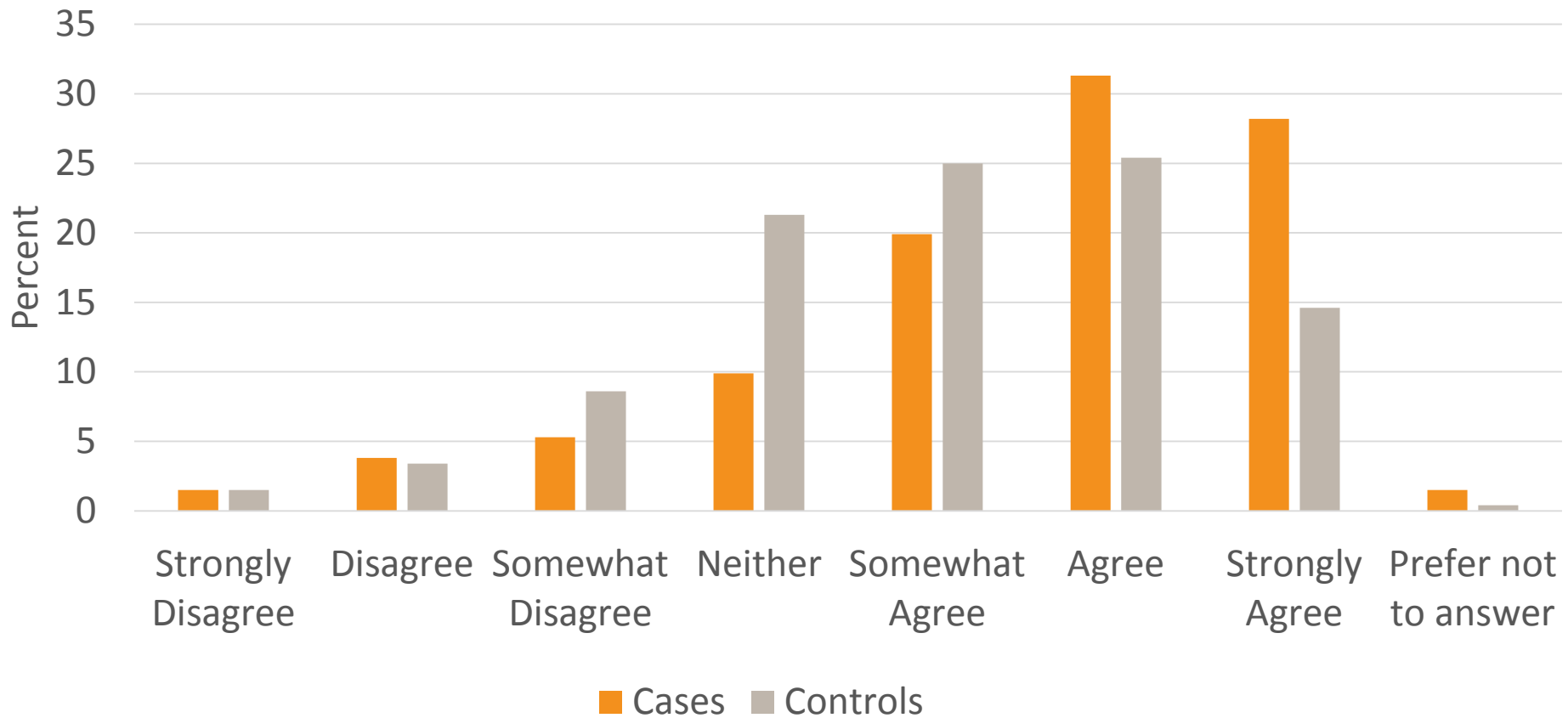
Statements with Response Options of
Level of Agreement or Disagreement

“Once a person has a mental illness, they will never be well enough to live a productive life.”



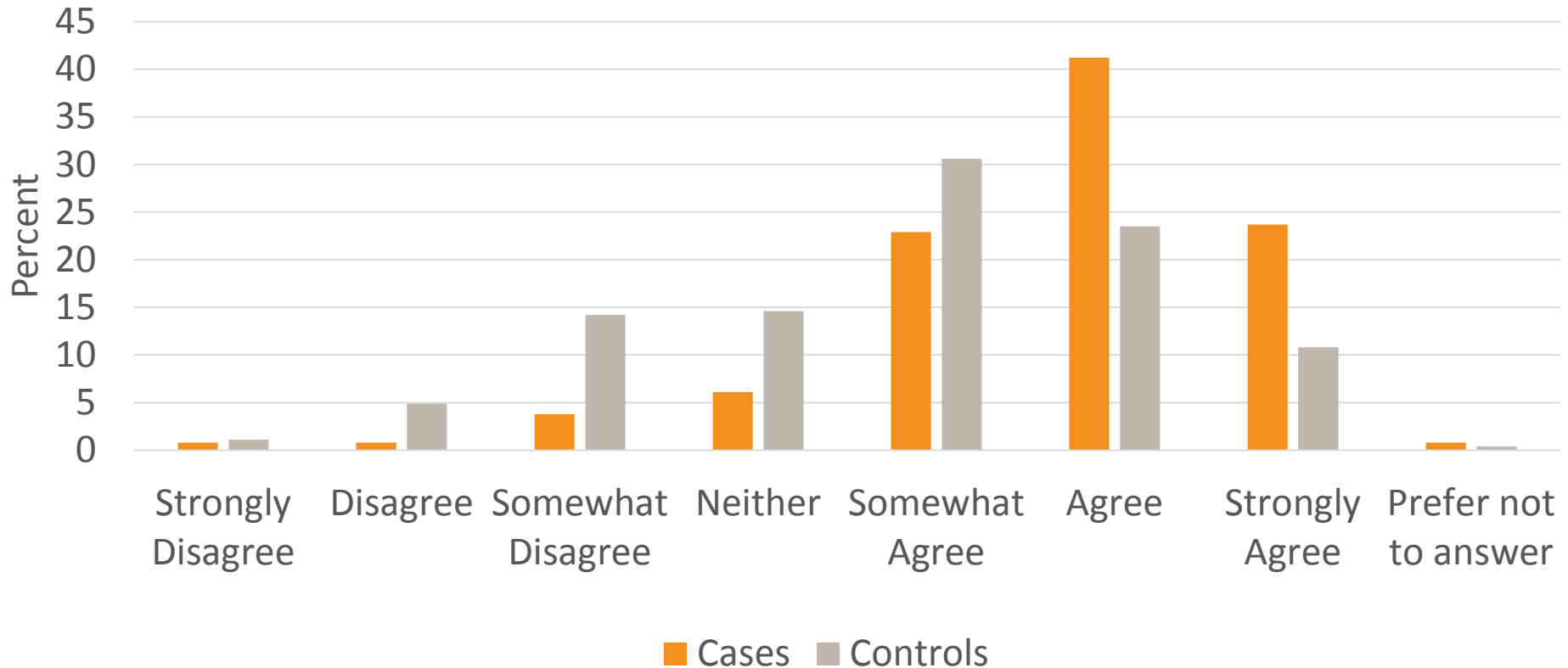
- Close to 90% of cases compared to approximately two-thirds (66%) of controls strongly disagreed or disagreed that once a person has a mental illness they will never be well enough to live a productive life ($p \leq 0.001$).

“People who kill or attempt to kill themselves usually show some warning signs.”



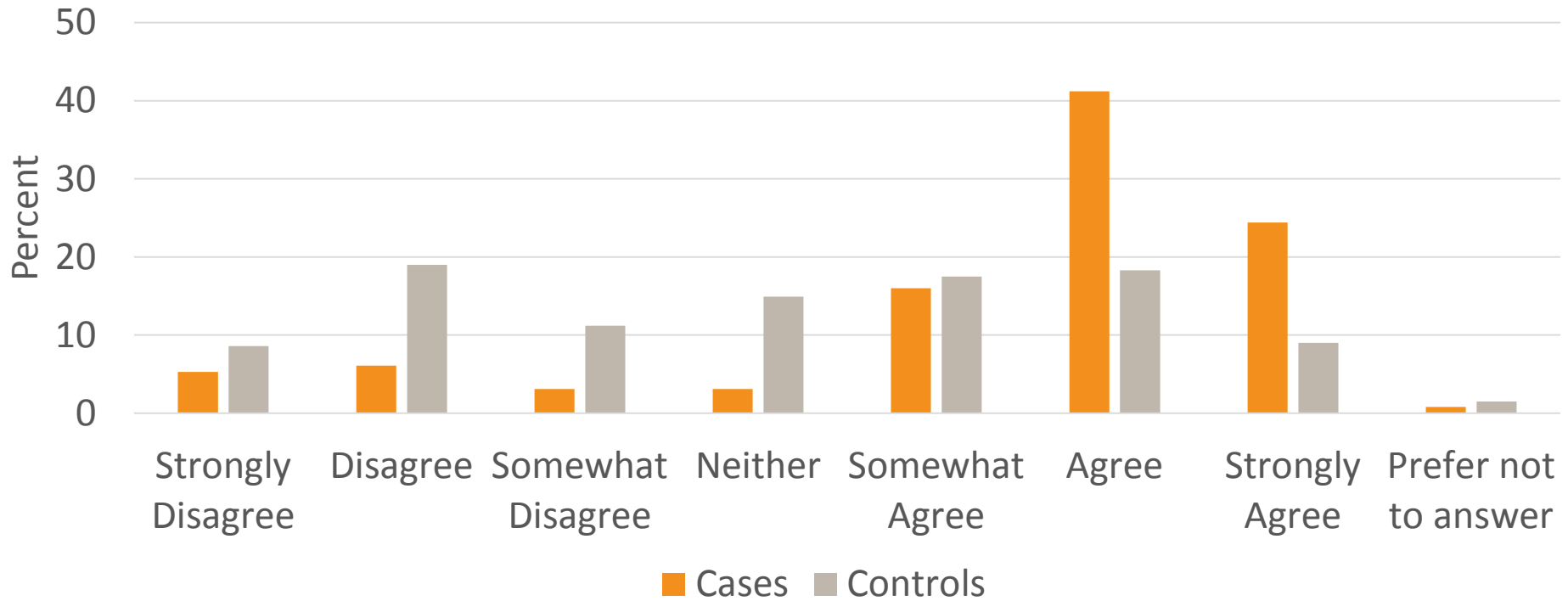
- More than half (60%) of cases agreed or strongly agreed that people who kill or attempt to kill themselves usually show some warning signs, whereas 40% of controls agreed or strongly agreed ($p \leq 0.05$).

“If a friend was having thoughts about suicide, I would know where to find assistance.”



- About two-thirds of cases (65%) compared to only about one-third of controls (34%) agreed or strongly agreed that if a friend were having thoughts about suicide, they would know where to find assistance ($p \leq 0.001$).

“I know of a suicide crisis line that I can call for help and support.”

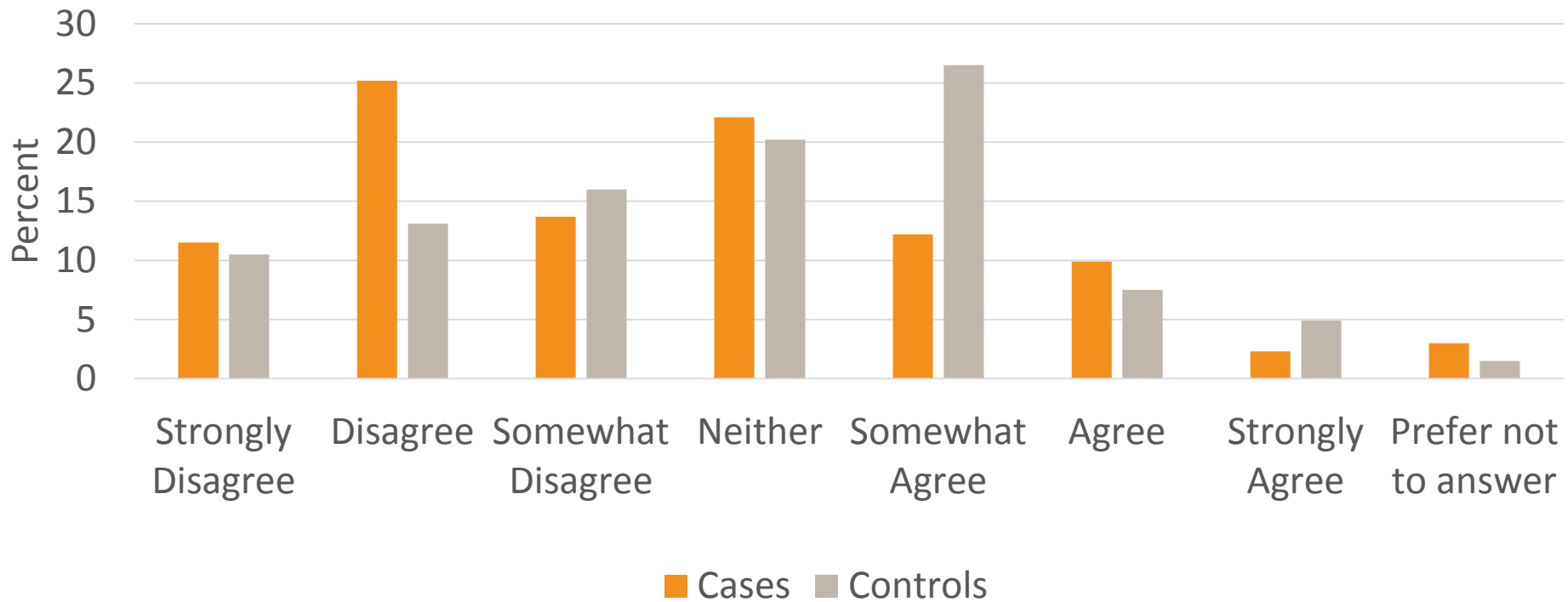


- Similarly, 66% cases versus 28% controls agreed or strongly agreed they knew of a suicide crisis line to call for help and support ($p \leq 0.001$).

Attitudes Toward Mental Illness

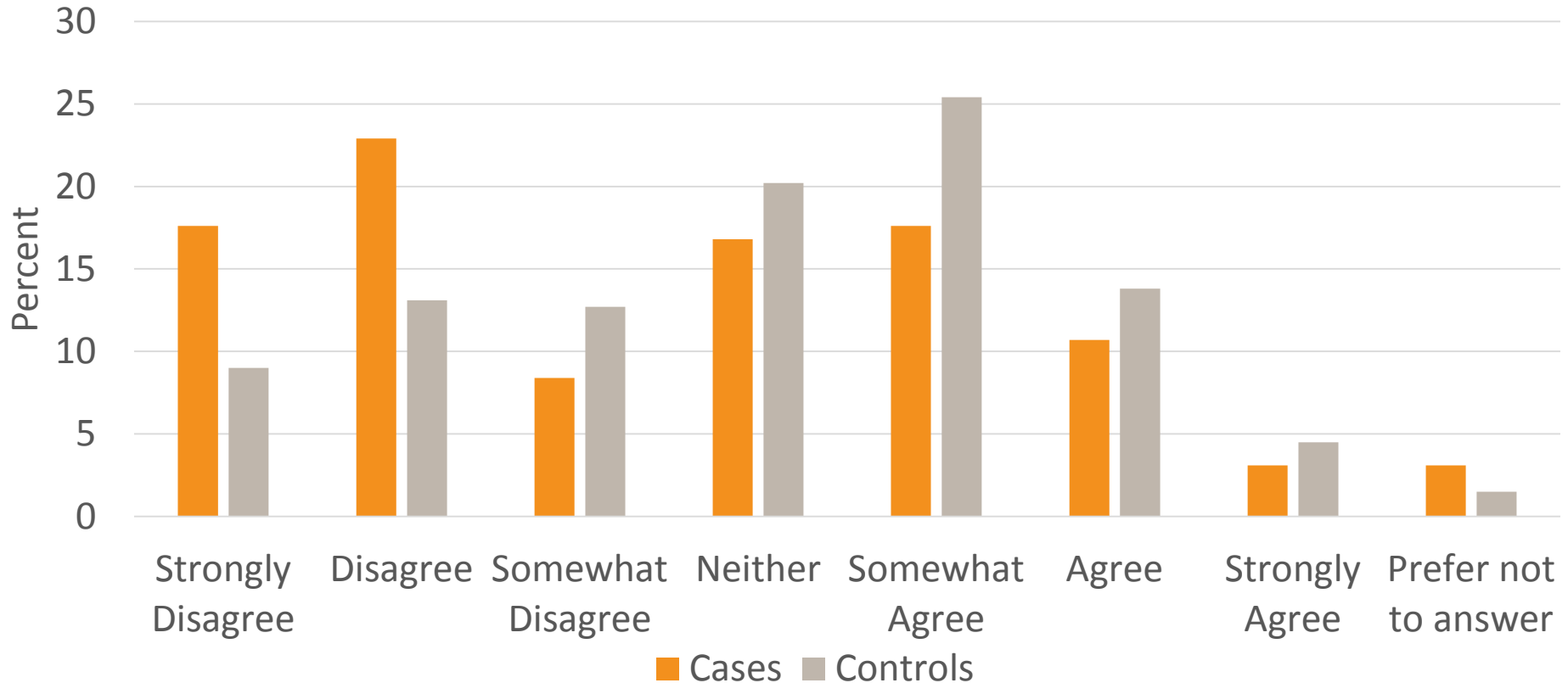
Statements with Response Options of
Level of Agreement or Disagreement

“If I had a mental illness, I would feel ashamed.”



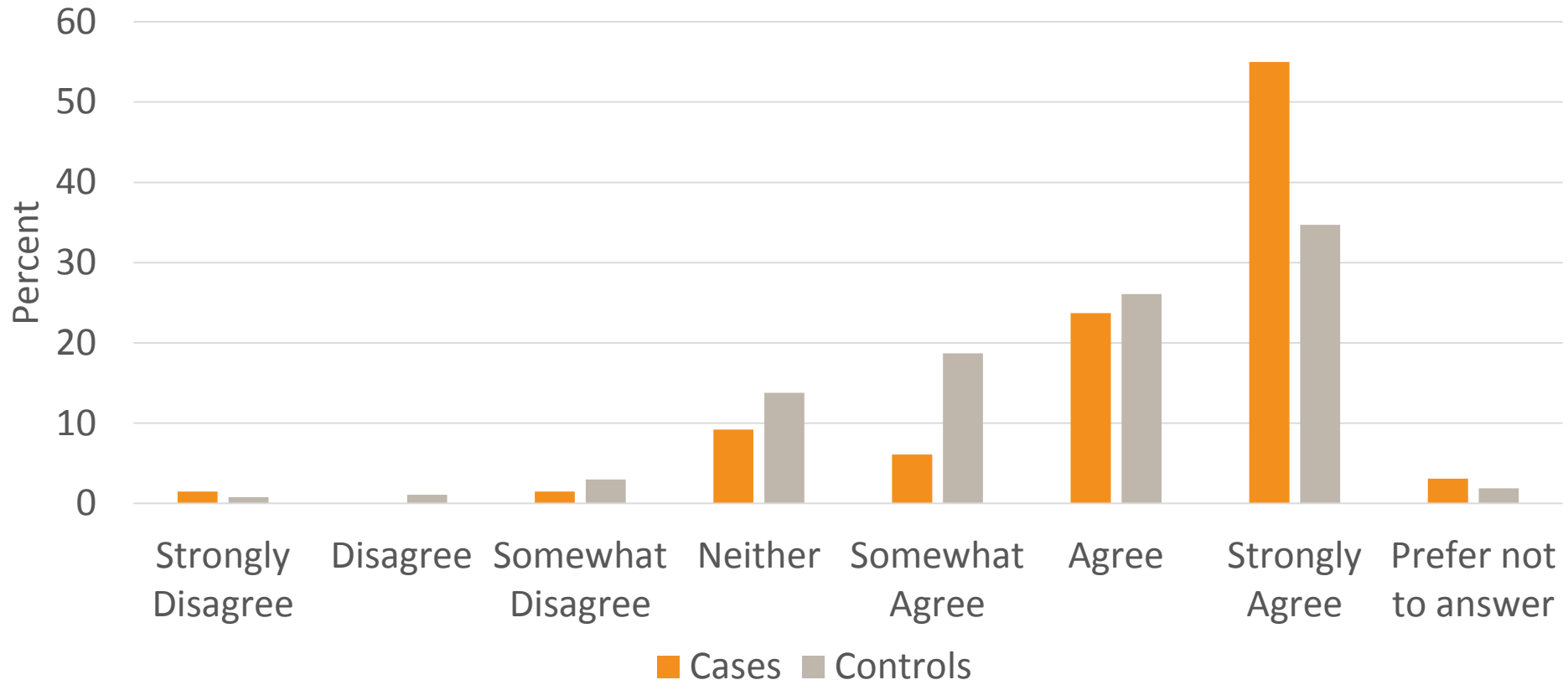
- More than one-third of cases (37%) compared to slightly below one-quarter of controls (24%) strongly disagreed or disagreed that they would feel ashamed if they had a mental illness ($p \leq 0.01$).

“If I had a mental illness, I think some of my friends would reject me.”



- Forty-one percent of cases compared to 22% of controls strongly disagreed or disagreed that if they had a mental illness some of their friends would reject them ($p \leq 0.05$).

“Suicide is preventable.”

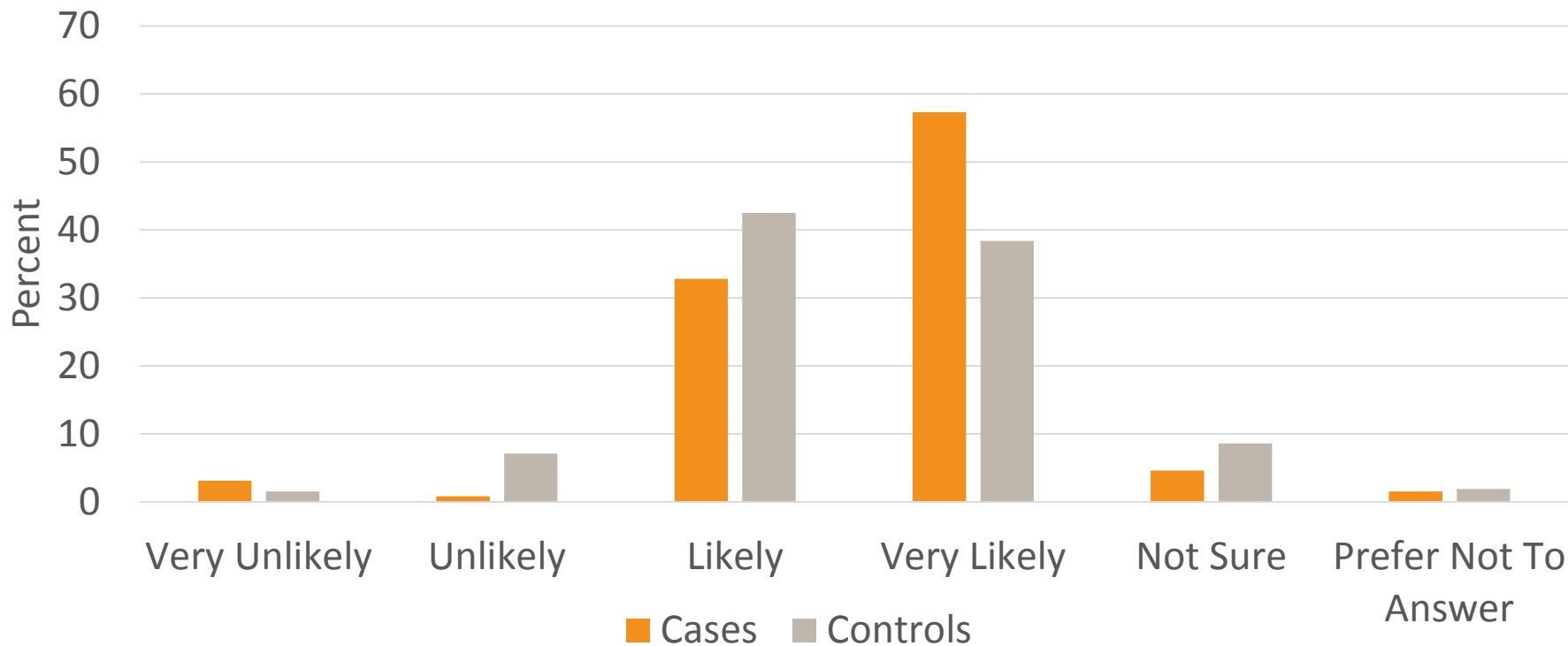


- Close to 80% of cases compared to 61% of controls strongly agreed or agreed that suicide is preventable ($p \leq 0.01$).

Knowledge of How to Give Support

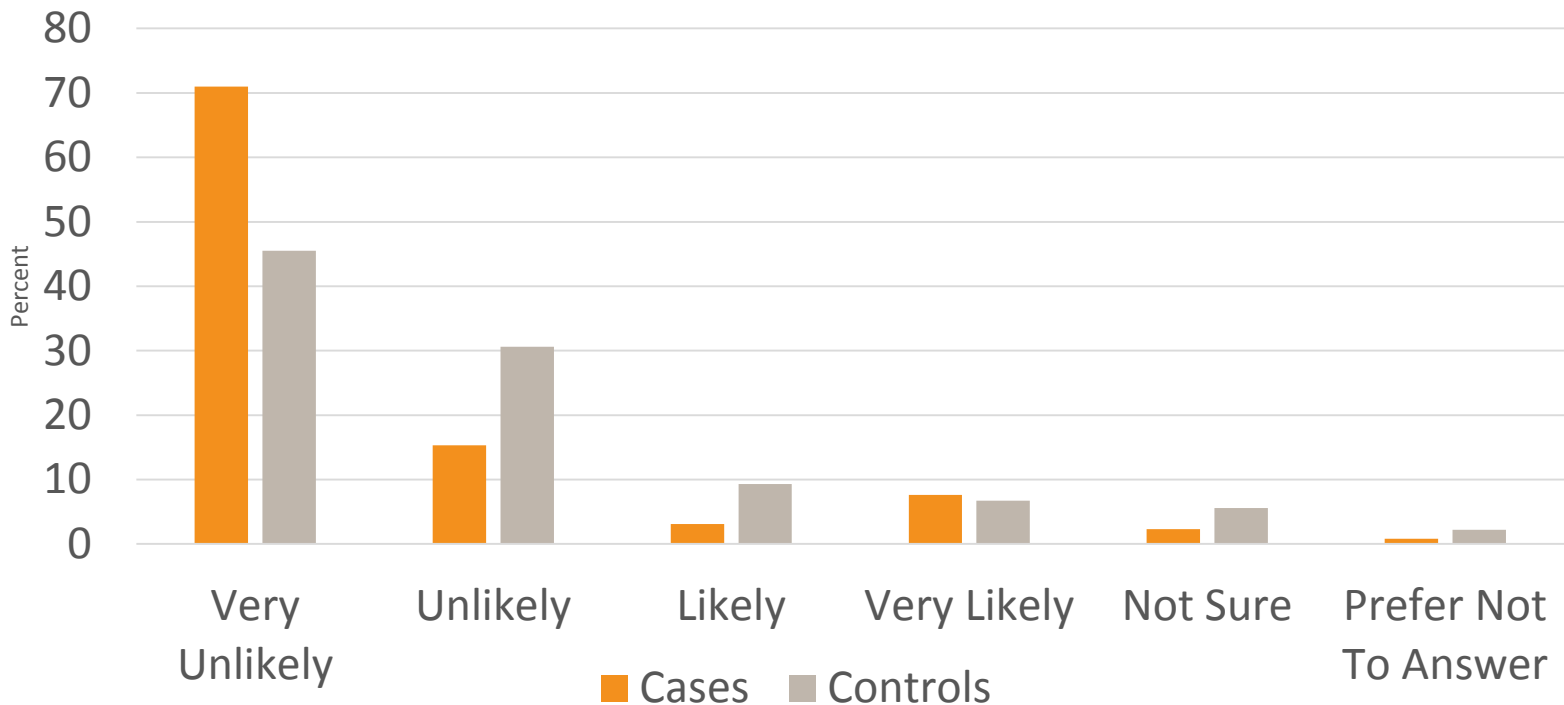
Statements with Response Options of
Likelihood of Giving Support

“Connect your friend or family member to resources and encourage help-seeking.”



- About 57% of cases compared to 38% of controls would be very likely or likely to support a friend or family member who was experiencing a mental health challenge by connecting them to resources and encouraging help-seeking ($p \leq 0.01$).

“Do nothing/Leave them alone.”

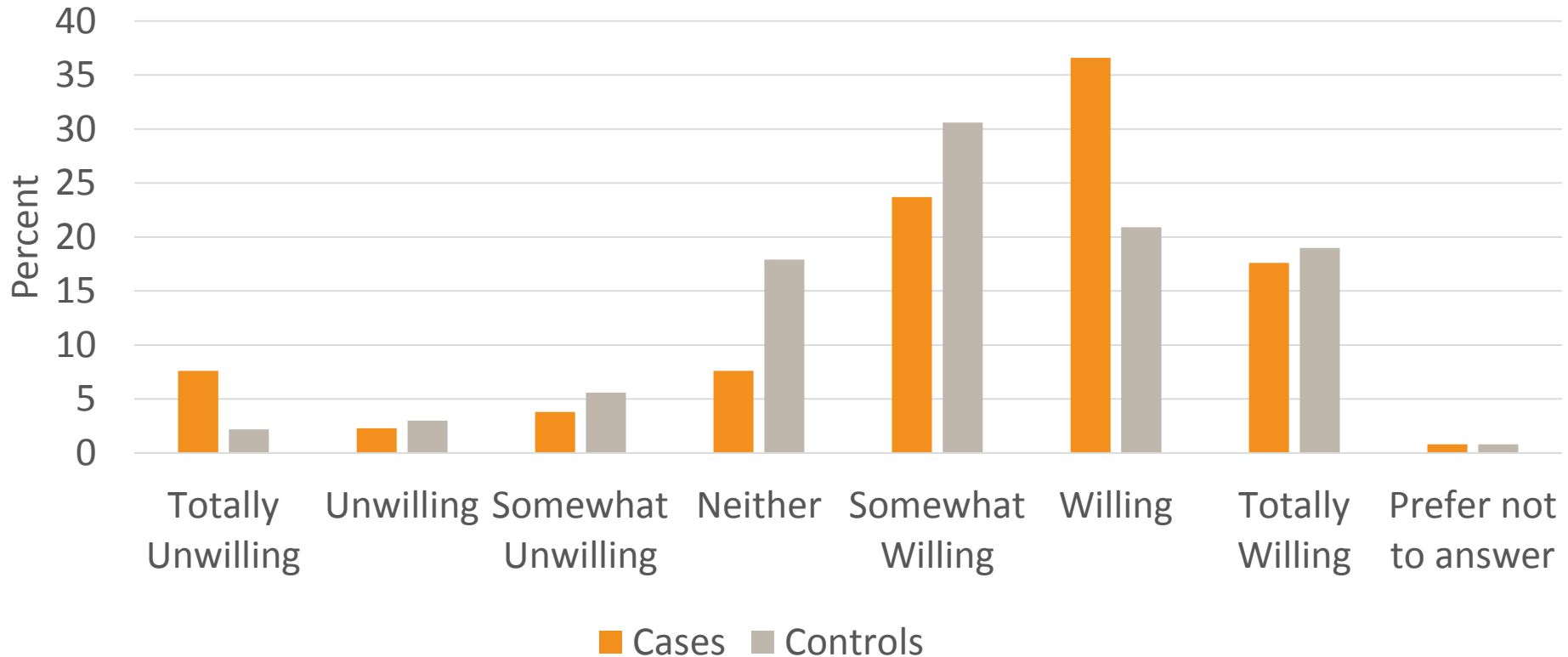


- A higher proportion of cases (86%) than controls (76%) would be very unlikely or unlikely to do nothing or leave their friend or family member alone ($p \leq 0.001$).

Willingness to Engage on the Issue

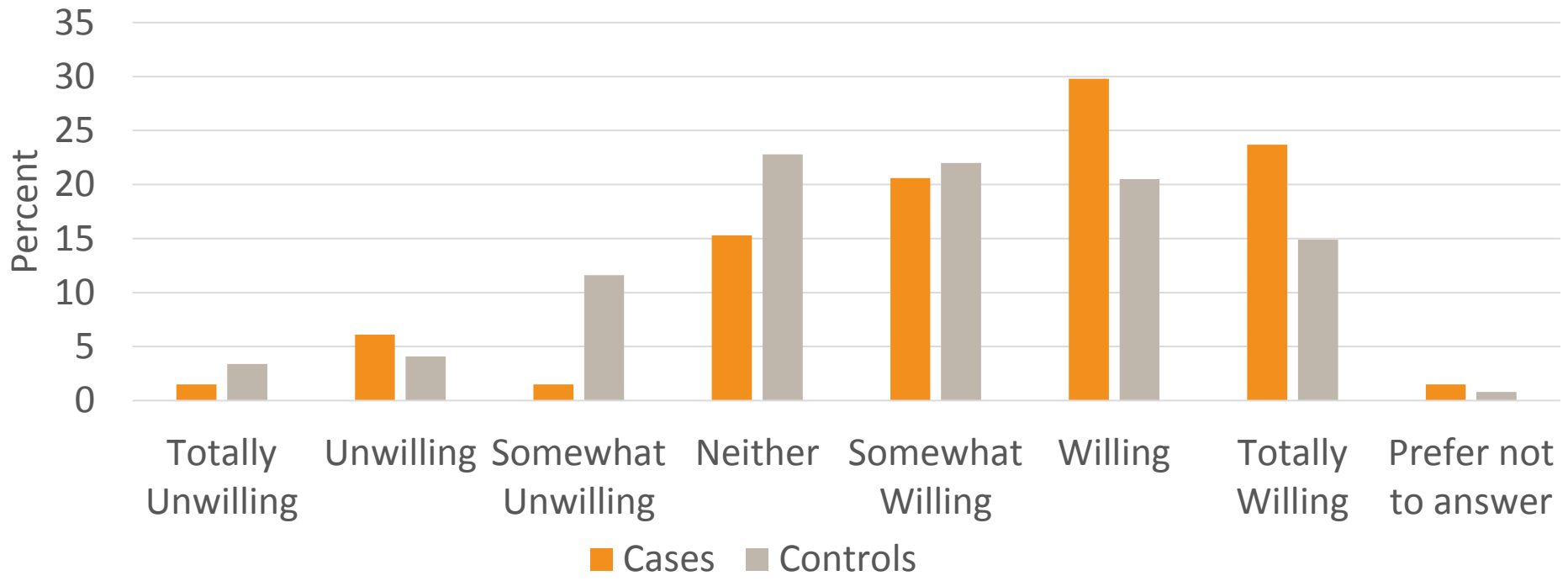
Statements with Response Options of
Level of Willingness to Engage

“Point it out if a friend or coworker makes an insensitive comment about people experiencing mental illness.”



- More than one-third of cases (37%) compared to 21% of controls were willing to point out if a friend or coworker makes an insensitive comment about people experiencing mental illness ($p \leq 0.01$).

“Raise awareness about mental health and suicide prevention by joining a club or attending an event about these topics at your school or in your community.”

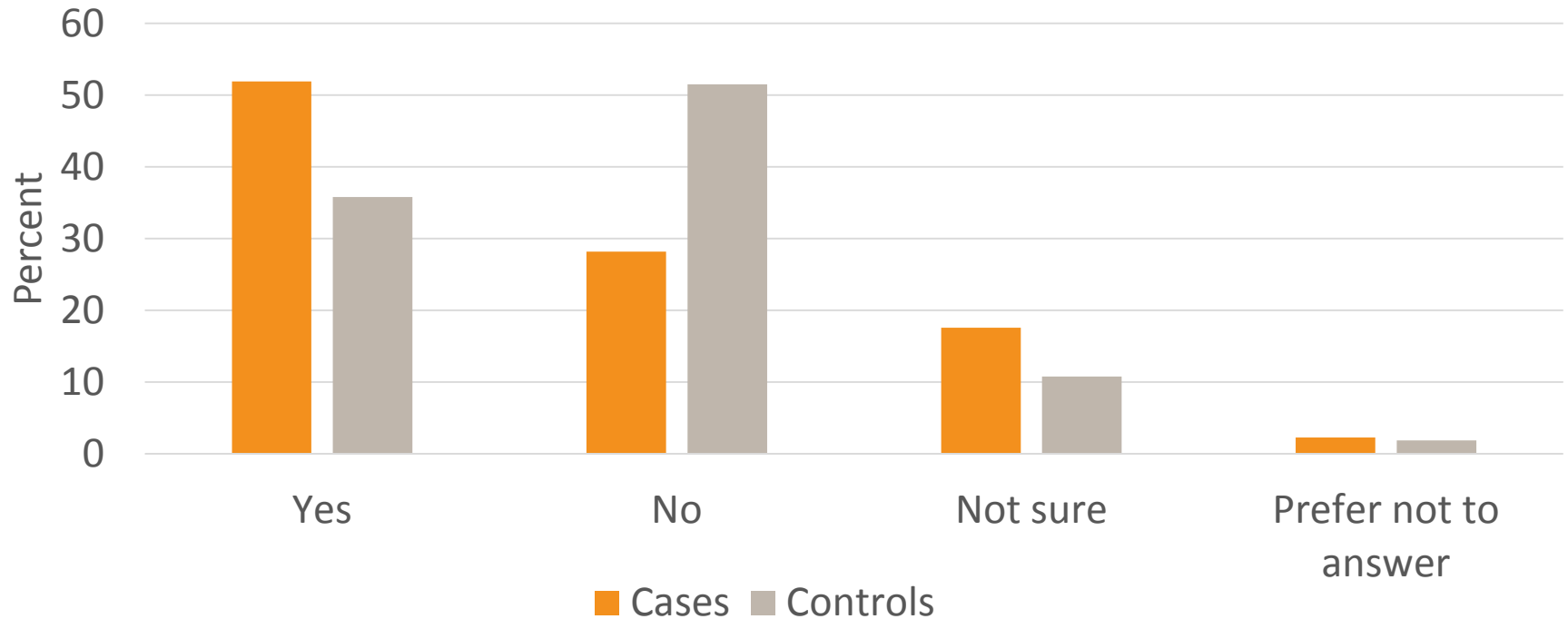


- More than half of cases (54%) compared to approximately one-third of controls (35%) were willing or totally willing to raise awareness about mental health and suicide prevention by joining a club or attending an event about these topics at their school or community ($p \leq 0.01$).

Self-Reported Behavior

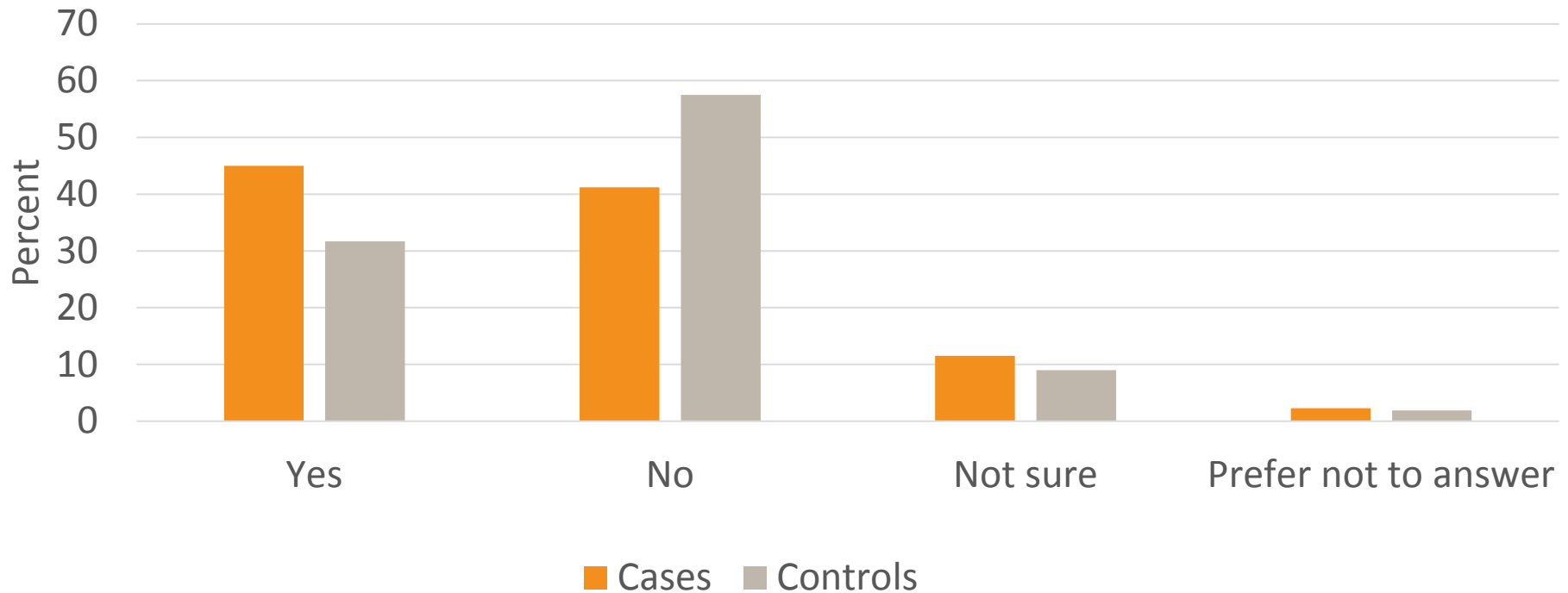
Statements with Response Options of
Yes – No – Not Sure

“Provided support to someone experiencing a mental health challenge by standing up for them in a social situation.”



- More than half of cases (52%) compared to 36% of controls said they provided support to someone experiencing a mental health challenge by standing up for them in a social situation in the past 12 months ($p \leq 0.001$).

“Provided support to someone experiencing mental health challenges by giving them information or resources to get help.”



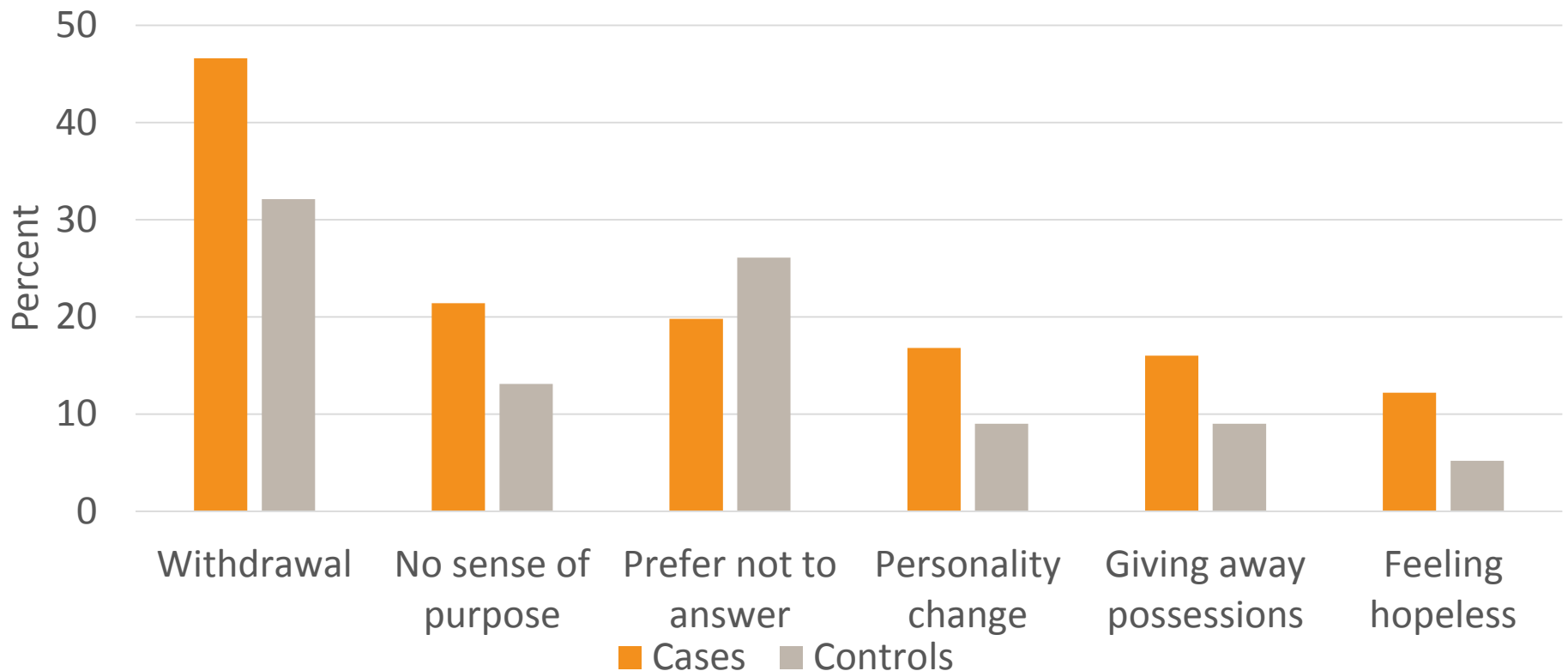
- Close to half of cases (45%) compared to approximately one-third of controls (32%) said they provided support to someone experiencing mental health challenges by giving them information or resources to get help in the past 12 months ($p \leq 0.05$).

Knowledge of Signs of Suicide

Open-Ended Question:

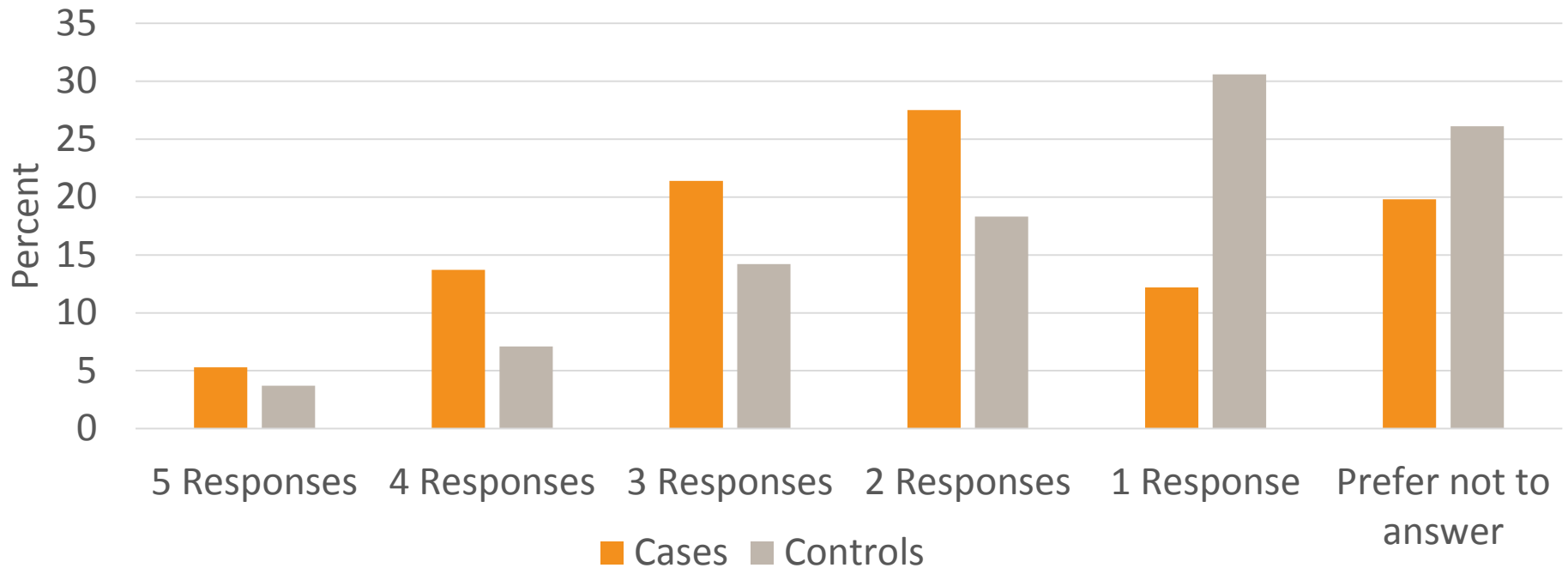
Can you name warning signs that someone might show, say, or do that indicate they are thinking of ending their life?

Identified Signs of Suicide



- Withdrawal or becoming incommunicative was the most frequently identified sign among both cases and controls; however, the percentages were significantly different, with 47% of responses from cases identifying this sign versus only 32% of responses from controls.

Comparison of Case and Control Respondents Identifying Signs, Total Number of Responses



- Cases offered multiple signs more frequently than controls:
 - Sixty-eight percent of cases offered at least two signs of suicide, whereas only 43% of controls
 - Forty-one percent of cases offered at least three signs, whereas only 25% of controls
 - Nineteen percent of cases offered at least four signs, whereas only 11% of controls



Key Findings: Group Interviews with Advisors

Knowledge and Understanding of Mental Illness and Suicide

Main Lessons Learned

- Interpersonal communication and engagement
 - Importance of talking to each other
 - Engaging in active listening
 - Speaking up instead of ignoring signs of mental health issues
- Creative process of researching, designing, and acting in the film process
 - PSAs created a safe space for grappling with students' personal narratives

Knowledge and Understanding of Mental Illness and Suicide

Main Lessons Learned

- Increased sense of safety
- Reduced fear of saying words such as “suicide”
- Increased student awareness of other people’s feelings and of the true signs of anxiety, depression, and suicidal behavior
- Increased knowledge of how to connect those suffering from mental health challenges with resources

“[The students] encounter statistics on how many people tend to wait years before telling someone and statistics on how much counseling helps them.”

Effectiveness at Stigma Reduction

- The film production platform allows students to reflect on and express the stigma they themselves may have associated with their personal struggles
- Research for creating the PSAs led them to learn that mental illness is treatable
- Learned that talking about their mental health challenges with their peers provides a sense of relief instead of creating embarrassment and stigmatization
- Chance for students to admit to their own mental health issues released the stigma and prepared them to help others

Skill Acquisition: Suicide Prevention

- Knowing and recognizing the signs of suicide
- How to breakdown stereotypes of suicidal behavior or mental illness, specifically understanding how contradictory some of the signs can be

“Students now can recognize that someone who appears to be in a great mood but is giving their stuff away may be suffering too—recognize behavior that is incongruous with apparent mood or general attitude.”

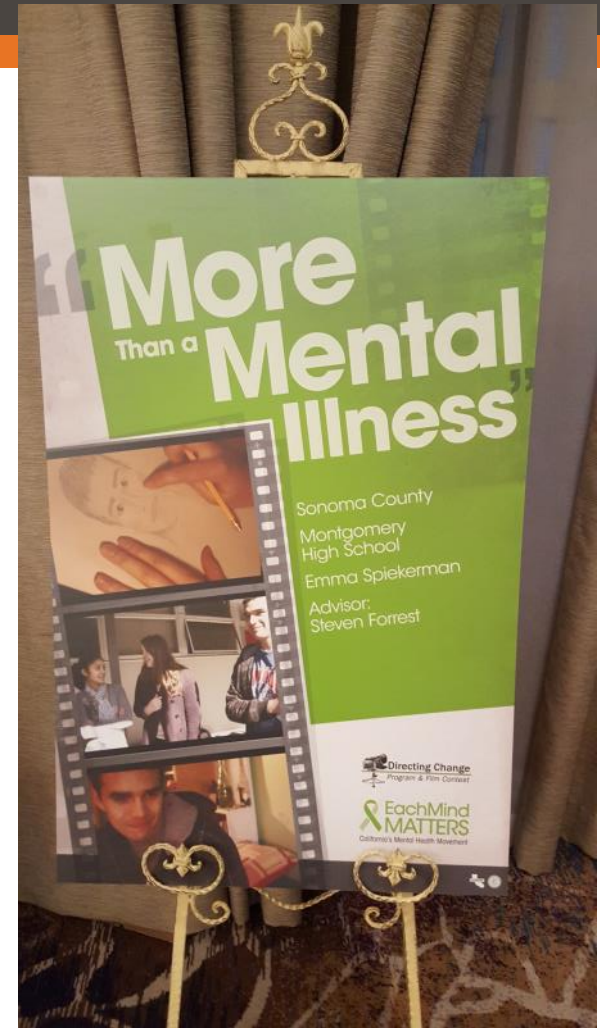
Changes in Conversations

- More willingness to talk about the subject in general
- Increased comfort levels among students in discussing the issues
- More openness in conversations
- Student initiation of discussions about mental health
- Increased comfort reaching out to others
- Overcoming the fear of hearing the answer to a question such as, “Are you thinking about suicide?”

Behavior Change

Other Changes

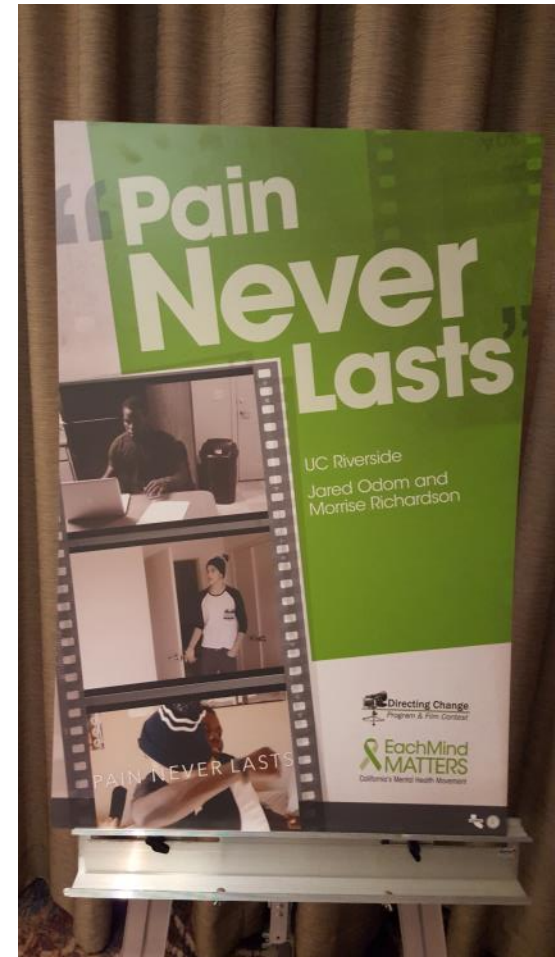
- Increased sensitivity to the feelings of others
- Noticing social isolation
- Playing leadership roles to provide support and stigma reduction
- Understanding how to help
 - In spite of difficulty extending their reach beyond their own social circle to connect with acquaintances they notice are struggling



Program Feedback and Suggestions

Support and Praise for Program

- On a scale from 1 to 10 to support continuation of the program, all replied “10”
- Tangible product of a PSA to share with the school community is strong aspect of the program
- Stressed the importance of recognizing students through awards, press releases, and other attention
- Fantastic resources available online





Summary

Summary

- Significant findings from the youth survey and specific comments from advisors support continuation of the program
- Advisors suggested expanding the program and offered ideas for other topics
- Many of the findings from both of the studies are highly compelling—demonstrating a clear difference in attitudes and behaviors related to mental illness and suicide among youth and young adults who participated in the program

Alyssa Ghirardelli

Ghirardelli-alyssa@norc.org

Thank You!



February 9, 2017

Dear Youth Supporters,

Created in 2012, the Directing Change Program and Film Contest engages students and young people throughout California to learn about the topics of suicide prevention and mental health in an innovative way: a film contest. The goal of the program is to change conversations about mental health in families, schools and communities by encouraging young people to create 60-second films.

The Directing Change Program starts with exposing youth and teachers to knowledge about the topics of mental health and suicide prevention by providing instructional tools and resources to support learning about the components of mental health and suicide prevention including warning signs, how to support a friend, the importance of mental health and getting help early. From here, youth must apply knowledge to formulate and create their own unique message for their peers. The creative process of filmmaking requires youth to synthesize and apply their knowledge resulting in a deeper level of understanding that will likely stay with them as they leave the school environment and transition into adulthood. Participation in Directing Change is also often the catalyst for a school to implement staff trainings and school-wide activities about these topics, contributing to a school climate that promotes mental health and is prepared to identify and support students at risk for suicide.

As the Directing Change program implements its fifth year of reaching youth across California, CalMHSa is happy to present the **Directing Change 2016 Evaluation**. Overall, the findings were very positive, showing that Directing Change is effective at increasing knowledge and skills and changing attitudes and behaviors related to mental illness and suicide prevention. These findings are a promising step towards continuing this innovative program.

Directing Change was developed in partnership with the California Department of Education and the Statewide PEI Project Student Mental Health Initiative. The program thrives on strong partnerships with county behavioral health agencies, community-based organizations, schools, districts and county office of education to promote and guide the program. Over the past four years more than 4,000 youth across California have participated resulting in 1,651 films.

We couldn't do this work without our county and community partners and we look forward to working together to prepare a new generation of Californians to talk openly about mental health, know the warning signs for suicide and how to help a friend or themselves.

Sincerely,

CalMHSa and the Directing Change Team

FINAL REPORT - Executive Summary

CalMHSA Directing Change Film Contest and Program Evaluation

JANUARY 30, 2016

PRESENTED TO:

Runyon Saltzman, Inc. (RSE)
2020 L Street, Suite 100
Sacramento, CA 95811
California Mental Health Services Authority
Ann Collentine, Program Director
Aubrey Lara, Assistant Program Manager
3043 Gold Canal Drive, Suite 200, Rancho
Cordova, CA 95670

PRESENTED BY:

NORC at the
University of Chicago
Alyssa Ghirardelli and Larry Bye
601 Montgomery Street,
Suite 2015
San Francisco, CA 94104



at the UNIVERSITY *of* CHICAGO

Executive Summary

The California Mental Health Services Authority (CalMHSA) is a joint powers authority representing California counties to provide an administrative and fiscal structure to support collaborative relationships and combined efforts. On behalf of the participating counties, CalMHSA implements the Statewide Prevention and Early Intervention (PEI) Project, which aims to prevent mental illnesses from becoming severe and disabling. Through the PEI Project, CalMHSA provides outreach to recognize the early signs of mental illness, reduce stigma associated with mental illness and service seeking, and reduce discrimination against people with mental health challenges.

One component of the Statewide PEI Project is the *Directing Change Program and Student Film Contest (Directing Change)*, a program designed to promote mental health and prevent suicide by educating young people about mental health and the warning signs for suicide. *Directing Change* is implemented through a film contest designed to change conversations about mental illness and suicide in schools and communities through education, trainings and film viewings. As of 2017, *Directing Change* is entering its 5th consecutive year in California. Your Social Marketer and the Dallas Pugh Foundation implement *Directing Change* on behalf of CalMHSA.

NORC at the University of Chicago, in partnership with Runyon Saltzman, Inc. (RSE), conducted two studies to evaluate the *Directing Change Program and Student Film Contest (Directing Change)* from June through September, 2016. The purpose of the two studies was to evaluate the effectiveness of *Directing Change*, to learn about the strengths of the program, and to identify areas for improvement. The information gathered from respondents in the two studies will assist in future efforts related to implementation of *Directing Change*.

The first study was a cross-sectional case-control survey using an online survey instrument. The instrument was designed to compare differences between youth and young adults age 14 to 25 who participated in the *Directing Change Film Contest* submission system (cases) and other youth and young adults from California (controls) who were not exposed to the program. The second study was a series of group session interviews with the advisors of the youth who participated in *Directing Change*. The interviews were designed to capture more in-depth qualitative aspects of the program.

Key findings from the research are summarized below:

- Overall, the two studies demonstrated that *Directing Change* is effective at increasing knowledge and skills, as well as changing attitudes and behaviors related to mental illness and suicide prevention among youth and young adults who participate in the program.
- Significant differences between cases and controls indicate the effectiveness of *Directing Change*. The study shows evidence of knowledge, attitudinal, and behavioral outcomes present among youth and young adults who participated in the program. It is remarkable that significant findings persisted even months after the program had ended—with fielding of the survey among participants in the program occurring three to six months after completing their film submissions.

- Cases and controls significantly differed in their understanding of mental illness and suicide. Cases disagreed more frequently with incorrect statements about mental illness and more frequently reported knowing the signs of suicide and where to seek assistance for themselves and others. They were also more willing to engage in conversation aimed at suicide prevention.
- Compared to controls, cases more frequently agreed that suicide is preventable and reported fewer attitudes that contribute to stigma and discrimination towards mental illness.
- Cases self-reported personal behavior change, such as learning how to support a friend experiencing a mental health challenge and what to do if a friend shows the warning signs of suicide.
- Advisor interviews provided in-depth qualitative data with rich insights regarding lessons learned, skill acquisitions, and actual behavior change among youth and young adults exposed to *Directing Change*.
- Advisors reported enhanced interpersonal communication, and acquisition of skills to begin conversations on the difficult issues of mental illness and suicide among participants in *Directing Change*. Actual changes in conversations were also mentioned as an important outcome of the program.
- Production of public service announcements (PSAs) was found by advisors to be an effective, tangible, and supportive way to generate open discussion about mental illness and suicide and to reduce stigma and discrimination.
- Advisors were highly supportive of continuation of the program and provided helpful feedback to improve program implementation.

Findings from the two studies demonstrate that *Directing Change* is effective at increasing knowledge and skills, as well as changing attitudes and behaviors related to mental illness and suicide prevention among youth and young adults who participate in the program. On a variety of mental illness stigma and discrimination reduction outcomes, as well as on suicide prevention measures, those who were exposed to *Directing Change* reported significantly different responses compared to a sample that were not exposed to the program. Findings from the advisor interviews underscored the effective elements of the *Directing Change* program also identified in the youth survey; specifically, they noted the effects of increasing interpersonal communication and engagement around the issue of mental illness and suicide. Advisors recognized the ability of the PSAs to reduce stigma and to support skill development in starting conversations about difficult subjects among youth participating in the program.

Statistically significant findings from the youth survey and the reported strengths of the program by advisors support continuation of *Directing Change*. The results from each of the studies are highly compelling and demonstrate how programs such as *Directing Change* can influence the attitudes and behaviors related to mental illness and suicide among youth and young adults. Advisors even suggested expanding the program and offered ideas for other subject areas that also cover challenging social issues.

Financial Matters
Agenda Item 6.A.

SUBJECT: Report from the CalMHSA Finance Committee – Bill Walker

ACTION FOR CONSIDERATION:

None, information only.

BACKGROUND AND STATUS:

The Finance Committee Members are:

Role	Committee Member	Original Start Date	End Date
Chair	Bill Walker, Kern County	7/1/2016	6/30/2018
Bay Area	Michael Lucid, Sonoma County	7/1/2015	6/30/2018
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	Steve Steinberg, Riverside County	7/1/2016	6/30/2018
Ex Officio	Terence Rooney, Colusa County	NA	NA

The Finance Committee met by teleconference on January 23, 2017. The following items were included on the agenda:

1. Cash Flow Management
2. CalMHSA Financial Statement for Quarter ending December 31, 2016
3. Complexities Related to Non Paying Counties
4. Strategic Development of 2016/17 Revenue

FISCAL IMPACT:

None.

DISCUSSION:

None, information only.

TYPE OF VOTE REQUIRED:

Majority of the Board of Directors.

REFERENCE MATERIAL(S) ATTACHED:

- Draft Finance Committee Minutes from January 23, 2017



CalMHSAs Finance Committee

TELECONFERENCE MINUTES FROM JANUARY 23, 2017

Finance Committee Members

Present

- Bill Walker, CalMHSAs Treasurer, Kern County
- Dr. William Arroyo, Los Angeles County
- Steve Steinberg, Riverside County

Absent

- Steve Steinberg, Riverside County
- Dennis P. Koch, Madera County
- Michael Lucid, Sonoma County

CalMHSAs Staff

- John Chaquica, Chief Operating Officer
- Kim Santin, Finance Director
- Ann Collentine, Program Director
- Laura Li, JPA Administrative Manager
- Theresa Ly, Program Manager
- Armando Bastida, Executive Assistant

1. **Call to Order**

The CalMHSA Finance Committee teleconference was called to order at 3:05 p.m. on January 23, 2017 by Finance Committee Chair Bill Walker, Kern County.

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

JPA Administrative Manager, Laura Li, CalMHSA, called roll and a quorum was not established. All participants were asked to introduce themselves. Treasurer, Bill Walker, Kern County, proceeded to review the public comment instructions, noting that items not on the agenda would be reserved for public comment at the end of the meeting.

3. **Consent Calendar**

Treasurer, Bill Walker asked the committee for any changes to the following items:

Routine Matters:

- Minutes from the December 5, 2016 Finance Committee Teleconference

Reports/Correspondence

- CalMHSA Revenue and Expenditure Report for Fiscal Year Ended June 30, 2016 – Report to California Department of Health Care Services (CDHCS)
- Treasurer’s Report as of December 2016

Kim Santin, Finance Director, gave an overview of the CalMHSA revenue and expenditure report to California Department of Health Care Services which will be distributed to Board members.

Action: Approval of the consent calendar.

No action taken due to the lack of a quorum.

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

None

4. **Cash Flow Management**

Treasurer, Bill Walker went over the staff report and the cash balance spreadsheet on page 16. The committee requested clarification on projected cash flow and Phase I obligations. Kim Santin, Finance Director, detailed the projected cash balance of \$3.4M as of June, which does not offset the \$5M minimum required to fund CalMHSA. Ms. Santin also noted that the Phase I, University of California contract has yet to be closed out as staff is waiting on submittal of supplemental documents supporting a \$297k invoice. Those funds are obligated and expected to be paid out within the next month or so.

Action: For information and discussion.

No action taken due to the lack of a quorum.

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

None

5. **CalMHSA Financial Statement for Quarter Ending December 31, 2016**

Treasurer, Bill Walker, did an overview of the financial statements and referred to pages 19-22 of the packet.

Staff provided clarity of actual balances and state hospital program funding. As a matter of background, staff provided the committee with an overview of the program, methodology used to develop the fees structure for county participation and actual fund balance to date.

Action: Approval of the CalMHSA Financial Statement for the quarter ending December 31, 2016 for presentation at the next scheduled Board of Directors meeting.

No action taken due to the lack of a quorum.

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

None

6. **Complexities Related to Non-paying Counties**

Treasurer, Bill Walker provided a review of the complexities related to non-paying counties, to include two recommendations as potential solutions. As discussion ensued, committee members expressed the concern for recommendation one (1) with putting counties in a position status of good standing or not. The alternative to recommendation one (1), led to confusion and asked it be removed. The members brainstormed on potential solutions and proceed to request that staff clarify the programs which are opt-in/out in an effort to determine who is considered non-paying in addition to outlining all CalMHSA programs and discern which one provide direct vs indirect benefit to the members.

Given the extensive discussion, the committee determined they were not prepared to move this item forward, therefore agreed to schedule a committee meeting in February to continue discussions.

Action: Discuss and approve the proposed solutions for addressing the issue of member counties benefitting from certain CalMHSA managed programs, of which they do not financially contribute.

No action taken due to the lack of a quorum.

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

None

7. **CalMHSA Executive Director Finance Report**

This item was not discussed.

Action: None, information only.

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

None

8. **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

9. **Closing Comments**

Treasurer, Bill Walker asked for any closing comments.

10. **Adjournment**

With no further comments, the meeting was adjourned at 4:18 p.m.

GENERAL DISCUSSION
Agenda Item 8.A.

SUBJECT: Report from CalMHSA President – Terence M. Rooney

ACTION FOR CONSIDERATION:

Discussion and/or action as deemed appropriate.

BACKGROUND AND STATUS:

CalMHSA President, Terence Rooney, will provide general information and updates regarding the JPA.

- Annual Elections and Nominations
- General

Annual Elections and Nominations:

As you are aware, at the June 2017 Board meeting CalMHSA will have its annual elections for Executive Committee and Finance Committee for upcoming termed out positions and vacancies. In preparation for this meeting, we would appreciate member consideration of filling the following positions:

[Officer Position\(s\) Term Out as of June 30, 2017 \(Officers are subject to biennial elections\)](#)

President

Vice President

Secretary

CMHDA At-Large Member

Treasurer (*Serves a 2 year term, but re-approved each year*)

[Executive Member Position\(s\) Terming out as of June 30, 2017](#)

Bay Area Region Representative

Central Region Representative

Southern Region Representative

Superior Region Representative

**Designated alternate positions term out on June 30, 2018*

[Finance Committee Position\(s\) Terming out as of June 30, 2017](#)

Central Region Representative

Los Angeles Region

Superior Region

NOTE: The CalMHSA President will be appointing a nominating committee for the purpose of annual elections, with consent of the board, however we welcome any volunteer and/or nominations for the above positions.

FISCAL IMPACT:

None.

RECOMMENDATION:

Discussion and/or action as deemed appropriate.

TYPE OF VOTE REQUIRED:

Majority vote.

REFERENCE MATERIAL(S) ATTACHED:

- None.

GENERAL DISCUSSION
Agenda Item 8.B.

SUBJECT: Report from CalMHSA Executive Director – Wayne Clark

ACTION FOR CONSIDERATION:

Discussion and/or action on items below, as deemed appropriate.

BACKGROUND AND STATUS:

CalMHSA Executive Director, Wayne Clark, will be presenting a State of the Authority and will be reporting on the following items.

- No Place Like Home Role for CalMHSA
- Possible Collaboration for Prop. 47 Partnership
- General

FISCAL IMPACT:

None.

RECOMMENDATION:

Discussion and/or action on items above, as deemed appropriate.

TYPE OF VOTE REQUIRED:

Majority vote.

REFERENCE MATERIAL(S) ATTACHED:

- None.