Board of Directors Meeting

AGENDA

Thursday, August 11, 2016

2:15 p.m. – 4:30 p.m.

Call-In Information: 916-233-1968
Conference Code: 3043
(Listen in only)

CalMHSA
California Mental Health Services Authority

Meeting Location:

Kings County
460 Kings County Drive, Suite 101
Hanford, CA 93230

Doubletree Hotel Sacramento
2001 Point West Way
Sacramento, CA 95815

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

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

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

A. BOARD OF DIRECTORS 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.

8. 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.

9. NEW BUSINESS

General discussion regarding any new business topics for future meetings.

10. CLOSING COMMENTS

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

11. CLOSED SESSION

A. CALL TO ORDER

B. ROLL CALL AND INTRODUCTIONS

C. REPORT FROM LEGAL COUNSEL—ANTICIPATED LITIGATION – Initiation of litigation pursuant to paragraph (4) of subdivision (d) of Section 54956.9.

D. Pursuant to section 54953 (c) (2), if action is taken, CalMHSA will publicly report the vote or abstention of each member present via the meeting minutes rather than announced orally. If no action is taken there will be no public report out.

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 9, 2016 Board of Directors Meeting

B. Reports / Correspondence
    1. Letters of Acknowledgment Matrix
    2. Cash Balance as of June 30, 2016
    3. Projected Cash Flow as of July 31, 2016
    4. Treasurer's Report as of June 30, 2016
    5. Executive Committee / Finance Committee Election

FISCAL IMPACT:

See staff reports for fiscal impact.

RECOMMENDATION:

Approval of the Consent Calendar.

TYPE OF VOTE REQUIRED:

Majority vote of the Board of Directors.

REFERENCE MATERIAL(S) ATTACHED:

- June 9, 2016 Board of Directors Meeting Minutes
- Letters of Acknowledgment Matrix
- Cash Balance as of June 30, 2016
- Projected Cash Flow as of July 31, 2016
- Treasurer's Report as of June 30, 2016
- Executive Committee / Finance Committee Election

"A George Hills Company Administered JPA"

CalMHSA Board of Directors
Meeting Minutes from June 9, 2016

BOARD MEMBERS PRESENT
Butte County – **Jeremy Wilson** *(Alternate)*
Colusa County – **Terence M. Rooney**
Contra Costa – **Warren Hayes** *(Alternate)*
El Dorado County – **Patricia Charles-Heathers** *(Alternate)*
Fresno County – **Dawan Utecht**
Kern County – **Bill Walker**
Los Angeles County – **William Arroyo** *(Alternate)*
Madera County – **Dennis P. Koch**
Marin County – **Suzanne Tavano**
Modoc County – **Karen Stockton**
Napa County – **Bill Carter**
Orange County – **Mary Hale**
Plumas County – **Louise Steenkamp**
Riverside County – **Steven Steinberg**
Sacramento County – **Jane Ann LeBlanc** *(Alternate)*
San Bernardino County – **CaSonya Thomas**
San Diego County – **Alfredo Aguirre**
San Joaquin County – **Cindy Morishige** *(Alternate)*
San Luis Obispo County – **Anne Robin**
Santa Barbara County – **Alice Gleghorn**
Siskiyou County – **Toby Reusze** *(Alternate)*
Solano County – **Sandra Sinz** *(Alternate)*
Shasta County – **Donnell Ewert**
Sonoma County – **Michael Kennedy**
Stanislaus County – **Madelyn Schlaepfer**
Sutter/Yuba Counties – **Tony Hobson**
Tri-City – **Antonette "Toni" Navarro**
Trinity County - **Anne Lagorio** (Alternate)
Tuolumne County – **Rita Austin**

BOARD MEMBERS ABSENT
Alameda County
Alpine County
Berkeley, City of
Contra Costa County
Del Norte County
Glenn County
Humboldt County
Imperial County
Inyo County

Kings County
Lake County
Lassen County
Mariposa County
Mendocino County
Mono County
Monterey County
Nevada County
Placer County
San Benito County
San Francisco City/County
San Mateo County
Santa Clara County
Santa Cruz County
Siskiyou County
Solano County
Tulare County
Yolo County
Ventura County

MEMBERS OF THE PUBLIC
Tom Renfree, 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
Doug Alliston, CalMHSA Legal Counsel
Armando Bastida, CalMHSA Executive Assistant

1. CALL TO ORDER

CalMHSA Vice President Terence M. Rooney, Colusa County, called the Board of Directors meeting of the California Mental Health Services Authority (CalMHSA) to order at 8:09 A.M. on June 9, 2016, at the Doubletree by Hilton in Sacramento, California. Vice President Rooney welcomed those in attendance as well as those listening in on the phone, and asked all present to introduce themselves.

Vice 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 a quorum had been reached.

3. INSTRUCTIONS FOR PUBLIC COMMENT AND STAKEHOLDER INPUT

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

4. CONSENT CALENDAR

Vice President Rooney acknowledged the consent calendar and asked for comment from Board members. Hearing none, Vice President Rooney entertained a motion for approval of the Consent Calendar.

Action: ***Approval of the consent calendar.***

Motion: ***Kern County – William Walker***
Second: ***Stanislaus County – Madelyn Schlaepfer***

Motion passed unanimously.

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

5. ADMINISTRATIVE MATTERS

A. Officers / Executive Committee / Finance Committee Election
Vice President Rooney provided an overview of the slate of officers and elected committee members. Hearing no comments, Vice President Rooney called for a motion to approve the slate and elected committee members.

Role	Member	Term Length	Term Start Date	Term End Date
President	Terence Rooney, Colusa County	2 years	7/1/2016	6/30/2018
Vice President	**Dawan Utecht, Fresno County**	**2 years**	**6/30/2015**	**6/30/2017**
Secretary	**Michael Kennedy, Sonoma County**	**2 years**	**6/30/2015**	**6/30/2017**
Treasurer	**William Walker, Kern County**	**annual[1]**	**7/1/2016**	**6/30/2018**

[1] Treasurer - To serve a two year term but be re-approved each year to represent the JPA on Investment decisions.

Past President		**Maureen Bauman, Placer County**	**2 years**	**7/1/2016**	**6/30/2018**
CMHDA At-Large Member[2]		**VACANT**	**1 year**	**7/1/2016**	**6/30/2017**
Bay Area Regional Representatives	**#1**	**Manuel Jimenez, Alameda County**	**2 years**	**6/30/2015**	**6/30/2017**
	#2	**William Carter, Napa County**	**2 years**	**7/1/2016**	**6/30/2018**
Central Regional Representatives	**#1**	**Rita Austin, Tuolumne County**	**2 years**	**6/30/2015**	**6/30/2017**
	#2	**Uma Zykofsky, Sacramento County**	**2 years**	**7/1/2016**	**6/30/2018**
Los Angeles Regional Representatives	**#1**	**Robin Kay, Los Angeles County**	**2 years**	**12/31/2015**	**6/30/2017**
	#2	William Arroyo, Los Angeles County	2 years	7/1/2016	6/30/2018
Southern Regional Representatives	#1	**Alfredo Aguirre, San Diego County**	**2 years**	**7/1/2015**	**6/30/2017**
	#2	**Anne Robin, San Luis Obispo County**	**2 years**	**7/1/2016**	**6/30/2018**
Superior Regional Representatives	**#1**	**VACANT**	**2 years**	**6/30/2015**	**6/30/2017**
	#2	VACANT	2 years	7/1/2016	6/30/2018

Position/Region	Nominee	Term
Chair	William Walker, Napa County	July 1, 2016 – June 30, 2018[1]
Bay Area	Michael Lucid, Sonoma County	July 1, 2015 – June 30, 2018
Central[3]	Dennis Koch, Madera County	July 1, 2015 – June 30, 2017
Los Angeles[3]	William Arroyo, Los Angeles County	July 1, 2015 – June 30, 2017
Superior[3]	Terrence Rooney, Colusa County	July 1, 2015 – June 30, 2017
Southern	Steve Steinberg, Riverside County	July 1, 2016 – June 30, 2018
Ex Officio	Maureen Bauman, Placer County	NA

[2] CMHDA At-Large-Member per the December 12, 2013 Board approved Bylaw changes.
[3] Per the bylaws, Section 6.3.4, … Terms shall be two years, except that in order to create staggered terms, the initial terms of three regional members (Los Angeles, Central and Superior) shall be three years.

Action: Approval of the recommended slate of officers, Executive Committee members representing the five CMHDA regions, and Finance Committee members.

Motion: San Bernardino County – CaSonya Thomas
Second: Marin County – Suzanne Tavano

Motion passed unanimously.

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

B. Annual Strategic Planning Session Report Out
Chief Operating Officer, John Chaquica, gave an overview of the draft strategic plan based on discussion from the CalMHSA Annual Strategic Planning Session from April 15, 2016. Staff was seeking direction to ensure the action items were relevant in order for staff to begin preparing a Strategic Plan to address the action items. Discussion ensued amongst the board, resulting in the members directing staff to focus on the first priority, Action Item A—Money Sustainability, in the development of a draft plan. Only after this is accomplished, should the staff bring forward a Strategic Plan on the remaining action items for prioritization.

Action: Approval of Action Items A—Money Sustainability--to be used to draft a Strategic Plan, followed by members prioritizing the remaining categories.

Motion: Orange County – Mary Hale
Second: San Bernardino County – CaSonya Thomas

Motion passed unanimously.

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

6. FINANCIAL MATTERS

A. CalMHSA Annual Revenue and Expenditure Report – Proposed Budget June 30, 2017.

Treasurer Dawan Utecht provided an overview of the barebones budget and difficulty of managing cash flow. Board members expressed the difficulty of getting approval from the Board of Supervisors to fund CalMHSA PEI projects.

Action: Approval of the Proposed Budget June 30, 2017.

Motion: Tuolumne County – Rita Austin

Second: ***Modoc County – Karen Stockton***

Abstain: ***Santa Barbara – Alice Gleghorn***

Motion passed unanimously.

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

B. Application for a Business Line of Credit for CalMHSA with California Bank and Trust.

Treasurer Dawan Utecht provided an overview of the recommendation to apply for a Business Line of Credit due to cash flow concerns.

Action: ***Approval of the exploration of a Business Line of Credit by submitting an application with California Bank and Trust. Staff to come back with details for the Board. Staff was directed to do a survey of counties internal payment commitment authority.***

Motion: ***Orange County – Mary Hale***
Second: ***Modoc County – Karen Stockton***

Abstain: ***Santa Barbara – Alice Gleghorn***

Motion passed unanimously.

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

7. PROGRAM MATTERS

A. State Hospital Beds Update

John Chaquica, Chief Operating Officer provided the Board members with an update on the Department of State Hospitals program. Members inquired regarding why their count was being billed even though the county did not have a signed MOU. John Chaquica explained that the Board of Directors approved CalMHSA invoicing Counties that procure beds.

Action: ***None, information only.***

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

B. Update on Phase II Statewide PEI Programs

Program Director, Ann Collentine provided the Board of Directors with a presentation capturing a few program highlights. The presentation included the number of people reached statewide from July to December 2015.

Action: ***None, information only.***

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

8. GENERAL DISCUSSION

A. Report from CalMHSA Executive Director

CalMHSA Executive Director, Wayne Clark mentioned some miscellaneous projects currently being worked on and status of those projects.

Action: ***None, information only.***

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

9. PUBLIC COMMENTS

Vice President Rooney invited members of the public to make comments on non-agenda items. Alfredo Aguirre, San Diego County, inquired whether an agenda item for future funding reduction of our current contractors will be coming back to the full board for action. Dr. Clark mentioned the agenda item will be included in our next Board of Directors meeting in August.

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

10. NEW BUSINESS

General discussion regarding any new business topics for future meetings.

11. CLOSING COMMENTS

12. ADJOURNMENT

Hearing no further comments, the meeting was adjourned at 9:52 a.m.

Respectfully submitted,

_____ _____

Michael Kennedy, MFT Date
Secretary, CalMHSA

Letters of Acknowledgement

	PHASE II FUNDING FY 15-16 LOA Rcvd & Funding Projected		Date Payment Received	PHASE II Funding Received FY 15-16	Emailed Past Due Invoice to BHD	FY 16-17 LOA Rcvd & Funding Projected (Phase II)		Date Payment Received	PHASE II Funding Received FY 16-17	Emailed invoice to BHD
County	$	%		$		$	%		$	
Alameda County	$ 342,215.00	3%	8/27/2015	$ 342,216.00		$ 290,883.00	3%	7/19/2016	$ 290,883.00	7/1/2016
Alpine County						$ 15,000.00	7%	7/26/2016	$ 15,000.00	7/1/2016
*Amador County										
Butte County	$ 25,000.00	6%	7/31/2015	$ 25,000.00						
*Calaveras County										
City of Berkeley										
Colusa County	$ 11,414.00		8/17/2015	$ 11,414.00						
Contra Costa County										
Del Norte County										
El Dorado County	$ 9,471.00	1%	7/29/2016	$ 9,471.00	5/4/2016	$ 9,471.00	1%	7/26/2016	$ 9,471.00	7/1/2016
Fresno County	$ 455,864.00	7%	10/20/2015	$ 455,864.00						
Glenn County	$ 12,536.00	3%	5/27/2015	$ 12,536.00		$ 18,000.00	3%	5/27/2015	$ 18,000.00	
Humboldt County	$ 8,198.31				5/4/2016	$ 8,198.31				7/1/2016
Imperial County	$ 48,915.00	4%	9/10/2015	$ 48,915.00		$ 48,915.00	4%			7/1/2016
Inyo County										
Kern County	$ 120,019.19	2%	9/25/2015	$ 120,019.19		$ 120,019.19	2%	9/25/2015	$ 120,019.19	
Kings County	$ 48,373.00	5%	7/21/2015	$ 48,373.00		$ 48,373.00	5%	5/12/2016	$ 48,373.00	
Lake County	$ 27,028.00	7%			5/4/2016					
Lassen County						$ 11,000.00	4%			7/1/2016
Los Angeles County										
Madera County	$ 15,200.00	2%	7/23/2015	$12,200		$ 15,000.00	2%			7/1/2016
Marin County	$ 75,000.00	5%	11/10/2015	$ 75,000.00		$ 75,000.00	5%			7/1/2016
Mariposa County										
Mendocino County	$ 7,180.00	1%	9/10/2015	$ 7,180.00		$ 8,625.00	1%			7/1/2016
*Merced County										
Modoc County	$ 6,522.00	4%	9/28/2015	$ 6,522.00		$ 6,522.00	4%	7/19/2016	$ 6,522.00	7/1/2016
Mono County										
Monterey County	$ 252,000.00	7%	8/10/2015	$ 252,000.00		$ 252,000.00	7%	8/4/2016	$ 252,000.00	7/1/2016
Napa County	$ 9,391.00	1%	9/14/2015	$ 9,391.00		$ 10,471.00	1%			7/1/2016
Nevada County	$ 5,000.00	1%	10/14/2015	$ 5,000.00		$ 5,000.00	1%			7/1/2016
Orange County	$ 900,000.00	4%	10/27/2015	$ 900,000.00		$ 900,000.00	4%	7/21/2016	$ 900,000.00	7/1/2016
Placer County	$ 162,000.00	6%	8/20/2015	$ 162,000.00		$ 162,000.00	6%	7/26/2016	$ 162,000.00	7/1/2016
Plumas County	$ 25,000.00	6%	10/5/2015	$ 25,000.00		$ 25,000.00	6%	6/3/2016	$ 25,000.00	
Riverside County	$ 516,058.00	4%	8/11/2015	$ 516,058.00		$ 526,379.00	4%	7/12/2016	$ 526,379.00	7/1/2016
Sacramento County	$ 342,486.00	3%	7/21/2015	$ 342,486.00		$ 320,325.00	3%			7/1/2016
San Benito County	$ 25,000.00	5%	11/4/2015	$ 25,000.00						
San Bernardino County	$ 561,894.00	4%	9/22/2015	$ 561,894.00		$ 561,894.00	4%			7/1/2016
San Diego County	$ 650,000.00	3%	11/4/2015	$ 650,000.00		$ 400,000.00	1%			7/1/2016
San Francisco City And County	$ 100,000.00	2%	7/15/2015	$ 100,000.00		$ 100,000.00	2%	7/28/2016	$100,000.00	7/1/2016
San Joaquin County	$ 174,662.54	4%	1/14/2016	$ 174,662.54		$ 174,662.54	4%			7/1/2016
San Luis Obispo County	$ 67,308.00	4%	6/2/2016	$ 67,308.00		$ 67,308.00	4%			7/1/2016
San Mateo County	$ 90,508.00	2%	10/06/2015%	$ 90,508.00		$ 95,965.00	2%	7/22/2016	$ 95,965.00	7/1/2016
Santa Barbara County						$ 5,000.00	0.10%	7/15/2016	$ 5,000.00	7/1/2016
Santa Clara County	$ 400,000.00	4%	7/6/2016	$ 400,000.00						
Santa Cruz County										
Shasta County	$ 11,485.00	1%	10/12/2015	$ 11,485.00		$ 13,000.00	1%	7/27/2016	$ 13,000.00	7/1/2016
*Sierra County										
Siskiyou County										
Solano County	$ 53,930.00	2%	8/11/2015	$ 53,930.00		$ 60,611.00	2%			7/1/2016
Sonoma County	$ 109,000.00	4%	9/1/2015	$ 109,000.00		$ 109,200.00	2.78%			
Stanislaus County	$ 90,000.00	1%	10/27/2015	$ 90,000.00						
Sutter/Yuba County	$ 39,185.00	4%	9/28/2015	$ 39,185.00		$ 39,185.00	4%	2/9/2016	$ 39,185.00	
*Tehama County										
Tri-City Mental Health Center	$ 14,852.00	1%	9/23/2015	$ 14,852.00		$ 15,181.00	1%	7/26/2016	$ 7,590.50	7/1/2016
Trinity County	$ 10,000.00	4%	10/2/2015	$ 10,000.00		$ 10,000.00	4%			7/1/2016
Tulare County	$ 31,443.17	1%	4/27/2015	$ 31,443.17		$ 31,443.17	1%	4/24/2015	$ 31,443.17	
Tuolumne County	$ 16,715.00	5%	5/20/2015	$ 16,715.00		$ 16,715.00	5%	5/20/2015	$ 16,715.00	
Ventura County	$ 52,500.00	1%	11/9/2015	$ 52,500.00		$ 53,500.00	1%			7/1/2016
Yolo County	$ 35,000.00	2.2%			5/4/2016	$ 35,000.00	2.2%			7/1/2016
TOTAL	**$ 5,958,353.21**	**3%**		**$ 5,885,127.90**		**$ 4,664,846.21**	**3%**		**$ 2,682,545.86**	
Balance Due				**$ 73,225.31**					**$ 1,982,300.35**	

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

CalMHSA
Cash Balance
As of July 31, 2016

Cash Balance, 6/30/2016	7,709,093.70
Cash Received 07/01/2016 to 07/31/2016	2,842,687.23
Cash Payments 07/01/2016 to 07/31/2016	(903,069.14)
Cash Balance, 7/31/2016	9,648,711.79

Cash Balance by Institution	
California Bank & Trust	785,515.12
Morgan Stanley Smith Barney	1,470.93
Local Agency Investment Fund	8,861,725.74
Cash Total 07/31/2016	**9,648,711.79**

California Mental Health Services Authority
Projected Cash Flow
2016/2017

Reflects actual activity as of July 29, 2016

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
Beginning Cash Balance	7,709,094	9,648,712	9,494,548	9,063,917	8,405,732	7,922,171	7,442,365	6,434,073	5,420,532	4,406,990	3,401,448	2,387,906	7,709,094
Cash Receipts:													
Phase II -1- Sustainability 15-16	409,471	21,599	21,599										452,669
Phase II-2 - Sustainability 16-17	2,131,811	424,420	424,420	424,420	424,420	424,420							4,253,911
Suicide Prevention Hotline 16-17	15,063	38,126	38,126										91,315
State Hospital Beds 15-16	168,941	180,416	180,416										529,772
State Hospital Beds 16-17	86,924	113,066	113,066	113,066	113,066	113,066							652,252
SD3 - Feasibility Study		4,427	4,427	4,427									13,281
Drug Medi-Cal		3,540	3,540	3,540	3,540	3,540	3,540	3,540	3,540	3,540	3,540	3,540	38,940
Other Strategic Programs	18,500	300,000											318,500
Other (LAIF Interest, etc.)	11,978			12,000			9,000			8,000			40,978
Total Cash Receipts	2,842,687.23	1,085,593	785,593	557,453	541,026	541,026	12,540	3,540	3,540	11,540	3,540	3,540	6,391,617
Cash Expenses:													
PEI/Phase I Obligations 2014/15	63,769	198,604	198,604	198,604	-	-	-	-	-	-	-	-	659,582
Phase II Obligations 2015/16 & 2016/17	559,871	652,156	658,424	657,854	657,906	657,901	657,902	657,902	657,902	657,902	657,902	657,902	7,791,522
Suicide Prevention Hotline	45,022	53,455	53,455	53,455	53,455	53,455	53,455	53,455	53,455	53,455	53,455	53,455	633,026
Plumas Wellness Center		41,609	41,609	41,609	41,609	41,609	41,609	41,609	41,609	41,609	41,609	41,609	457,700
Community Response Plan	3,848												3,848
TTACB Contract		16,505	16,505	16,505	16,505	16,505	16,505	16,505	16,505	16,505	16,505	16,505	181,550
State Hospital Beds	52,414	50,030	50,228	50,212	50,213	50,213	50,213	50,213	50,213	50,213	50,213	50,213	604,589
Feasibility Study	922	11,791	11,791	11,791	11,791	11,791	11,791	11,791	11,791	11,791	11,791	11,791	130,628
Drug Medi-Cal	1,604	3,153	3,153	3,153	3,153	3,153	3,153	3,153	3,153	3,153	3,153	3,153	36,283
PNWE	257												257
EDC	675												675
Orange County													-
WET Program Expenditures		12,373	12,373	12,373	12,373	12,373	12,373	12,373	12,373	12,373	12,373	12,373	136,098
Research & Development		16,642	16,642	16,642	16,642	16,642	16,642	16,642	16,642	16,642	16,642	16,642	183,064
Total Administrative Expenses	174,687	183,440	153,440	153,440	160,940	157,190	157,190	153,440	153,440	153,440	153,440	153,440	1,907,527
Total Cash Expenses	903,069	1,239,758	1,216,224	1,215,637	1,024,586	1,020,832	1,020,832	1,017,082	1,017,082	1,017,082	1,017,082	1,017,082	12,726,348
Ending Cash Balance	9,648,712	9,494,548	9,063,917	8,405,732	7,922,171	7,442,365	6,434,073	5,420,532	4,406,990	3,401,448	2,387,906	1,374,364	1,374,364

"A George Hills Company Administered JPA"

Treasurer's Report

As of June 30, 2016

	Book Balance	Market Value	Effective Yield
Local Agency Investment Fund	$7,649,748	$7,654,500	0.58%
Morgan Stanley – Money Trust	1,471	1,471	0.14%
Cash with California Bank & Trust	57,875	57,875	0.00%
Total Cash and Investments	**$7,709,094**	**$7,713,846**	**0.57%**

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

The LAIF market value was derived by applying the June 2016 fair value factor of 1.000621222 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,

DocuSigned by:
Kim Santin
Kim Santin, Finance Director

Accepted,

DocuSigned by:
Bill Walker
William Walker, Treasurer

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

www.treasurer.ca.gov/pmia-laif/laif.asp
May 19, 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

April 2016 Statement

Effective Date	Transaction Date	Tran Type	Confirm Number	Authorized Caller	Amount
4/15/2016	4/15/2016	RW	1499806	KIM SANTIN	-1,150,000.00
4/15/2016	4/14/2016	QRD	1499352	SYSTEM	14,055.61

Account Summary

Total Deposit:	14,055.61	Beginning Balance:	10,185,692.35
Total Withdrawal:	-1,150,000.00	Ending Balance:	9,049,747.96

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

www.treasurer.ca.gov/pmia-laif/laif.asp
June 07, 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

May 2016 Statement

Effective Date	Transaction Date	Tran Type	Confirm Number	Authorized Caller	Amount
5/18/2016	5/17/2016	RW	1502032	KIM SANTIN	-600,000.00

Account Summary

Total Deposit:	0.00	Beginning Balance:	9,049,747.96
Total Withdrawal:	-600,000.00	Ending Balance:	8,449,747.96

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

www.treasurer.ca.gov/pmia-laif/laif.asp
July 13, 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

June 2016 Statement

Effective Date	Transaction Date	Tran Type	Confirm Number	Authorized Caller	Amount
6/16/2016	6/16/2016	RW	1504064	KIM SANTIN	-800,000.00

Account Summary

Total Deposit:	0.00	Beginning Balance:	8,449,747.96
Total Withdrawal:	-800,000.00	Ending Balance:	7,649,747.96

CONSENT CALANDAR
Agenda Item 4.B.5.

SUBJECT: Executive Committee / Finance Committee Election

ACTION FOR CONSIDERATION

Approve recommended slate of Executive Committee members representing the five CMHDA regions, and Finance Committee Members.

EXECUTIVE COMMITTEE BACKGROUND AND STATUS

On June 30, 2016, there are three (3) vacancies for the regional representatives. The CalMHSA Bylaws state that the Board will elect, by majority vote, new executive committee members at the last board meeting of the fiscal year.

The nominated slate of Executive Committee members is as follows:

Role		Member	Term Length	Term Start Date	Term End Date
President		Terence Rooney, Colusa County	2 years	7/1/2016	6/30/2018
Vice President		**Dawan Utecht, Fresno County**	**2 years**	**6/30/2015**	**6/30/2017**
Secretary		**Michael Kennedy, Sonoma County**	**2 years**	**6/30/2015**	**6/30/2017**
Treasurer		**William Walker, Kern County**	**annual[1]**	**7/1/2016**	**6/30/2018**
Past President		**Maureen Bauman, Placer County**	**2 years**	**7/1/2016**	**6/30/2018**
CMHDA At-Large Member[2]		**VACANT**	**1 year**	**7/1/2016**	**6/30/2017**
Bay Area Regional Representatives	**#1**	**Manuel Jimenez, Alameda County**	**2 years**	**6/30/2015**	**6/30/2017**
	#2	**William Carter, Napa County**	**2 years**	**7/1/2016**	**6/30/2018**
Central Regional Representatives	**#1**	**Rita Austin, Tuolumne County**	**2 years**	**6/30/2015**	**6/30/2017**
	#2	**Uma Zykofsky, Sacramento County**	**2 years**	**7/1/2016**	**6/30/2018**
Los Angeles Regional Representatives	**#1**	**Robin Kay, Los Angeles County**	**2 years**	**12/31/2015**	**6/30/2017**

[1] Treasurer - To serve a two year term but be re-approved each year to represent the JPA on Investment decisions

[2] CMHDA At-Large-Member per the December 12, 2013 Board approved Bylaw changes.

	#2	William Arroyo, Los Angeles County	2 years	7/1/2016	6/30/2018
Southern Regional Representatives	#1	**Alfredo Aguirre, San Diego County**	**2 years**	**7/1/2015**	**6/30/2017**
	#2	**Anne Robin, San Luis Obispo County**	**2 years**	**7/1/2016**	**6/30/2018**
Superior Regional Representatives	**#1**	**Dorian Kittrell, Butte County**	**2 years**	**6/30/2015**	**6/30/2017**
	#2	Noel O'Niell, Trinity County	2 years	7/1/2016	6/30/2018

FINANCE COMMITTEE BACKGROUND AND STATUS

On June 30, 2016, the Finance Committee had one (1) vacancy of the Finance Committee. The CalMHSA Bylaws state that committee members to be appointed by the Board President and approved by the Board of Directors.

The appointment of committee members is as follows:

Position/Region	Nominee	Term
Chair	William Walker, Napa County	July 1, 2016 – June 30, 2018[1]
Bay Area	Michael Lucid, Sonoma County	July 1, 2015 – June 30, 2018
Central[3]	Dennis Koch, Madera County	July 1, 2015 – June 30, 2017
Los Angeles[3]	William Arroyo, Los Angeles County	July 1, 2015 – June 30, 2017
Superior[3]	Terrence Rooney, Colusa County	July 1, 2015 – June 30, 2017
Southern	Steve Steinberg, Riverside County	July 1, 2016 – June 30, 2018
Ex Officio	Terrence Rooney, Colusa County	NA

RECOMMENDATION:

Approve recommended slate of officers, Executive Committee members representing the five CMHDA regions, and Finance Committee Members.

TYPE OF VOTE REQUIRED

Majority of the Board of Directors.

REFERENCE MATERIAL(S) ATTACHED:

- None

[3] Per the bylaws, Section 6.3.4, … Terms shall be two years, except that in order to create staggered terms, the initial terms of three regional members (Los Angeles, Central and Superior) shall be three years.

FINANCIAL MATTERS
Agenda Item 5.A

SUBJECT: Lester Consulting Group Feasibility Study Outcomes Report

ACTION FOR CONSIDERATION:

Provide direction to staff given the three options identified in staff report.

BACKGROUND AND STATUS:

The CalMHSA Phase Two Plan, adopted by the Board, in August 2014, proposed diversifying the funding base for statewide projects to include private funding and support. Staff, working with Runyon, Saltzman and Einhorn (RS&E) had several discussions on strategies to seek private funding and worked assertively to find a solution and a partner in this process. As such, on December 10, 2015 the Board authorized staff to execute a contract amendment with RS&E to increase their contract by $37,500 for the purpose of conducting a feasibility study for ascertaining potential private interest and support of CalMHSA statewide mental health programs via a subcontract with Lester Consulting Group (LCG).

Since this time staff, led by Dr. Clark, along with LCG and RS&E have executed the plan approved by the board seeking interested private companies and individuals. While we did not achieve the ultimate goal, there were positive outcomes derived. Jennifer Alpert's (Vice President, LCG), will present the scope of work, effort, results and consideration for future action.

We hope to obtain a commitment from the CalMHSA Board, today, for a Public/Private Partnership and CalMHSA's role as the Convener, Collaborator and Catalyst for mental wellness in California. If commitment is obtained, then staff requests guidance on whether to take one of the following options:

1. Direct CalMHSA staff to proceed with action items, attempt to seek funding and see if we are successful in getting this off the ground. This would include suspending LCG contract until funding is available to seed start up.
2. Board approval for additional funding via member allocable share contribution.
3. Staff to work with LCG on a fee arrangement to meet our budget.

FISCAL IMPACT:

TBD

RECOMMENDATION:

Provide direction to staff given the three options identified in staff report.

TYPE OF VOTE REQUIRED:

Majority vote of the Board of Directors

REFERENCE MATERIAL(S) ATTACHED:

- LCG Presentation

Campaign Feasibility Study Report

Presented by Jennifer Alpert, Vice President
Lester Consulting Group, Inc.

August 11, 2016

Lester Consulting Group, Inc.
Connecting People with Possibilities™

The Feasibility Study Report

Agenda

- Acknowledgements
- Study Methodology
- General Scope of Work
- Feasibility Study Objectives
- Comparative Analysis
- Study Findings and Recommendations
- Questions

Acknowledgements

The Feasibility Study

Your Most Important Investment

- Prospect identification and evaluation
- Analysis of the potential for success
- Identification of potential issues or obstacles
- Confirms leadership and volunteer options
- Tests messages, assumptions and initial strategies
- Evaluates readiness for campaign
- Defines the process and plan going forward

Study Methodology

General Scope of Work

*January 1, 2016 through August 31, 2016**

- Developed feasibility study documents:

  case for support, study objectives, chart of gifts, interview questionnaire, master prospect list, invitation letters, call scripts, acknowledgement letters

- Designed the study messaging, strategy and assumptions
- Completed comprehensive staff orientations and training
- Created and prioritized the Master Prospect List
  (450 names: health related, employers, Fortune 500 companies in California and foundations)

*** Feasibility study extended from initial June 30 date**

General Scope of Work

January 1, 2016 through August 31, 2016

- Conducted an orientation for the Board of Directors
- Managed participant scheduling and follow-up process
- Conducted and analyzed: 31 interviews from community leaders (includes 5 post report interviews)
- Provided preliminary and final report of findings and recommendations

Five Key Study Objectives

Testing on a $75 Million Goal

- Lead gift representing 10-15% of the goal ($10 million)
- 20-30% of the goal from qualified sources ($15-22.5 million)
- Sufficient leadership and volunteers for a campaign
- Organization readiness: Board and staff responsiveness
- 100% Board participation: giving and volunteering

Study Methodology: Community Leaders

Cultivating Potential Donors

- 450 community leaders received personalized invitations from Wayne Clark, Ph.D.
- Dr. Clark, CalMHSA staff and Lester Consulting Group staff made follow up phone calls to confirm their willingness to participate in a 30-60 minute interview by LCG (3 to 5 calls per person to secure appointment.)
- LCG managed the scheduling, conducted the interviews, and analyzed the Feasibility Study interview results.

Study Methodology: Community Leaders

Cultivating Potential Donors

- CalMHSA sent confirmation emails, the case statement, and follow-up acknowledgements from Dr. Clark.
- Of the 450 invitations extended:
  - 34 (8%) agreed to be interviewed:
    - 3 (<1%) were unresponsive to multiple LCG scheduling calls
    - 26 (6%) were interviewed
    - 5 (1%) interviewed after 7/22/16 data cut off date
  - 46 (10%) declined an interview
  - 43 (10%) were unreachable (position, number, or address changed)
  - 325 (72%) no response to confirmation calls *(cold calls)*

Study Methodology: Board Members

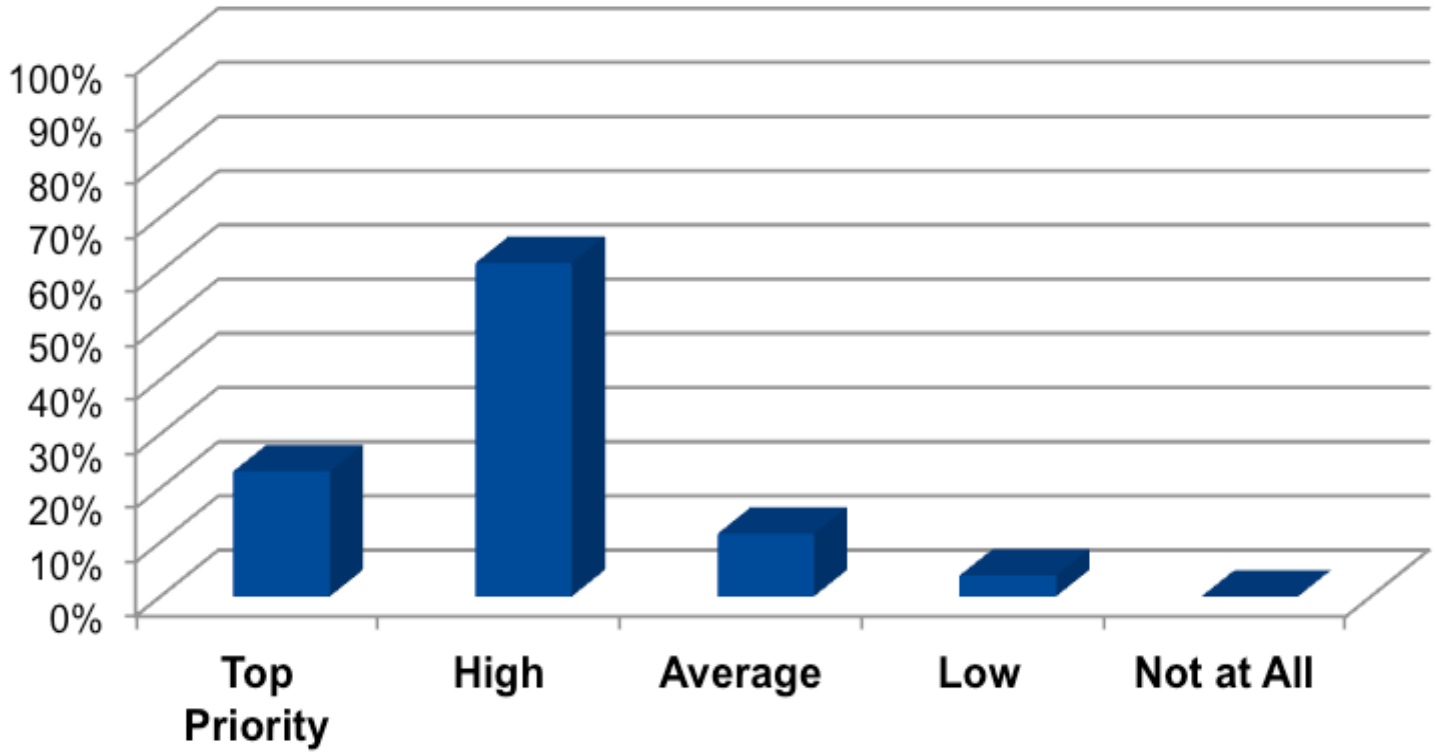
Cultivating Potential Donors

- Non-traditional role of CalMHSA board members
- Board members were invited to participate in prospect identification
- No members of the Board submitted prospect names or invited others to participate in the study

NOTE: Board members were not interviewed in this phase of the study process

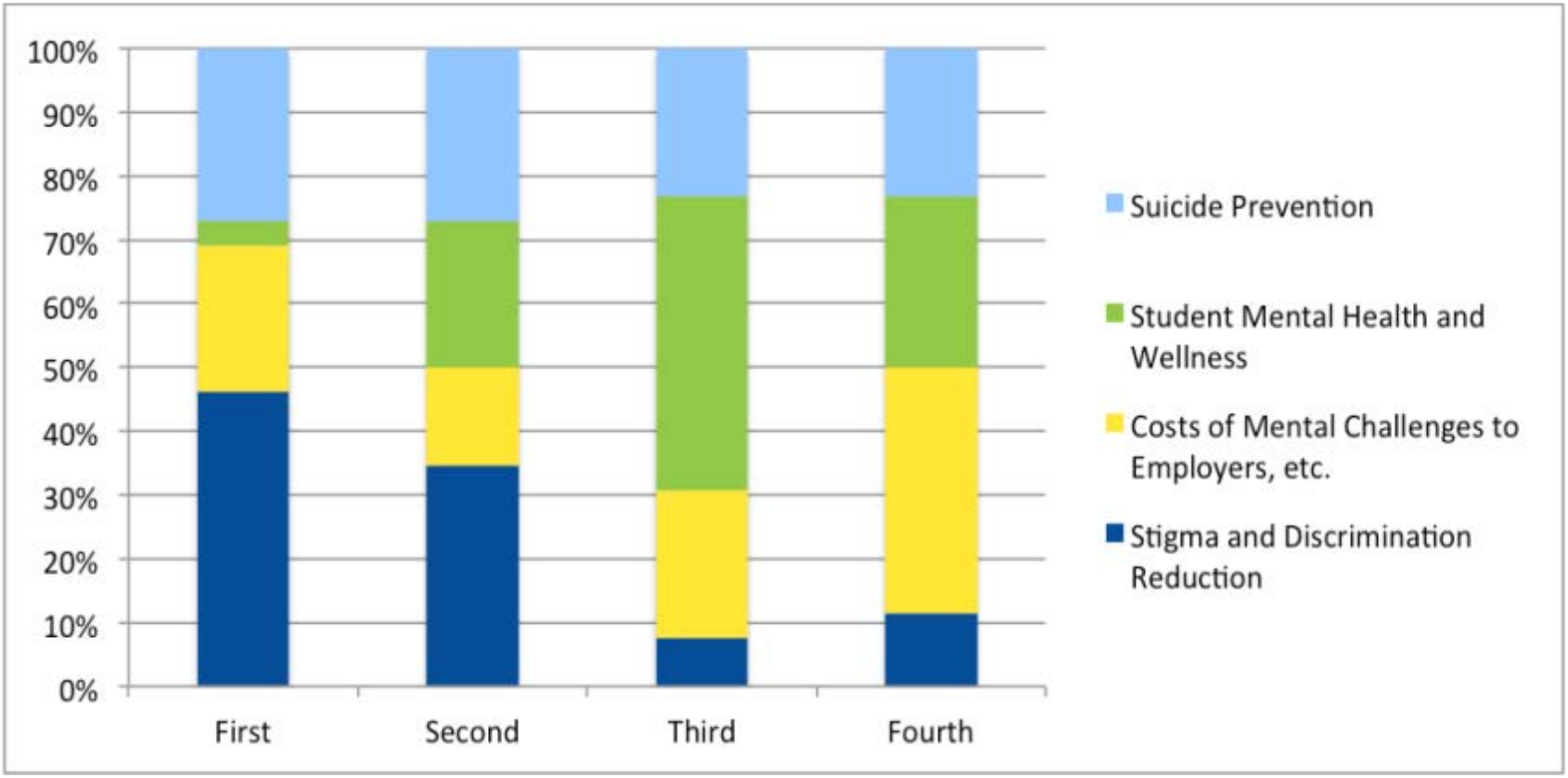
Study Findings

How would you rate the issue of mental health as a priority in CA?



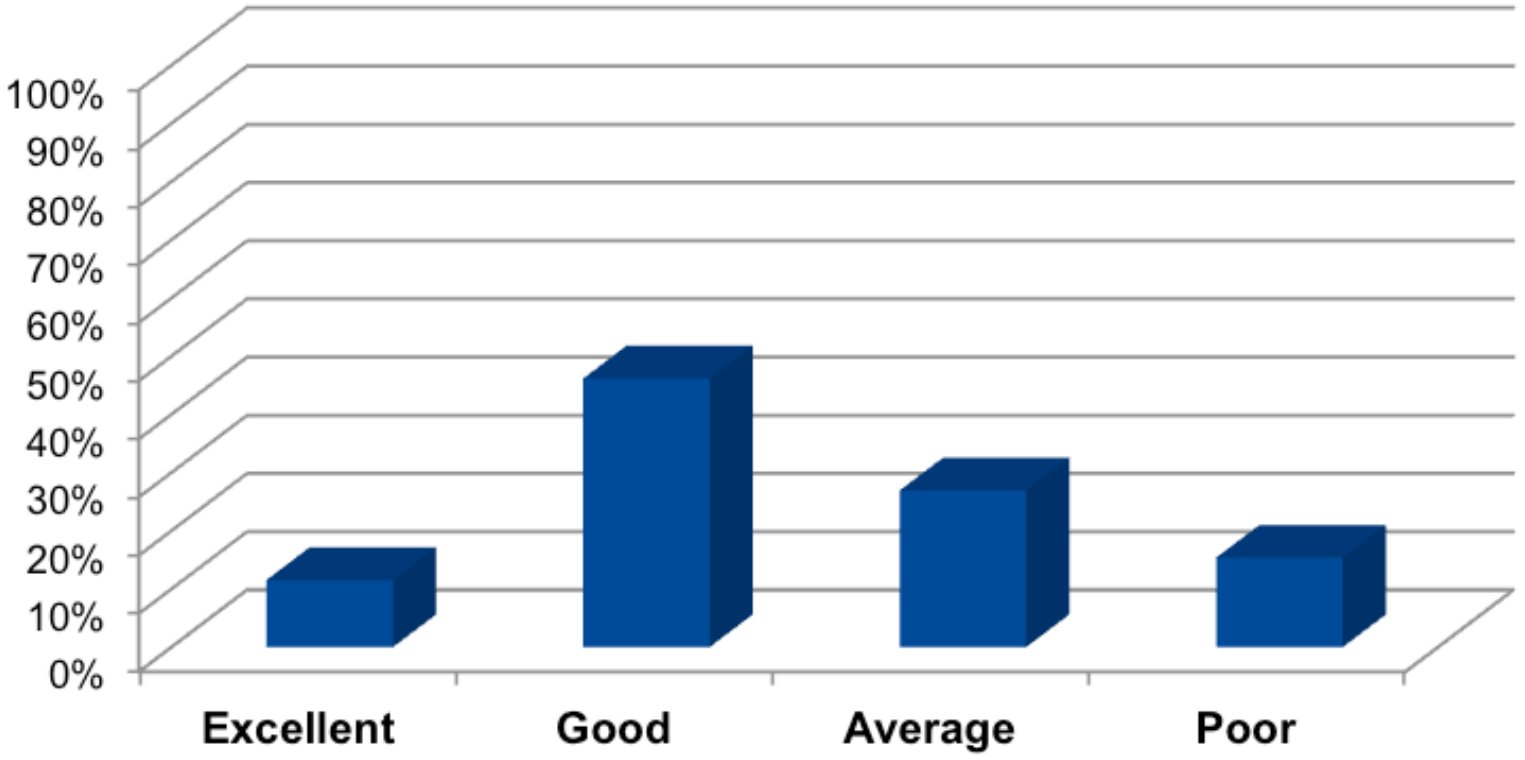
Top Priority	High	Average	Low	Not at All
23%	62%	12%	4%	0%
6	16	3	1	0

Which issue is of greatest importance to you?



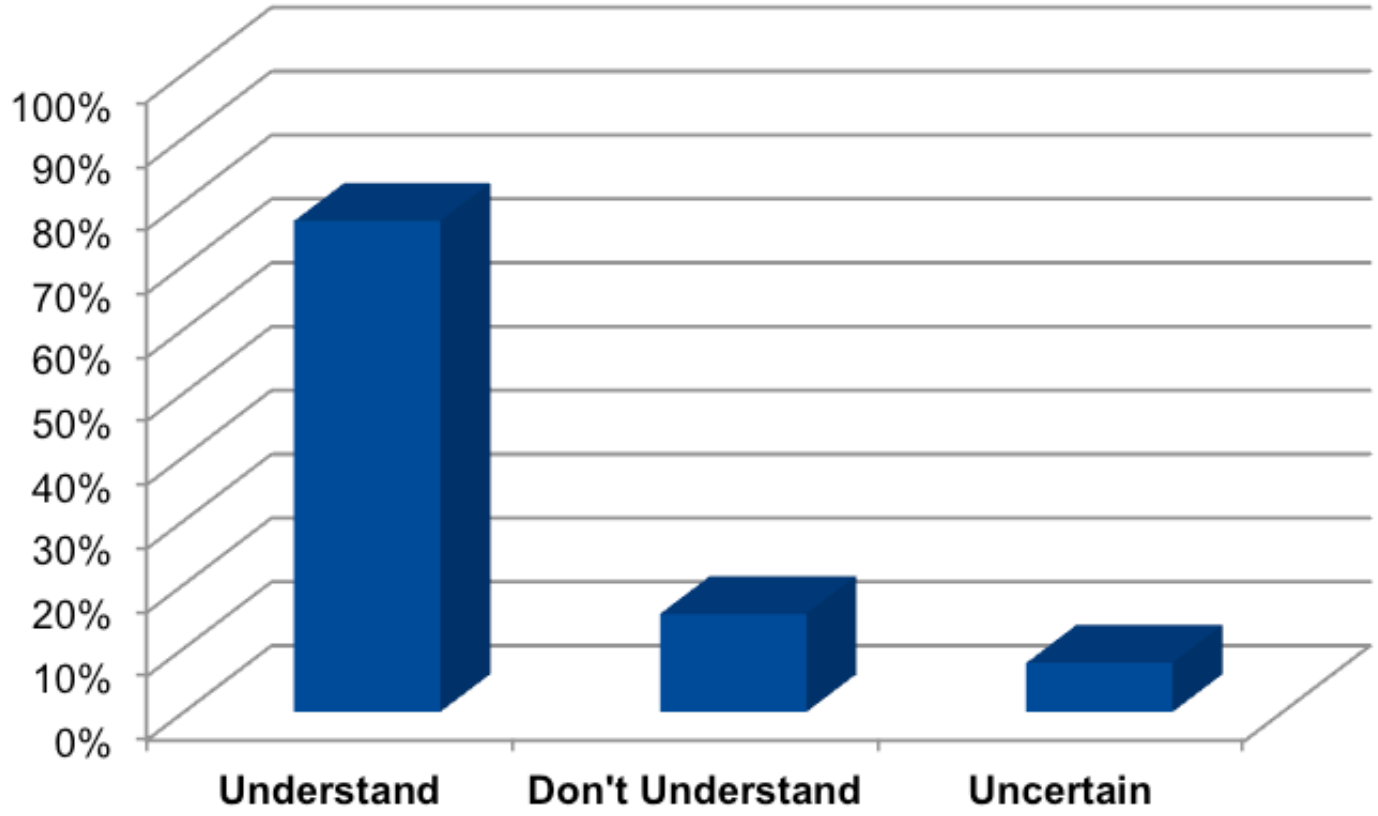
	First	Second	Third	Fourth
Stigma and Discrimination Reduction	12	9	2	3
Costs of Mental Challenges to Employers, etc.	6	4	6	10
Student Mental Health and Wellness	1	6	12	7
Suicide Prevention	7	7	6	6

How would you describe the image of CalMHSA?



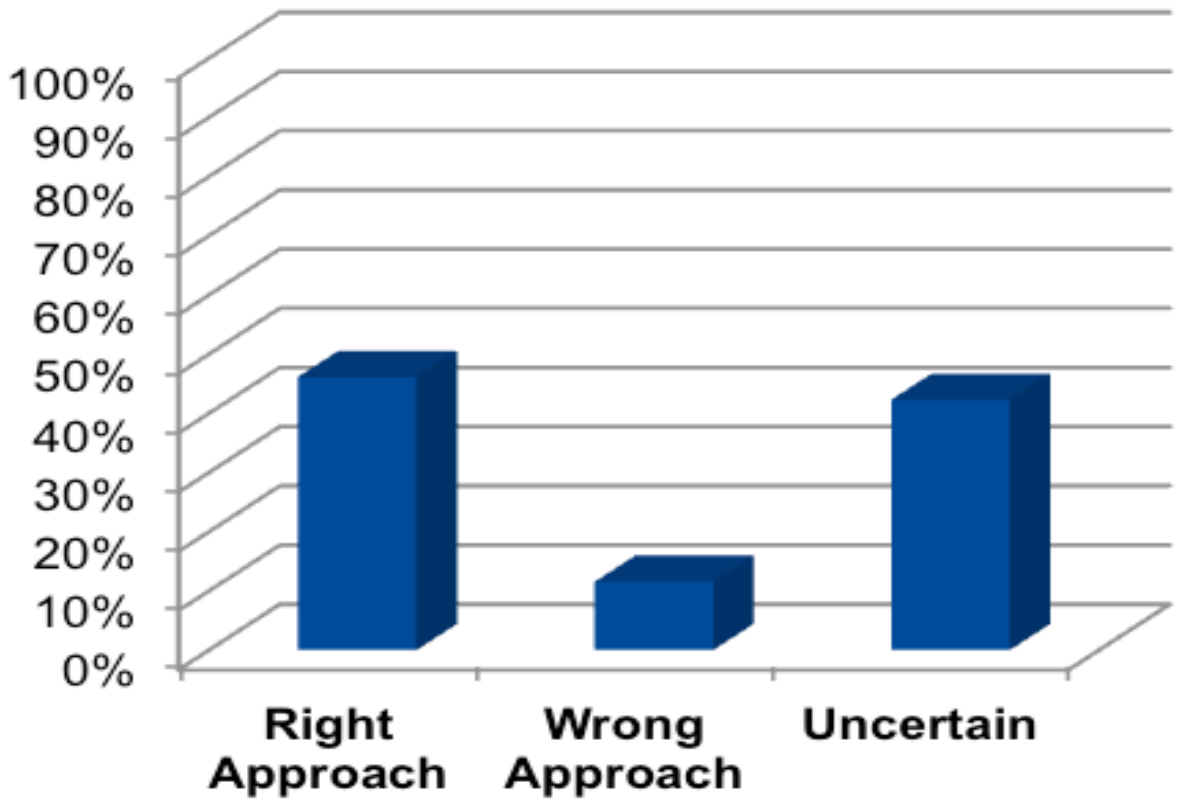
Excellent	Good	Average	Poor
12%	46%	27%	15%
3	12	7	4

Understanding of the need to raise funds?



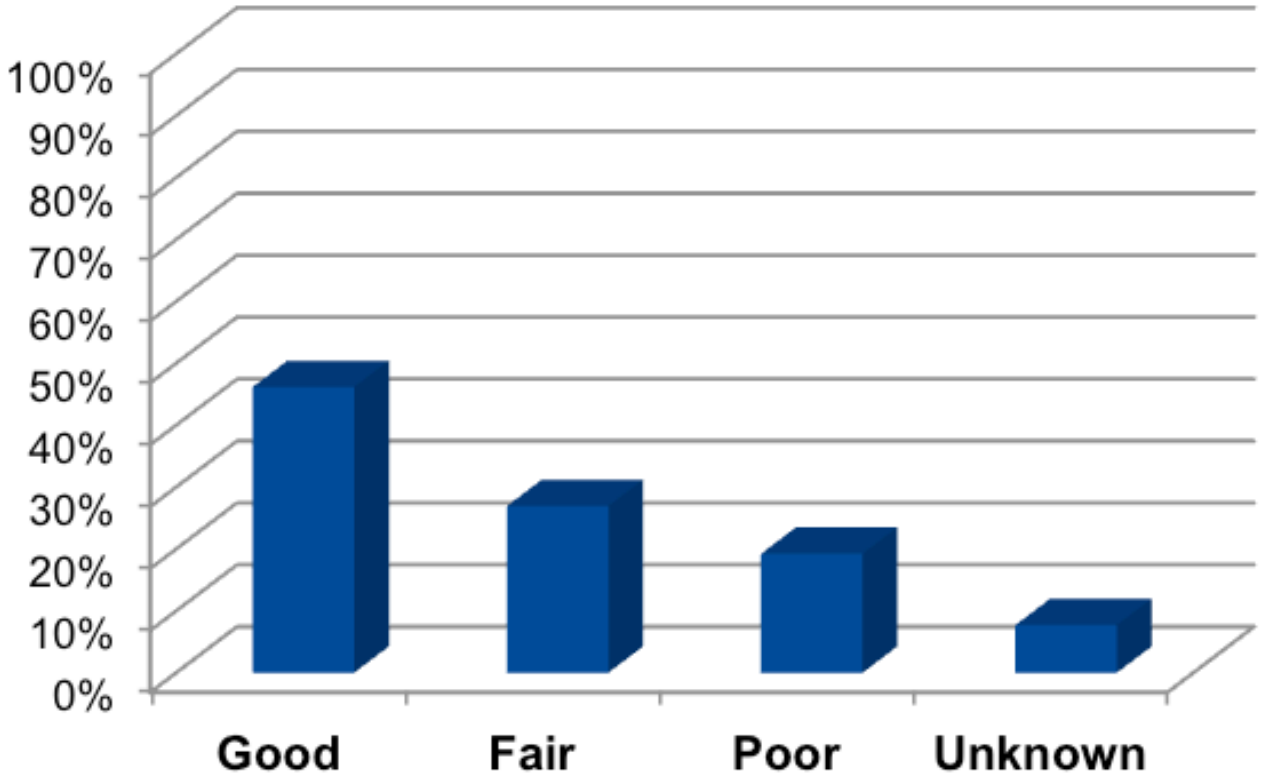
Understand	Don't Understand	Uncertain
77%	15%	8%
20	4	2

Your opinion of a campaign to fund the need?



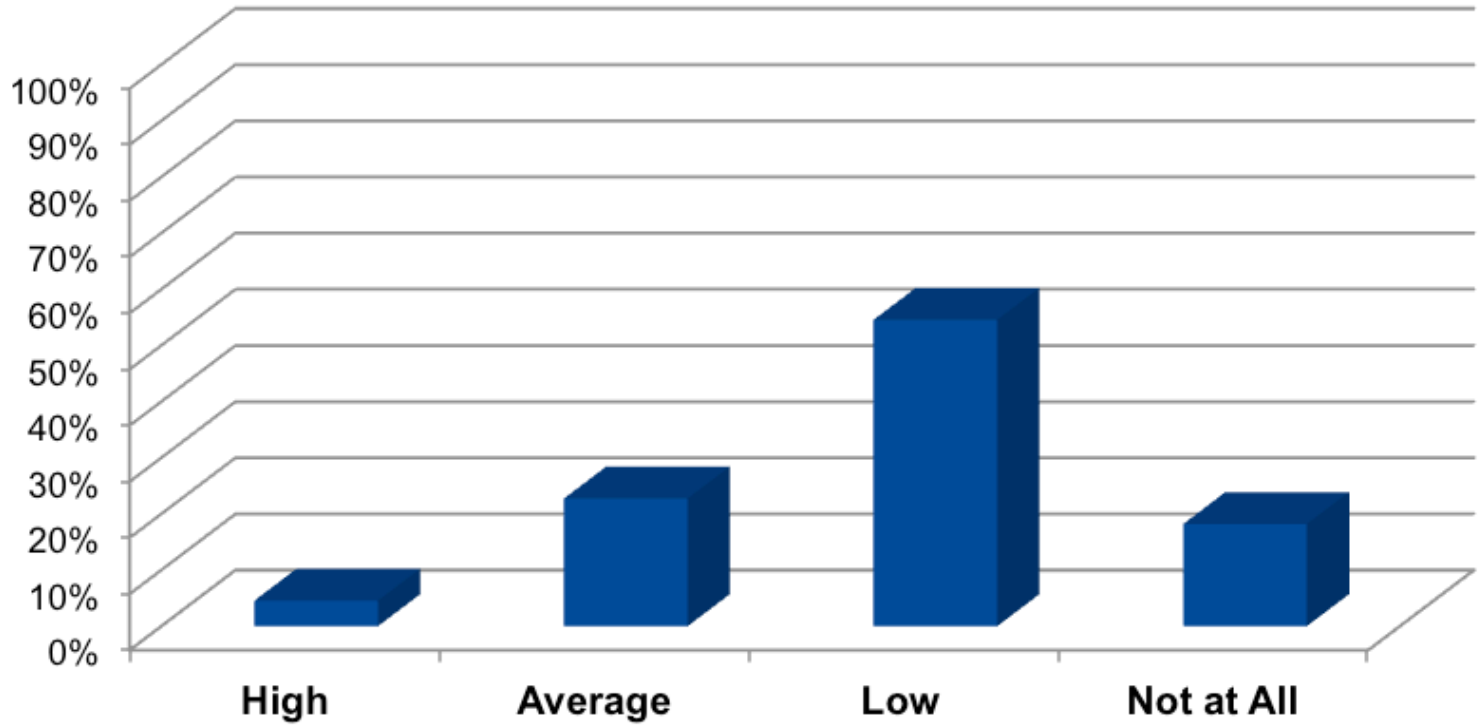
Right Approach	Wrong Approach	Uncertain
46%	12%	42%
12	3	11

How would you describe the proposed timing of a campaign?



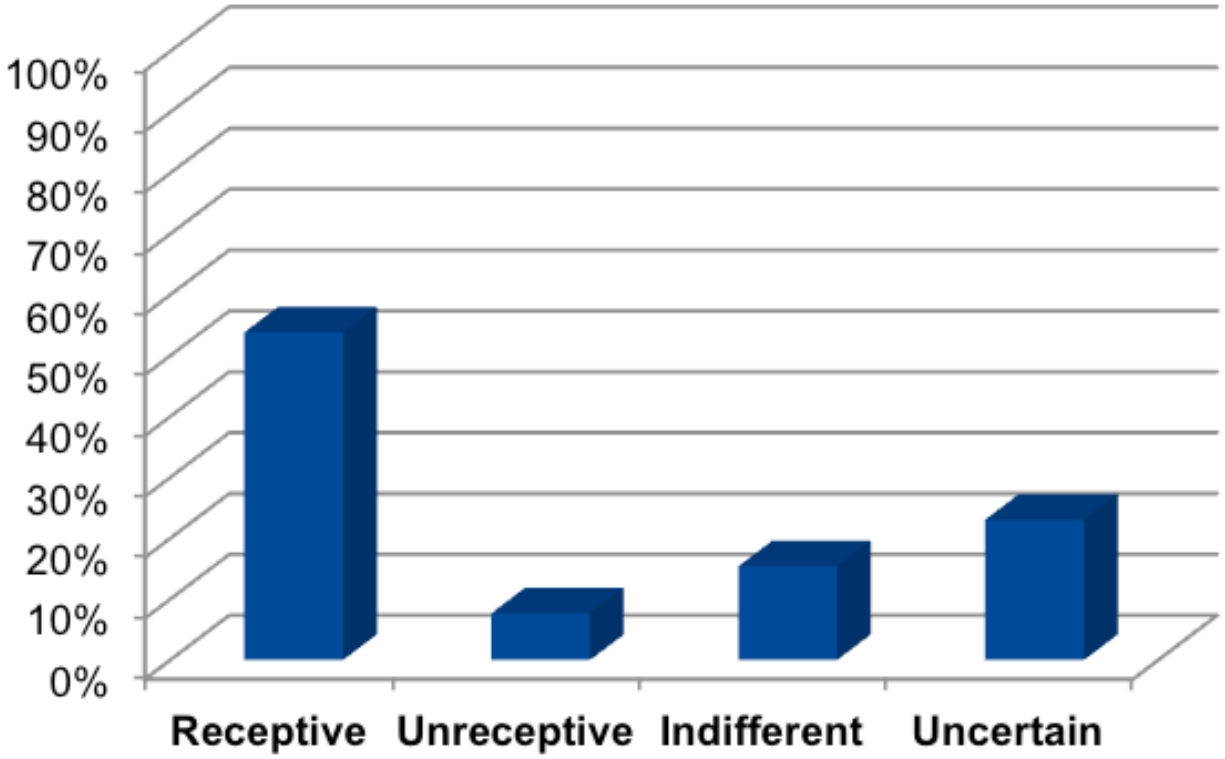
Good	Fair	Poor	Unknown
46%	27%	19%	8%
12	7	5	2

How would a campaign rate on your list of personal priorities (time & resources)?



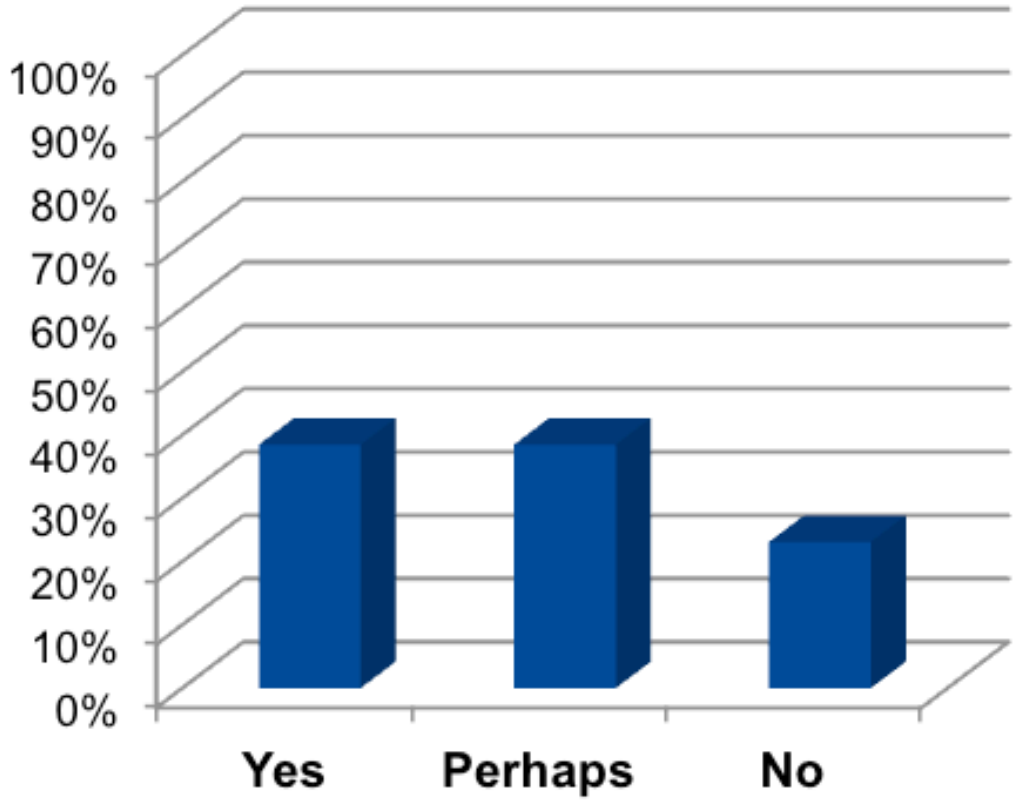
High	Average	Low	Not at All
5%	23%	55%	18%
1	5	12	4

What is your estimate of community's receptiveness to this campaign?



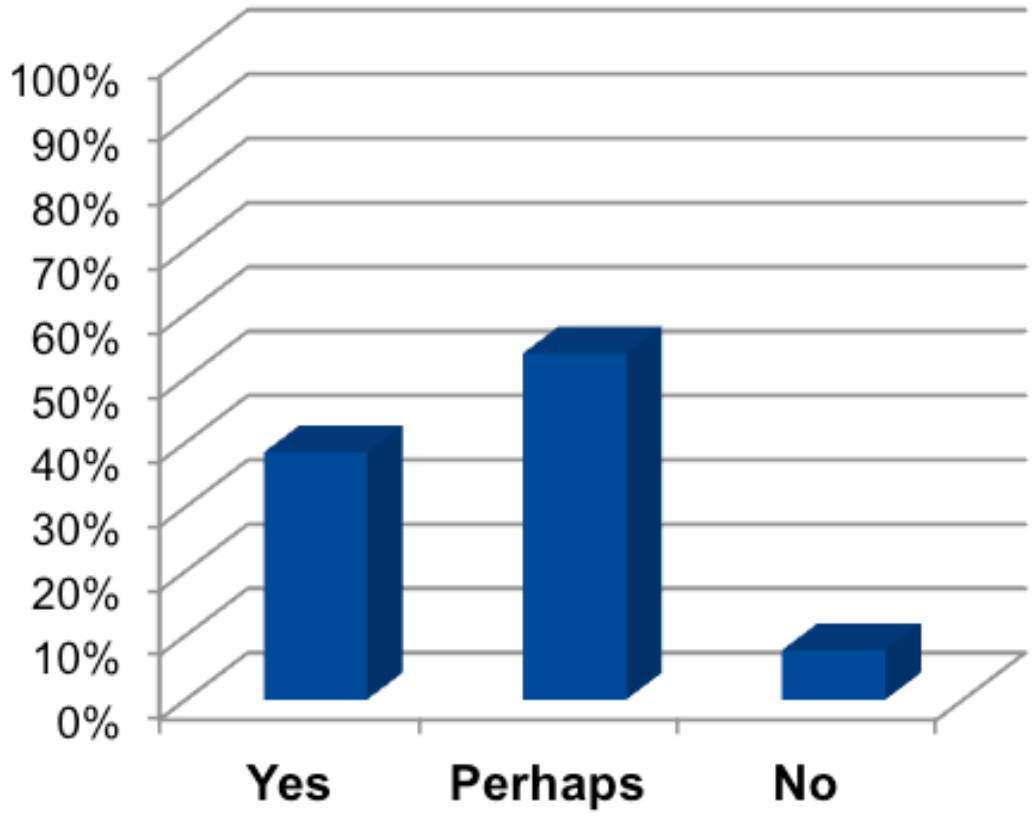
Receptive	Unreceptive	Indifferent	Uncertain
54%	8%	15%	23%
14	2	4	6

Is the Lead Gift of $10M realistic?



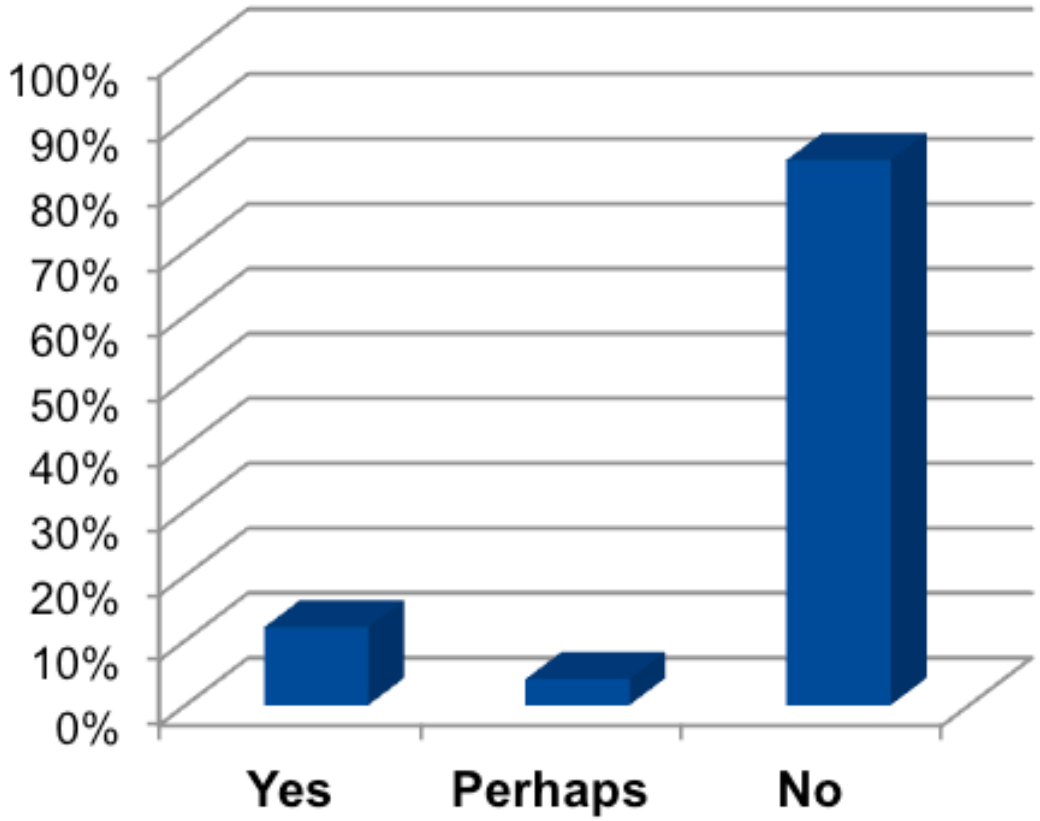
Yes	Perhaps	No
38%	38%	23%
10	10	6

Is the goal of $75M realistic?



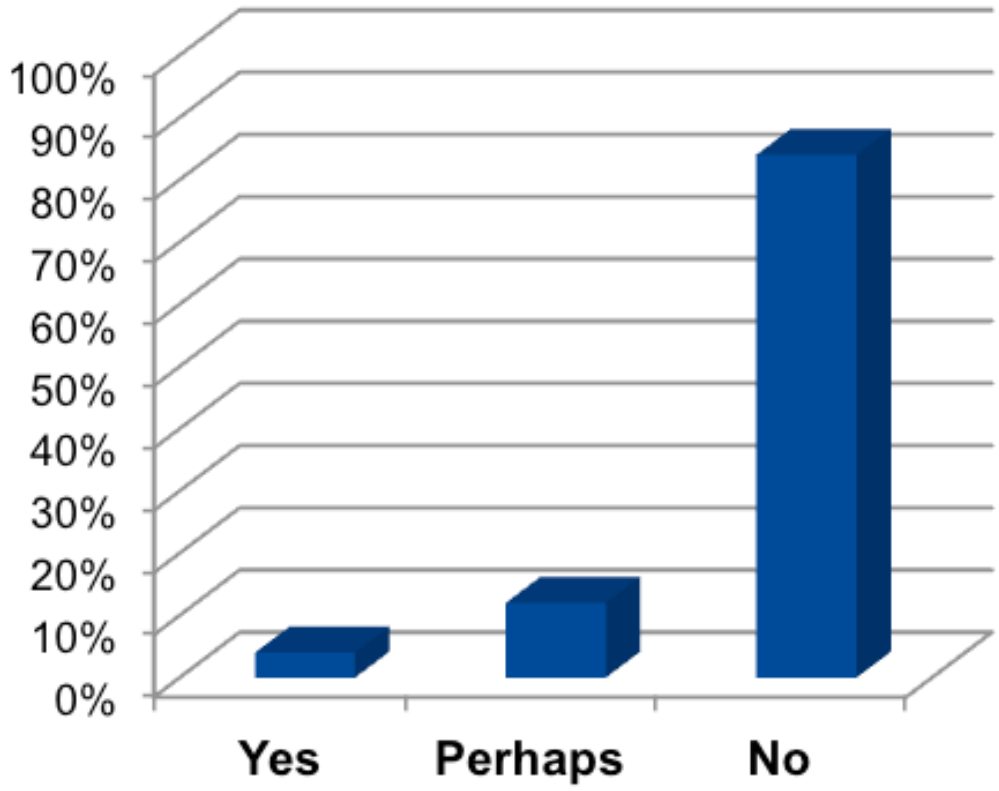
Yes	Perhaps	No
38%	54%	8%
10	14	2

Are you willing to volunteer (2-3 briefings)?



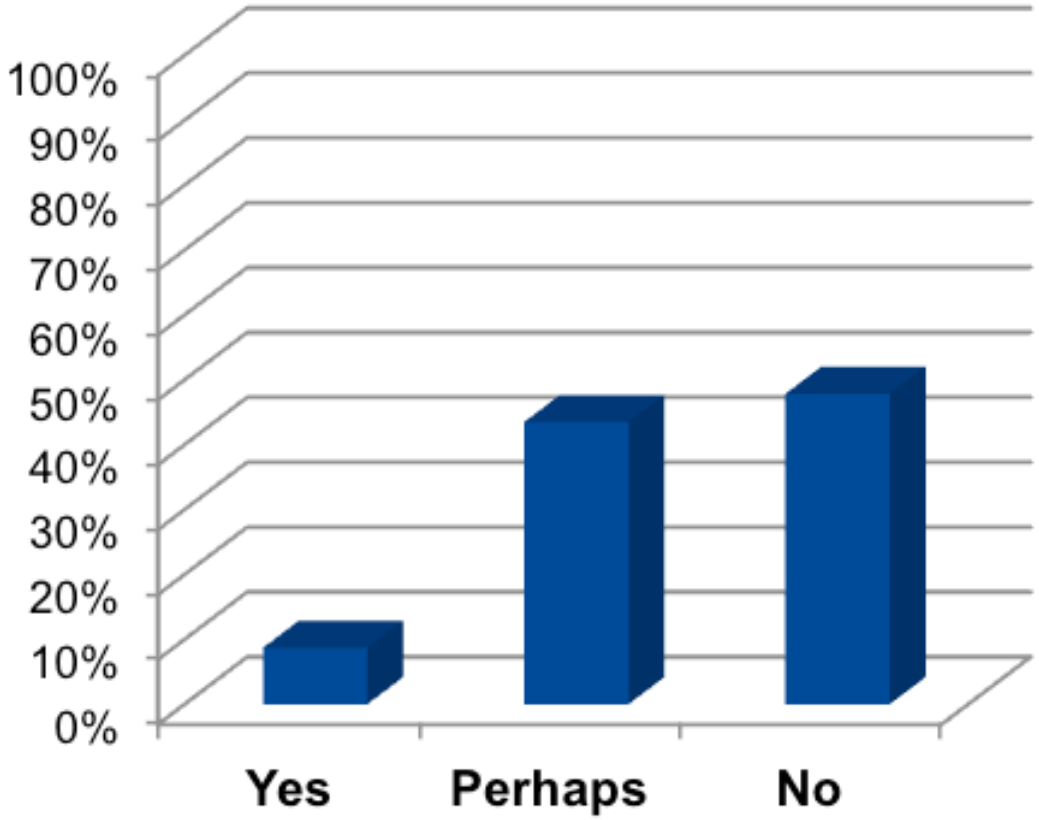
Yes	Perhaps	No
12%	4%	84%
3	1	21

Would you consider a leadership role?



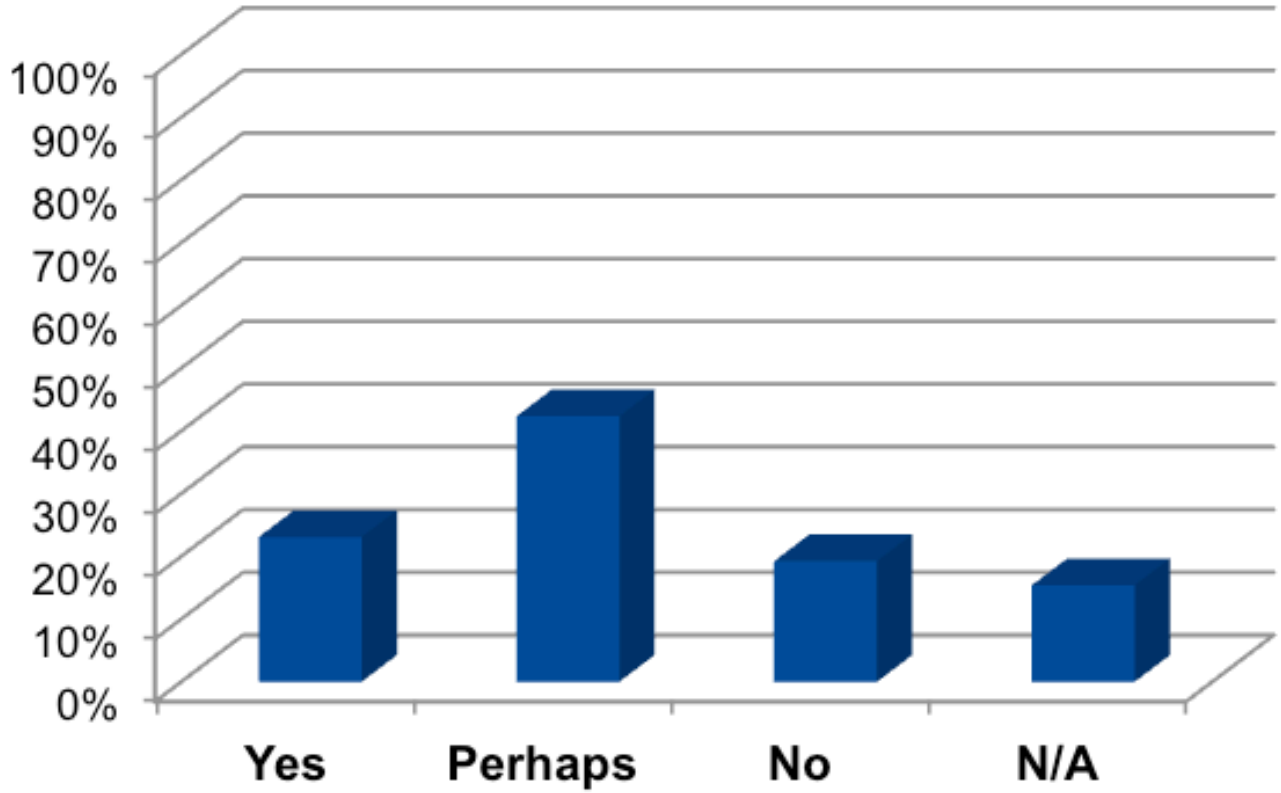
Yes	Perhaps	No
4%	12%	84%
1	3	21

Would you consider a five-year pledge?



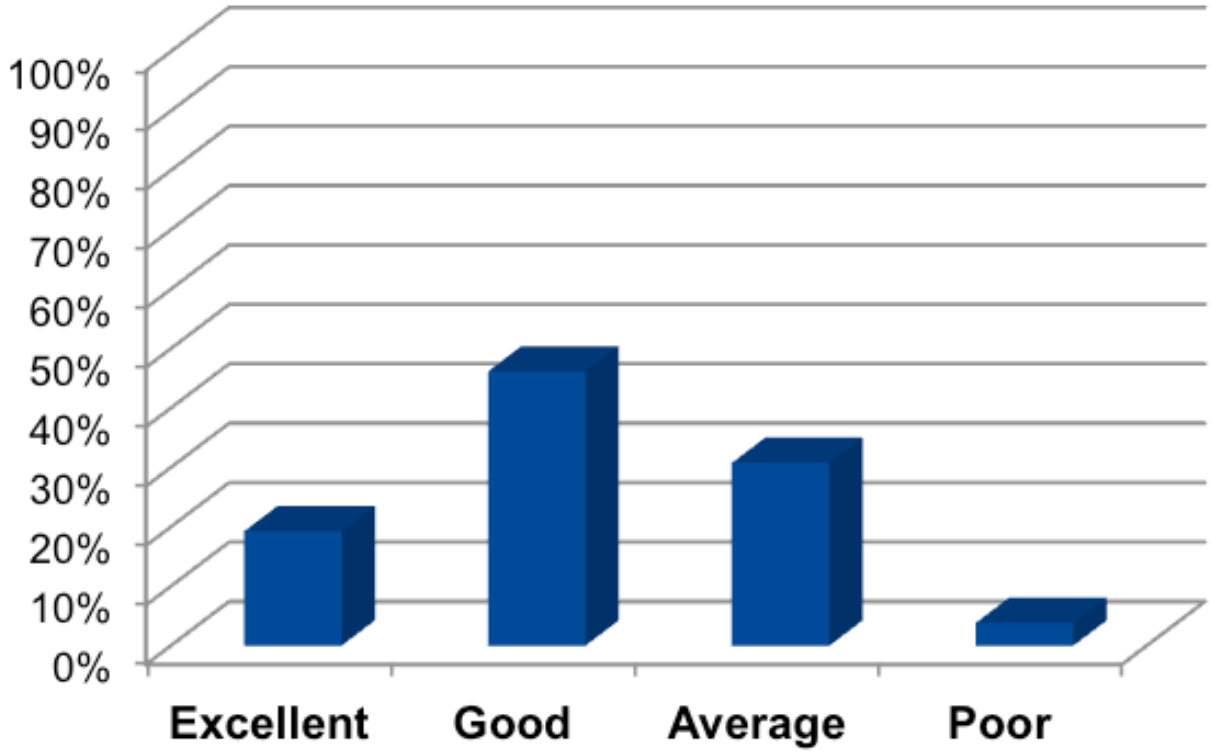
Yes	Perhaps	No
9%	43%	48%
2	10	11

Would your organization consider a gift?



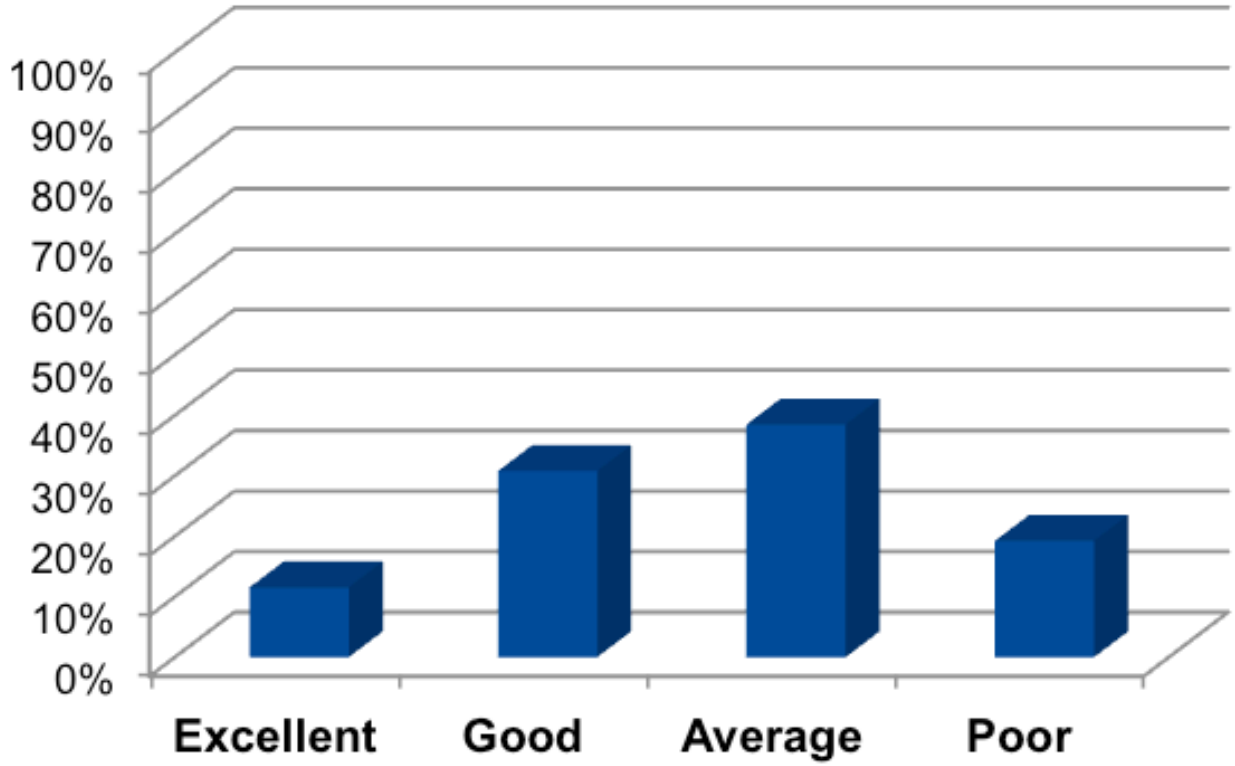
Yes	Perhaps	No	N/A
23%	42%	19%	15%
6	11	5	4

How would you describe the economic outlook for your region?



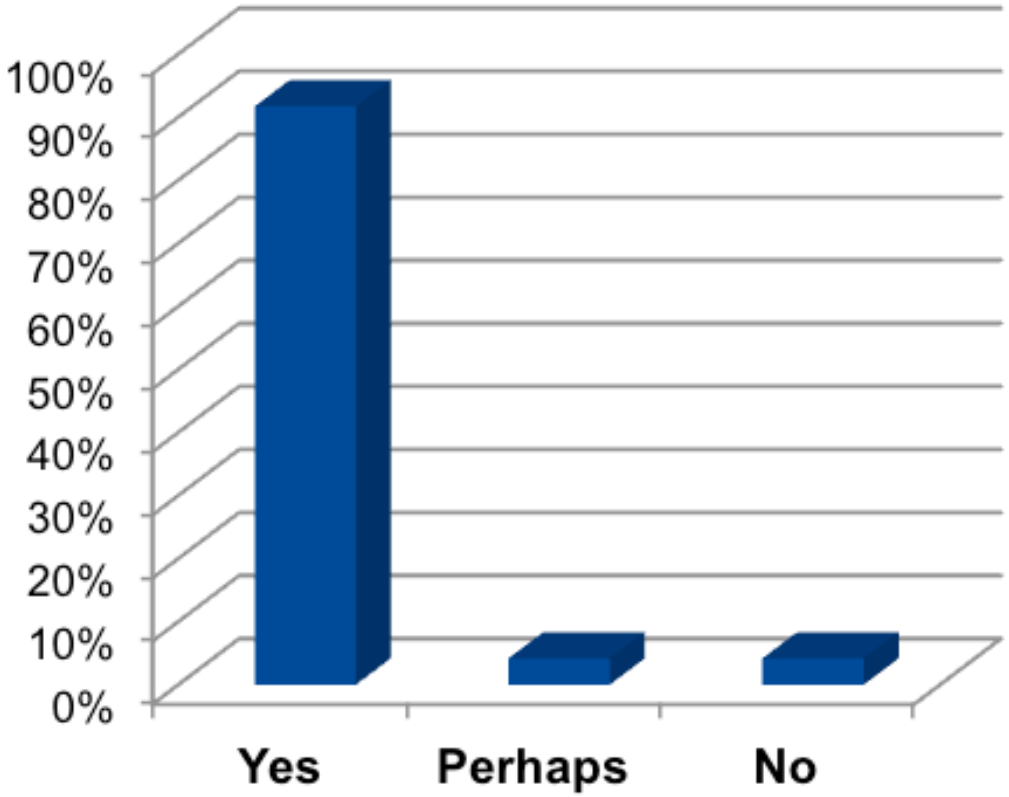
Excellent	Good	Average	Poor
19%	46%	31%	4%
5	12	8	1

How would you rate CalMHSA's potential fundraising success?



Excellent	Good	Average	Poor
12%	31%	38%	19%
3	8	10	5

If no campaign, is forming state-wide council of knowledgeable leaders a good next step?



Yes	Perhaps	No
92%	4%	4%
22	1	1

Five Key Study Objectives

Testing on a $75 Million Goal

- Lead gift representing 10-15% of the goal ($10 million)
- 20-30% of the goal from qualified sources ($15-22.5 million)
- Sufficient leadership and volunteers for a campaign
- Organization readiness: Board and staff responsiveness
- 100% Board participation: giving and volunteering

Key Objective: Lead Gift of $10 million

Findings

- The potential for a Lead Gift of $10 million was discussed in a study interview with a potential donor
- ***Funding to supplement not supplant*:** Business leaders wanted to be assured of Counties' continued support of state-wide strategies with MHSA funds
- Business leaders indicated their support was conditional, based on greater definition of measurable goals, objectives, spending details, and partnerships

Key Objective: 20-30% of the Goal

Findings

- Eight (8) major gifts were identified at $100,000+
- Three (3) gifts were identified at $20,000 - $100,000
- One (1) gift was identified at under $5,000
- Seven (7) business leaders indicated they would consider a pledge, but would not identify a pledge amount
- Seven (7) business leaders declined to give

Key Objective: 20-30% of the Goal

Findings

Over 5-years	Total Low	Total High
Business Leaders*	**$3,039,500**	**$13,464,500**

*Business leaders responding include executive level staff in corporations and foundations

Key Objective: Leadership and Volunteers

Findings

- Would consider a leadership role: **4 participants**
- Willingness to volunteer: **4 participants**
- Not unusual given cold calls and lack of awareness

Key Objective: Internal Readiness

Findings

- The CalMHSA team provided extensive background and strategy input, however the additional study tasks proved daunting in addition to current responsibilities
- CalMHSA's efforts were also impacted as a result of having no database of prospects or donors
- Leadership had to learn fund development techniques and execute simultaneously

Key Objective: 100% Board Participation

Findings

- The Board was asked to identify prospects to interview for the study
- Eight (8) Board members volunteered to review the Master Prospect List
- One (1) Board member reviewed the Master Prospect List
- No prospects were identified by the Board during this process

Overview of Positive Findings

- 85% (22 participants) view preventing mental health challenges as a ‘High’ or ‘Top’ state and national priority
- 77% (20 participants) understood the need to raise funds and thought the lead gift of $10 million was realistic
- 92% (24 participants) thought the goal of $75 million was realistic
- 73% (19 participants) described the proposed timing of a campaign as “Fair to “Good”

Overview of Positive Findings

- 54% (14 participants) estimated that their community would be “Receptive” to a campaign
- 46% (12 participants) said a campaign was the right approach to fund the need
- Nearly half (11 participants) thought CalMHSA’s potential for success was “Good” to “Excellent”
- 92% (22 participants) stated that forming a state-wide council of knowlegable leaders is a good next step, should a campaign not yet be viable, and an additional 4% (1) said “Perhaps”

Overview of Positive Findings

- 65% (17 participants) indicated their business/foundation would consider a gift
- 52% (12 participants) would consider a personal five-year pledge (cold calls)
- 58% (15 participants) rated CalMHSA's early image as good to excellent based solely on the Case Statement
- 81% (21 participants) prioritized Stigma and Discrimination Reduction as their first or second highest priority when compared to Suicide Prevention (14), reducing the costs of mental challenges to society (10), and Student Mental Health (7)

Concerns

- Participants were not familiar with CalMHSA and the impact it has had in California
- Only four participants would consider volunteering on a state-wide campaign
- The study impact on staff time was considerable
- Treatment was viewed as the immediate priority; prevention as an on-going but longer-term priority

Concerns

- Confidence in CalMHSA's goals, spending plan, and partnerships is unclear
- Nearly all gifts were contingent upon greater definition of measurable goals, objectives, spending details, and partnerships
- Majority of corporate and foundation giving is directed to nonprofit 501(c)3 organizations (addressable)
- Small sample size, but impressive as a first effort

Key Recommendations

Summary of Key Recommendations

(Next 60 – 90 Days)

1. Develop a strategic plan to include state-wide business and foundation partners
2. Define the Public/Private Partnership in greater detail
3. Define and seek funding to seed project
4. CalMHSA is primed to establish a Leadership Council as an intermediary step in securing support from the desired Public/Private Partnership, however is not ready to launch a statewide fundraising campaign
5. Develop a phased approach to securing funding

Summary of "Future" Subset Key Recommendations

- Identify key performance metrics to monitor success
- Measure impact of public awareness campaign on demand for services as a result of removing stigma/discrimination
- Redefine messaging to include a broader outreach including treatment in continuum:
  - public awareness, prevention, early intervention, treatment, and evaluation
- Commit 1.5 FTEs to support a Leadership Council and establish development (fundraising) capacity

A Phased Approach to Funding

- Organizational phase (staffing, systems, continued outreach)
- Clarify and update messaging
- Corporate and foundation research (continuous)
- Recruit state-wide Leadership Council
- Identify and secure seed money
- Confirm key partners
- Refresh Feasibility Study
- Implement statewide fundraising Campaign

Subset Recommendations continued

The CalMHSA Board of Directors needs to provide oversight and approval for the following key fund development tasks:

- Approve CalMHSA's revised strategy for funding
- Modify case statement messaging to reflect study findings
- Develop plans and a training program for engaging CalMHSA leadership in philanthropy
- Develop prioritized action plan for engaging Leadership Council comprised of statewide CEOs/senior management
- Research and prioritize foundations; begin outreach
- Identify prospects, prioritize, and solicit "seed funding" to fund initial start-up costs

Subset Recommendations continued

- Define components of a fully staffed development office: staffing ratios, positions, policies, procedures, and strategic plan
- Launch a statewide communications plan (internal and external audiences) that promotes a bold image and better defines performance metrics reflecting details and progress related to CalMHSA's Public/Private Partnership
- Develop and implement fundraising systems (policies, procedures, strategic planning process, reports, cultivation, solicitation, recognition, stewardship, record keeping, etc.)
- Design a development (fundraising) plan including planned giving options

Feasibility Study Participants

Business Leaders

- Joel Bergenfeld
- John Bishop
- Connie Codding
- Patrick Courneya, MD
- Jeanette Dawson
- Lee Domanico
- Tom Edwards
- Mayte Ericksson
- Sandra Fernandez
- Sister Regina Fox
- Amy Freeman
- Marty Gallegos*
- Tracy Green
- Dan Gross*
- Sandra R. Hernandez, MD
- Yameeka Jones
- Deborah Kallick
- Jeff Kim*
- Craig Leach
- Peter Long
- Dr. John Mazziotta
- Laura McAvoy
- Kim Milstien
- Craig Park*
- Dr. Don Mordecai
- Bill Mueller
- Art Ochoa
- Mary Odell
- Bill Pitkin
- Tom Priselac
- Bob Quarfoot
- Nancy Sasaki
- Carlene Scafiddi
- Heather Shay
- Patricia Tanquary
- Shahin Thomas
- Lissa Thomson
- Phylene Wiggins*
- Richard Yochum

*Interview occurs after report

Feasibility Study Participants

Organizations Represented

- Alliance Healthcare Foundation
- Blue Shield of California Foundation
- California Health Care Foundation
- Cedars-Sinai Medical Center
- Codding Foundation
- Conrad N. Hilton Foundation
- Contra Costa Health Plan
- Cottage Health System*
- Dignity Health - Northridge Hospital Medical Center
- Dignity Health - California Hospital Medical Center
- Hospital Association of Southern California*
- Kaiser Permanente
- Keenan & Associates
- Livingston Memorial Foundation
- Lockton
- Long Beach Memorial Medical Center
- Margoes Foundation
- Marin General Hospital
- Pomona Valley Hospital Medical Center
- Ronald Reagan UCLA Medical Center
- Santa Barbara Foundation*
- Sharp Healthcare*
- Sisters of St. Joseph Healthcare Foundation
- The California Wellness Foundation*
- Torrance Memorial Medical Center
- UniHealth Foundation
- Valley Health System
- Valley Vision
- Ventura County Medical Center
- Vibra Hospital

*Interview occurs after report

PROGRAM MATTERS
Agenda Item 6.A.

SUBJECT: Recommendation for Phase 2 Statewide PEI Project Reductions

ACTION FOR CONSIDERATION

Adopt the Sustainability Taskforce recommendations for contract reductions and/or contract terminations and Finance Committee recommendation for PEI Statewide Project reduction of $1.2 million, effective October 1, 2016.

BACKGROUND AND STATUS

At the CalMHSA Board Meeting on August 14, 2014, Board members approved CalMHSA's Phase 2 Plan for Sustaining CalMHSA Statewide PEI Projects which called for $20 million per year - $10 million was expected to be raised from county MHSA contributions, and $10 million was expected to be raised from state, federal, or foundation funding. In June 2015, board members approved entering into Phase 2 contracts which would implement PEI activities during FY 15/16 and 16/17 in three out of the six program areas of the Phase 2 Plan – 1) Social marketing and informational resources; 2) Policies, protocols, and procedures; and 3) Networks and collaborations. Statewide evaluation was also included in Phase 2. Phase 2 contracts were awarded in July 2015, totaling $11.4 million through June 2017.

In Spring 2016, it became clear to CalMHSA's Sustainability Task force and Finance Committee that despite efforts to raise sufficient funds to reach the approved $20 million per year operating budget, CalMHSA would be entering FY 16/17 with insufficient funding to fully support the Phase 2 contracts. At the CalMHSA Board Meeting in June 2016, Board members requested that CalMHSA staff propose strategic reductions in Phase 2 contracts for consideration at the August 2016 Board meeting. If the following proposal is approved by the Board, program reductions will be effective October 1, 2016.

Guiding Principles for Program Reductions
The following principles were used to inform CalMHSA staff recommendations for program reductions in FY 16/17:

- Ongoing programs must be aligned with the Phase 2 core priorities of dissemination of existing CalMHSA materials and resources to reach diverse communities throughout California[1]
- Program deliverables may be modified to align with the Phase 2 core priorities

[1] In the Phase 2 Plan, the primary activity proposed within Strategy 1 (social marketing and informational resources) is "the dissemination of an array of tools and resources under the Each Mind Matters umbrella". All other strategies are complementary to Strategy 1.

- CalMHSA staff will carefully weigh the pros and cons of reducing programs that have already incurred substantial cost due to preparatory work for implementation in FY 16/17

Recommendations from the CalMHSA Sustainability Taskforce
In addition to guiding principles, the CalMHSA Sustainability Taskforce provided additional direction on how CalMHSA staff should proceed in considering program reductions. In summary:

- Reduce programs strategically instead of reducing "across the board" – ensure that enough funding remains available for continuing program partners to effectively implement their deliverables
- Prioritize Program 1 (social marketing and informational resources, networks and collaborations, and reaching diverse communities) over Program 2 (policies, protocols, and procedures)

Proposal for program reductions in FY 16/17
On August 1, 2016, the Finance Committee recommended a total Phase 2 funding reduction of approximately $1.2 million and approved staff to determine how each of the existing Phase 2 contracts would be reduced. Below illustrates Sustainability Taskforce recommendations for program reductions.

Program	**Contractor**	**Total Phase 2 contract amount FY 2015-2016 and FY 2016-2017**	**Reduction Amount // % total contract reduction**
Program 1: *Social marketing and informational resources, networks and collaborations, and reaching diverse communities*	Runyon, Saltzman, Einhorn	$5,700,000	($505,000) // 8.9%
	NAMI, Ca	$800,000	($44,000) // 5.5%
	Active Minds	$700,000	($15,000) // 2.1%
	Foundation for California Community Colleges	$1,300,000	($75,000) // 5.8%
	Each Mind Matters Outreach and Engagement	$1,300,000	($150,000) // 11.5%
Program 2: *Policies, protocols, and procedures*	Disability Rights California	$240,000	($100,000) // 42% *Contract would effectively be terminated Oct 1**

	California County Superintendents Education Services Association (CCSESA)	$200,000	($80,000) // 40% *Contract would effectively be terminated Oct 1**
	California Department of Education	$120,000	($50,000) // 42% *Contract would effectively be terminated Oct 1**
	Community Partners	$240,000	($80,000) // 33%
Statewide evaluation	RAND Corporation	$800,000	($125,000) // 16%
TOTAL REDUCTION			**($1,224,000)**

*Reduction amount will deplete all or vast majority of remaining contract funds.

Programmatic Changes
Pending approval of these recommended budget reductions, CalMHSA staff will have individual discussions with contractors to negotiate adjustments to components, activities and/or deliverables within their contracts. Staff anticipate that program reductions may include:

- Reduced support, assistance and trainings to counties, schools, and community-based organizations
- Reduced hardcopy, printed and free materials available
- Reduced marketing and outreach efforts for social marketing campaigns (Each Mind Matters, Know the Signs, Walk In Our Shoes, etc.)
- Reduced mini-grant opportunities for community based organizations and schools
- Terminated all efforts for policy change
- Preservation of Directing Change Youth Film Contest and Program

RECOMMENDATION:

Adopt the Sustainability Taskforce recommendations for contract reductions and/or contract terminations and Finance Committee recommendation for PEI Statewide Project reduction of $1.2 million, effective October 1, 2016.

TYPE OF VOTE REQUIRED:

Majority vote.

REFERENCE MATERIAL(S) ATTACHED:

- Proposal for Phase 2 Statewide PEI Project Reductions in FY 16/17
- Phase 2 Statewide PEI Project Funding History
- Phase 2 Plan for Sustaining CalMHSA Statewide PEI Projects

Proposal for Phase 2 Statewide PEI Project Reductions in FY 16/17

William Arroyo, MD, Regional Medical Director,
Los Angeles County Mental Health

Ann Collentine, MPPA, Program Director, CalMHSA

Background

At the Board Meeting on August 14, 2014, Board members approved CalMHSA's Phase 2 Statewide Prevention and Early Intervention Plan which called for $20 million per year to implement programs in FY 15/16 and 16/17:

The Phase 2 Plan called for the implementation of 6 strategies:

1. Social Marketing and Informational Resources
2. Training and Education
3. Policies, Protocols and Procedures
4. Networks and Collaborations
5. Crisis and Peer Support Services
6. Research, Evaluation and Surveillance

Background

With limited funding available at the start of FY 15/16, CalMHSA Board members approved moving forward with 3 out of the 6 strategies. Programs encompassed 3 strategies:

Program 1: ***Effectively Reaching and Supporting California and Its Diverse Communities to Achieve Mental Health and Wellness***

Strategies Include: Social Marketing & Informational Resources; Networks and Collaborations

Program 2: ***Creating Healthier Organizations and Communities through Policy and Change***

Strategies Include: Policies, Protocols and Procedures

Background

- CalMHSA will be entering FY 16/17 with insufficient funding to fully support the existing Phase 2 contracts, despite efforts to raise sufficient funds to reach the approved $20 million per year operating budget.
- At the Board Meeting in June 2016, Board members requested that CalMHSA staff propose strategic reductions in Phase 2 contracts for consideration at the August 2016 Board meeting.
- Program reductions will occur starting October 1, 2016.

Guiding Principles

May 2016, the Sustainability Taskforce approved guiding principles for program reductions in FY 16/17:

- Reduce programs strategically instead of reducing “across the board” to ensure that enough funding remains available for continuing program partners to effectively implement their deliverables
- Prioritize Program 1 (social marketing and informational resources, networks and collaborations, and reaching diverse communities) over Program 2 (policies, protocols, and procedures)

Guiding Principles

Additional principles were used by CalMHSA staff to develop recommendations for program reductions in FY 16/17:

- Ongoing programs must be aligned with the Phase 2 core priorities of dissemination of existing CalMHSA materials and resources to reach diverse communities throughout California.
- Program deliverables may be modified to align with the Phase 2 core priorities.
- Additional consideration of reducing programs that have already incurred substantial cost due to preparatory work for implementation in FY 16/17

Proposal for Program Reductions in FY 16/17

Program	Contractor	Total Phase 2 contract amount	Reductions $ // % total contract reduction
Program 1: *Social marketing and informational resources, networks and collaborations, and reaching diverse communities*	Runyon, Saltzman, Einhorn	$5,700,000	($505,000) // 8.9%
	NAMI California	$800,000	($44,000) // 5.5%
	Active Minds	$700,000	($15,000) // 2.1%
	Foundation for California Community Colleges	$1,300,000	($75,000) // 5.8%
	Each Mind Matters Outreach and Engagement	$1,300,000	($150,000) // 11.5%

Proposal for Program Reductions in FY 16/17

Program	Contractor	Total Phase 2 contract amount	Reductions $ // % total contract reduction
Program 2: *Policies, protocols, and procedures*	Disability Rights California	$240,000	($100,000) // 42% *Contract would effectively be terminated Oct 1**
	California County Superintendents Education Services Association (CCSESA)	$200,000	($80,000) // 40% *Contract would effectively be terminated Oct 1**
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	Community Partners	$240,000	($80,000) // 33%
Statewide Evaluation	RAND Corporation	$800,000	($125,000) // 16%

*Reduction amount will deplete all or vast majority of remaining general funds.

Proposal for Program Reductions in FY 16/17

Summary of proposed program reductions in FY 16/17:

- Program 1: $789,000
- Program 2: $310,000
- Statewide Evaluation: $125,000

Total proposed reduction: $1,224,000

*Reduction amount will deplete all or vast majority of remaining general funds.

Anticipated Programmatic Changes

- Reduced support, assistance and trainings to counties, schools, and community-based organizations
- Reduced hardcopy, printed and free materials available
- Reduced marketing and outreach efforts for social marketing campaigns (Each Mind Matters, Know the Signs, Walk In Our Shoes, etc.)
- Reduced mini-grant opportunities for community based organizations and schools
- Terminated all efforts for policy change
- Preservation of Directing Change Youth Film Contest and Program

Proposal for Program Reductions in FY 16/17 Recommendation

- July 28, 2016, the Sustainability Taskforce recommended contract reductions and/or contract terminations.
- August 1, 2016, the Finance Committee recommended a total Phase 2 funding reduction of approximately $1.2 million, effective October 1, 2016, to be implemented as recommended by the Sustainability Taskforce.

For approval: Adopt Sustainability Taskforce recommendations of contract reductions and/or contract terminations and Finance Committee recommendation of Phase 2 funding reduction totalling $1.2 million, effective October 1, 2016.

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Phase 2 Statewide PEI Project Funding History

Date	*Location*	*Activity*
April 2013	Board of Directors Strategic Planning Session Meeting	CalMHSA Board of Directors adopted a two-phase planning strategy for continuing the investment in statewide PEI efforts. Phase 1 focused on sustaining current CalMHSA Statewide PEI Projects for one additional year with existing funds. Phase 2 focused on developing a long term plan and new funds for future statewide projects to continue the investment in promoting prevention and early intervention strategies.
October 2013	CalMHSA Sustainability Taskforce Meeting	Convened a CalMHSA board sustainability taskforce to provide guidance on programmatic elements of the Phase 2 Plan for Sustaining CalMHSA Statewide PEI Projects, and vet milestones related to this plan prior to presentation to the full Board.
February 2014 – May 2014	CalMHSA Statewide PEI Projects Sustainability Steering Committee	CalMHSA contracted with CIBHS to facilitate a group of individuals from the fields of mental health, substance use, public health, and education who represented a diverse range of perspectives including consumers and family members, underserved ethnic and cultural groups, youth, older adults, community clinics, community-based organizations, faith-based organizations, foundations, health plans, research and surveillance institutions, public colleges and universities, county and state government agencies, statewide offices, state legislative officials and national policy advocacy groups who provided valuable input throughout the development of the Phase 2 Plan.
6/26/14	Sustainability Taskforce Meeting	Presented Phase 2 Sustainability Timeline.
8/14/14	Board of Directors Meeting	Adopted Phase 2 Plan with a friendly amendment to add verbiage to reduce the incidence of adverse childhood experiences.
12/11/14	Board of Directors Meeting	Adopted the Sustainability Taskforce

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		Recommendations for County PEI Funded Activities in Phase 2 FY 2015-2017. Adopted the allocation of funds as follows: 80% for Programs, 15% for Administration, 5% for Evaluation, as endorsed by the Sustainability Taskforce and Finance Committee.
4/9/15	Board of Directors Meeting	Authorized negotiation of a sole source contract (renewal) of up to $500,000 per year depending on funding availability to the SDR Consortium/Outreach &Engagement.
6/11/15	Board of Directors Meeting	Approved CalMHSA Annual Revenue and Expenditure Report – Proposed Budget, June 30, 2016. Approved the contract awards recommended by 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: • RSE - $3 million • FCCC - $700,000 • Active Minds - $300,000 • NAMI-Ca - $200,000 Approved authority to the Taskforce to direct staff on allocating up to $2 million in additional funds to Program One contractors if funds become available. Approved recommendation of 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: • CDE - $60,000 • CCSESA - $100,000

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		• CCI/IBHP - $120,000 • DRC - $120,000 Presented Summary of Discontinued Activities from CalMHSA PEI SWP Phase 1.
8/13/15	Board of Directors Meeting	Approved proposed revisions to adopted budget: • Increase NAMI-Ca - $200,000
10/15/15	Board of Directors Meeting	Approved Project Funding Amendments for Phase 2 contract agreements: • Reduce FCCC - $50,000 • Increase Active Minds - $50,000 • Reduce RSE - $150,000 • Increase SDR Consortium/O&E - $150,000

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

Approved by the California Mental Health Services Authority

Board of Directors, August 14, 2014

Table of Contents

Acknowledgments

The Phase Two Plan for Sustaining the California Mental Health Services Authority (CalMHSA) Statewide Prevention and Early Intervention Projects represents the commitment of many individuals and organizations to maintaining prevention and early intervention activities in California. We are grateful for the support and direction given by the CalMHSA Sustainability Taskforce, the Advisory Committee, the Executive Committee and several county behavioral health directors, County liaisons, and MHSA and PEI Coordinators. All who helped to refine the priorities and activities laid out in this Plan. We are sincerely appreciative of the guidance from the CalMHSA Statewide PEI Projects Sustainability Steering Committee. This group of individuals from the fields of mental health, substance use, public health, and education, who represented a diverse range of perspectives including consumers and family members, underserved ethnic and cultural groups, youth, older adults, community clinics, community-based organizations, faith-based organizations, foundations, health plans, research and surveillance institutions, public colleges and universities, county and state government agencies, statewide offices, state legislative officials, and national policy advocacy groups provided us with valuable input throughout the development process. We especially acknowledge the staff of the California Institute for Behavioral Health Solutions – Karen Kurasaki, PhD, Kelly Bitz, and Kimberly Mayer, MSSW – for facilitating the strategic planning process, ensuring diverse input and writing a plan that reflects the best thinking of statewide and national experts, CalMHSA and its diverse stakeholders.

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Program Director
CalMHSA

Stephanie Welch, MSW
Senior Program Manager
CalMHSA

CalMHSA Statewide PEI Projects Sustainability Steering Committee

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Behavioral Health Director, San Diego County

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Sally Zinman
Interim Director, California Association of Mental Health Peer Run Organizations

I. EXECUTIVE SUMMARY

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

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

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

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

Mind Matters, California can continue to make strides in preventing mental illness, substance use disorders and suicide, improving student mental health, increasing open-mindedness and compassion toward persons experiencing mental health and substance use challenges, and improving health equity by addressing the specific needs of California's diverse ethnic, racial and cultural communities.

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

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

The following bullets summarize the Plan's key features:

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

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

II. BACKGROUND

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

In 2013, the CalMHSA Board of Directors adopted a two-phase planning strategy for sustaining CalMHSA PEI Statewide Projects. It was during their 2013 Strategic Planning meeting that CalMHSA Board Members discussed in concept this two-phase approach and their desire to sustain PEI Statewide Projects. This discussion resulted in a request that staff return to the Board with a more detailed plan. Since that time, the Board formally authorized the implementation of Phase One and the development of a Phase Two Plan. Phase One continues some of the current CalMHSA PEI Statewide Projects for fiscal year 2014-2015 using existing funds and a winding down of others pursuant to the guidance of stakeholders and Board. Phase One is recognized as a short-term sustainability solution for the purpose of providing program partners with additional time to successfully complete their activities and deliverables, and to reduce the risk of any adverse consequences of discontinuing activities (e.g., the

ability to measure long-term impact). The Board's vision for Phase Two is longer term. Some examples of their documented arguments for sustaining statewide PEI projects long-term include being able to implement population-based strategies that will result in larger social impact (e.g., statewide social marketing campaign), working on policy recommendations that can benefit counties statewide, procuring resources at lower cost (e.g., in the case of media buys), fostering cross-systems collaboration among statewide partners (e.g., in higher education), and ultimately making a significant impact on reducing the need for treatment services. The Board's expectation for the Phase Two Plan was that it would be a product of examining the original CalMHSA PEI Statewide Projects Implementation Work Plan and revising as necessary to reflect the information and data gleaned from the implementation of the first plan, and that it would incorporate new strategic direction as a result of major policy changes, such as the Affordable Care Act (ACA), and input from key stakeholders.

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

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

III. GUIDING FRAMEWORK

The Prevention Institute's Spectrum of Prevention (Cohen & Swift, 1999) was adopted by CIBHS and supported by the Steering Committee to guide the development of the Phase Two Plan. The

Spectrum of Prevention was selected because it provided a comprehensive, multifaceted framework for influencing deep and long-lasting change. As such, the ideas presented in this Plan are comprehensive in scope and address strategies across the spectrums of strengthening individual knowledge and skills, promoting community education, organizing neighborhoods and communities, educating providers, changing organizational practices, fostering coalitions and networks, and influencing policy and legislation. Other instrumental documents included the National Prevention Strategic Plan, the National Suicide Prevention Strategic Plan, the MHSOAC 2010 PEI Work Plan, the California Reducing Disparities Project Strategic Plan to Reduce Mental Health Disparities, the California strategic plans for the three current initiatives – SMH, SP, SDR – and the CalMHSA Statewide PEI Evaluation Plan developed by RAND Corporation, to ensure that the Phase Two Plan builds upon CalMHSA's initial investment and other efforts both statewide and nationally. The most important guiding theme that runs through the entire Phase Two Plan and should also be prioritized in the operationalization of the Plan is that all strategies and activities be designed to outreach to all of California's diverse communities and create equitable access to services for all Californians.

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

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

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

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

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

V. AIMS

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

- **Aim 1.** Integrate mental health and substance use awareness and suicide prevention into diverse communities, schools, health care and the workplace.
- **Aim 2.** Promote understanding that resilience and recovery from mental illness and substance use disorders, and overcoming thoughts of suicide is possible.
- **Aim 3.** Promote early identification and multiple points of entry into prevention and treatment services.
- **Aim 4.** Promote a more supportive environment for persons experiencing mental health and/or substance use challenges, or thoughts of suicide.
- **Aim 5.** Promote access to peer-based support and education.
- **Aim 6.** Support policies and programs that enhance emotional well-being, and promote best practices in Prevention and Early Intervention.
- **Aim 7.** Leverage new opportunities created by the Affordable Care Act and other health initiatives in public health, education, public safety and the health care sectors.

- **Aim 8.** Promote health equity for California's diverse population with particular attention to underserved ethnic, racial and cultural subgroups.

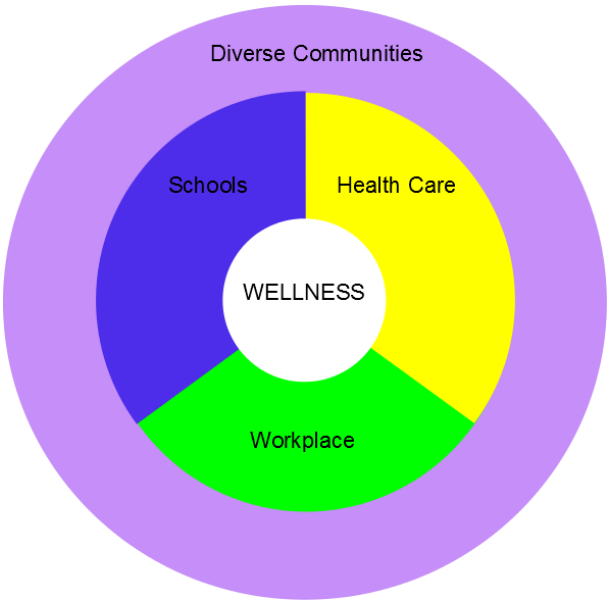
- **Aim 9.** Improve the usefulness of research, evaluation and surveillance data for improving performance of statewide Prevention and Early Intervention among California's diverse populations.

- **Aim 10.** Support policies and programs that focus on primary prevention strategies to reduce the impact of trauma, especially early childhood trauma, and improve family functioning.

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

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

Diagram 1. Four Wellness Areas



Diverse Communities

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

Effectively reaching all of the diversity in California with quality and culturally responsive materials and approaches is a fundamental priority. The targeted efforts of CalMHSA's current work with regard to ethnic and linguistic subgroups will be continued in Phase Two. This continued emphasis on ethnic and linguistic subgroups is based on early findings from existing investments analyzed by the RAND Corporation. For example, subgroups of Asian Americans and Latinos were shown to be particularly vulnerable due to cultural stigma regarding mental illness and also due to being less likely to be exposed to social marketing messages and other mainstream channels of information distribution as a result of language. Targeted efforts to reach these and other underserved groups known to be high risk for suicide such as Native Americans and LGBT persons, and for whom resources and tools require tailoring to be culturally responsive and non-stigmatizing will continue to be a main priority. The limited coverage in CalMHSA's current work were noted during the planning process and are included here as important populations to consider for Phase Two. The first of these are underserved, recent immigrant communities that are undergoing a fragile adjustment period stemming from trauma in their homeland and cultural adjustment to living in the U.S. Arab, Armenian, Iranian and Iraqi immigrants are some examples of these recent immigrant populations. The second grouping is subpopulations at highest risk for suicide according to surveillance research. These include transitional aging and older adults, white transitional aging males and rural residents. Focusing on these highest risk subgroups is necessary in order to really impact suicide rates. As additional findings emerge from the independent evaluation being conducted by the RAND Corporation, these will be incorporated into the Phase Two Plan.

Schools

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

Health Care

The target populations within the Health Care Wellness Area are those that are users of services of the various health care systems, such as Federally Qualified Health Centers (FQHCs), Community Clinics, public health plans, private health plans, primary care clinics, integrated care clinics, emergency departments, and others. These include children (0-5), youth (6-15), TAY, adults, transitional aging

adults, older adults, and veterans. Because Health Care is embedded within Diverse Communities, the target populations within the Health Care Wellness Area are inclusive of the racial, ethnic and other underserved and/or high risk subgroups described above under Diverse Communities.

Workplace

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

VII. STRATEGIES

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

Diagram 2. Key Strategies

Strategy 1. Social Marketing and Informational Resources

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

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

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

Dissemination of tools and resources as part of the Each Mind Matters campaign will reach Diverse Communities through partnerships with community-based organizations (CBOs) (e.g., youth

organizations, Boys and Girls Clubs, senior wellness centers, YMCAs, food pantries, homeless and domestic violence shelters, ethnic-specific CBOs), other community organizations (e.g., sports leagues, scouts organizations, cultural organizations), City Parks and Recreation Departments, public libraries, Woman Infants and Children programs, child welfare agencies, California Department of Public Health programs, California First 5 Commission programs, faith-based organizations, community service organizations (e.g., Rotary Club, Lions Club), large commercial retailers and other natural networks (e.g., grocery chains, CVS and Walgreen's pharmacies), local small business retailers (e.g., "mom and pop" grocery stores, barber shops, hair/nail salons), fire departments and other emergency responders, law enforcement agencies, and probation departments.

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

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

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

Strategy 2. Training and Education

Strategy 2. Training and Education is complementary to Strategy 1. Operationally, training and education is actually interwoven with dissemination, however for the purposes of clarity has been broken apart in this Plan. *Training and Education* will cover a range of essential topics for increasing awareness around mental health and substance use issues, and suicide prevention. These topics will include: recognizing signs and symptoms of substance use and depression and warning signs of suicide risk; understanding how to assist those with mental health needs or at risk for suicide and facilitate access to appropriate services; the use of positive messaging (i.e., non-stigmatizing language) about mental health and substance use disorders; the negative consequences of stigma (e.g., bullying behavior in the schools, poor self-management of chronic physical conditions in the health care setting, reduced

productivity in the workplace); and where to seek help. *Training and Education* builds upon the training efforts that CalMHSA is currently funding under the three initiatives – e.g., Stigma Reduction Conferences. The same prospective community partners described above under Strategy 1 applies here to *Training and Education*. Collaboration with a diverse set of program partners will be crucial for ensuring that trainings are appropriately tailored to the racial, ethnic and other underserved and/or high risk subgroups described earlier under Diverse Communities. Like with Strategy 1, there will be costs involved with Strategy 2 and marketing some of this work as a fee-for-service model will be necessary.

Strategy 3. Policies, Protocols and Procedures

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

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

Some very specific areas for *consultation and technical assistance* emerged from the planning process as being highly important and of great value for PEI efforts, and are described here. In Diverse Communities, *consultation and technical assistance* is needed to create greater support for social inclusion and community integration of persons with mental health and substance use disorders, and access to housing, employment, education and other basic needs to improve opportunities in school, at work, at home and in the community. In Schools, *consultation and technical assistance* is needed to promote the inclusion of meaningful suicide prevention and mental health/substance use awareness activities in all K-12 School Safety Plans, provision of mental health and substance use services on all California Community College campuses, and Student Counseling Centers being responsible for developing and maintaining websites with information, online and chat support, wellness groups, and drop-in support services. Also in Schools, *consultation and technical assistance* should include advocacy for school districts to incorporate PEI activities, policies and funding allocations within their Local Control Accountability Plan to be consistent with the State's priorities for student engagement, school climate and academic achievement. In Health Care settings, *consultation and technical assistance* is needed to promote screening for substance use, depression and suicide risk (including screening for access to firearms and poisons, and for a history of Adverse Childhood Experiences) as a reimbursable service under standard protocols. In Health Care settings, *consultation and technical assistance* is also

needed to promote the adoption and use of peers in integrated health care settings, and health plan policies and practices that will result in increased access to and utilization of preventive mental health and substance use services. The ACA requirement to integrate a behavioral health approach should be used as a leverage point for entrée into conversations with health care providers/plans to encourage implementation of such policies and procedures. In the Workplace, *consultation and technical assistance* is needed for promoting policies and procedures that encourage employees to use EAP services when needed and are supportive of persons living with mental health and/or substance use challenges being successful in the workplace. Similar to Strategy 1 and Strategy 2, there will be costs involved with Strategy 3 and marketing some of this work as a fee-for-service model will be necessary.

Strategy 4. Networks and Collaborations

The objective for Networks and Collaborations is to grow the pool of advocates and support local champions who are able to: influence policy, create and disseminate products for widespread impact and/or for deeper penetration into a "hard-to-reach" subgroup; and strengthen the movement around suicide prevention, mental health and substance use awareness both locally and at the state-level. The activities proposed under Strategy 4. Networks and Collaborations include but are not limited to: active outreach and relationship building with appropriate allies and advocates, participation as a member of a collaborative or network, and providing coordination support for a start-up or ongoing network or collaborative. One system of higher education, the California Community Colleges, offers us one example of the value and importance of Networks and Collaborations for meeting local needs. The California Community College system is very large and utilizes a model of regional representatives for feedback about various program areas. Supporting local networks and collaborations will help to ensure that local communities can participate in this regional structure and bring their voice to the table. Funding to support Strategy 4 is less likely to come from fee-for-service, and more likely to be procured from private foundation grants or county contributions.

Strategy 5. Crisis and Peer Support Services

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

Strategy 6. Research, Evaluation and Surveillance

The activities proposed within Strategy 6. Research, Evaluation and Surveillance are all toward the goal of improving understanding of suicide risk factors, population-level attitude change to see if stigma is being reduced, and effective prevention and early intervention strategies across institutions and communities. Activities would include developing metrics for and collecting data to evaluate the performance and outcomes of changes in Diverse Communities, Schools, Health Care and Workplace settings. This set of evaluation activities are described in greater detail in the next section. Activities would also include working with other agencies conducting population surveillance to promote more systematic data collection on risk factors. For example, county coroners and medical examiners can be encouraged to strive for greater uniformity in determining suicide as a cause of death and to participate in the California Violent Death Reporting System. California has several relevant population surveys, such as the California Health Interview Survey, the California Healthy Kids Survey, the California Youth Risk Behavior Survey, and the California Behavioral Risk Factor Surveillance Survey. These surveys are capable of providing more data on suicide risk, risk factors, mental health stigma and discrimination, and unmet needs for mental health services. More analysis of these and other sources can contribute to planning and evaluating programs and services. Disaggregation of data to examine and better understand differences and unique patterns within racial, ethnic and cultural subgroups is especially important and recommended as a priority area for addressing health equity. Disaggregated data analysis will serve to improve the field's understanding of effective practices with diverse population groups.

VIII. EVALUATION

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

Short-term Outcomes

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

List of Short-term Outcomes (SO)

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

The methodology plan for evaluating these short-term outcomes will include multiple methods such as structured interviews, open-ended interviews and content analysis of documentation of organizational policies, protocols and procedures. Structured and open-ended interviews will be conducted electronically where possible (e.g., respondent is a mainstream organization reporting on their adoption/use of materials and protocols), as well as in-person and verbally in those cases where there are literacy, cultural and/or language translation considerations. Data will be collected from organizations and individuals who are the intended beneficiaries (e.g., congregation members, college and university students, student veterans, FQHC patients, employees). An independent evaluator will be contracted to provide technical assistance to program partners in the implementation of the evaluation. The exact methods, instruments and specific measurable objectives with performance benchmarks are beyond the scope of this Plan and will be developed by the independent evaluator. It will be important for the independent evaluator to work collaboratively with program partners and to maintain two-way feedback and communication about the evaluation process to ensure cultural appropriateness, data integrity and minimize unreasonable burden on program partners.

Long-term Outcomes

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

List of Long-term Outcomes (LO)

- **LO 1.** Reduced incidences of discrimination against persons with mental health and/or substance use challenges
- **LO 2.** Reduced social isolation and self-stigma
- **LO 3.** Improved mental and emotional well-being
- **LO 4.** Improved functioning at school, work, home/family, and in the community
- **LO 5.** Reduced impact of trauma
- **LO 6.** Reduced suicide rates
- **LO 7.** Reduced use of crisis services

- **LO 8.** Reduced negative consequences of untreated mental health and substance use challenges
- **LO 9.** Reduced societal costs related to untreated mental health and substance use challenges
- **LO 10.** Improved health equity

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

Performance Monitoring

Data-driven quality improvement processes will be a requirement for all of the programs administered under this Plan. This Plan supports similar protocols as previous efforts by CalMHSA to ensure useful evaluation results. Currently the programs that operate as part of CalMHSA's statewide work on prevention and early intervention are required to both participate in an independent evaluation and to conduct individual program evaluations. Programs collect and report data to an independent evaluator based on an individual data collection plan. The independent evaluator provides technical assistance to comply with data collection activities and provides analyzed data back to program partners for quality improvement purposes. This relationship has strengthened the quality improvement capacity of our program partners as well as enhanced their ability to use data about their programs to document their impact and effectiveness. A similar approach will be implemented with this plan.

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

IX. PRELIMINARY FUNDING PLAN

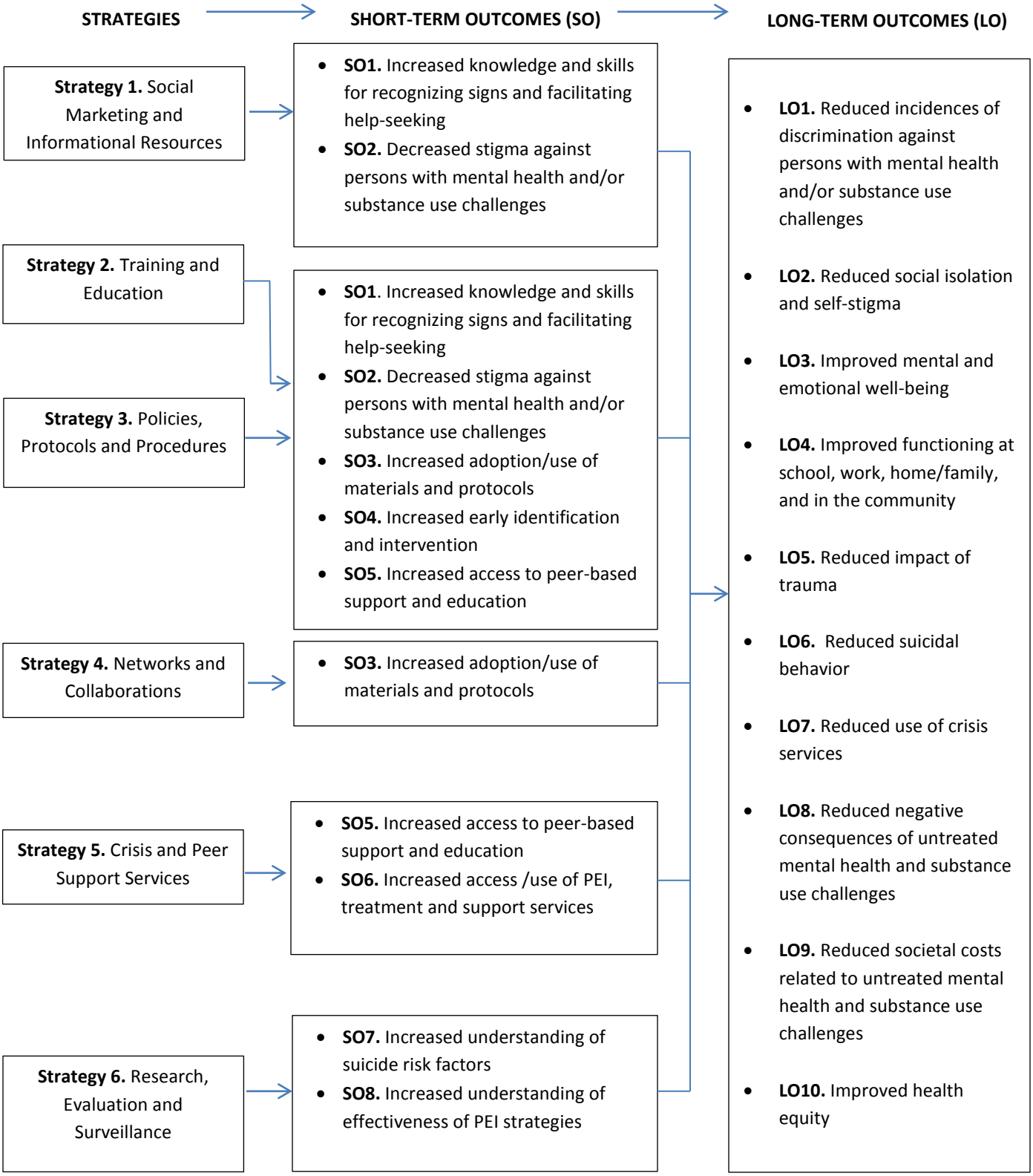
The magnitude of this Plan will require a phased approach and diverse sources of funding. CalMHSA staff estimates that at least $20 million per year must be raised to support at a sufficient level all of the Strategies within this Plan. The Phase Two Plan is designed to support and enhance local PEI

work and counties will be expected to make a financial commitment to help reach this financial goal. Significant contributions from county PEI allocations of at least five-percent annually, on average, from each county will be important to meet this financial goal and to demonstrate sufficient commitment on the part of county behavioral health in order to successfully leverage the commitment of partners from other sectors (e.g., primary care, public safety, education, public health). Other funding sources that will need to be considered to raise the balance of the funds are fee-for-service, government and private foundation grants, and federal and non-MHSA state funding streams. It may even be necessary to consider requiring applicants to demonstrate their ability to secure matching funds in order to be competitive in the contract bidding process.

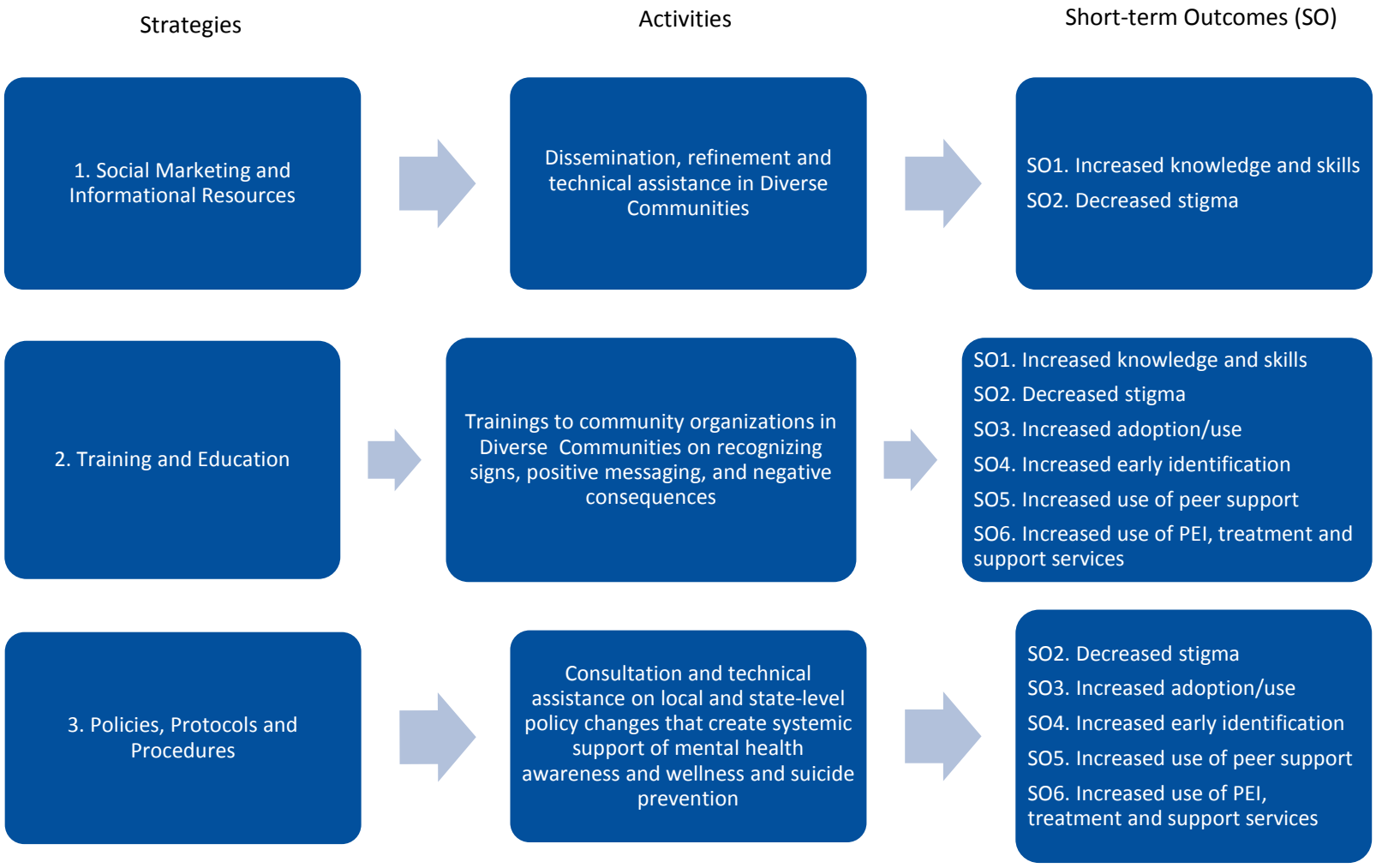
Due to the broad scope of this Plan, the activities in the Plan are expected to benefit other service sectors such as public safety, public health, primary care and education, which will position CalMHSA to solicit funding beyond county PEI contributions. Concerted outreach and relationship building with these other sectors, some of which has already been initiated by CIBHS on behalf of CalMHSA and has been met with great receptiveness, will be crucial to helping key leadership in other sectors recognize how this Plan will help them reach their goals and creating buy-in and commitment for purchasing some of the services through fee-for-service agreements. Strategy 1 (Social Marketing and Informational Resources), Strategy 2 (Training and Education) and Strategy 3 (Policies, Protocols and Procedures) are amenable to being marketed for fee-for-service to other sectors. A wide range of CBOs (e.g., faith-based organizations), the California Department of Education, local school boards, community colleges, California State Universities, and University of California system, FQHCs, community clinics, public and private health plans, health exchanges, the Department of Consumer Affairs (which regulates pharmacists, physicians and other health related professionals), the California Association of Physician Groups, private businesses, government employers, EAP providers and EAP regulation entities are examples of the kinds of entities and systems that should be targeted as part of this marketing effort. The many tools and resources that were developed from the current three initiatives can be used to begin this marketing immediately.

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

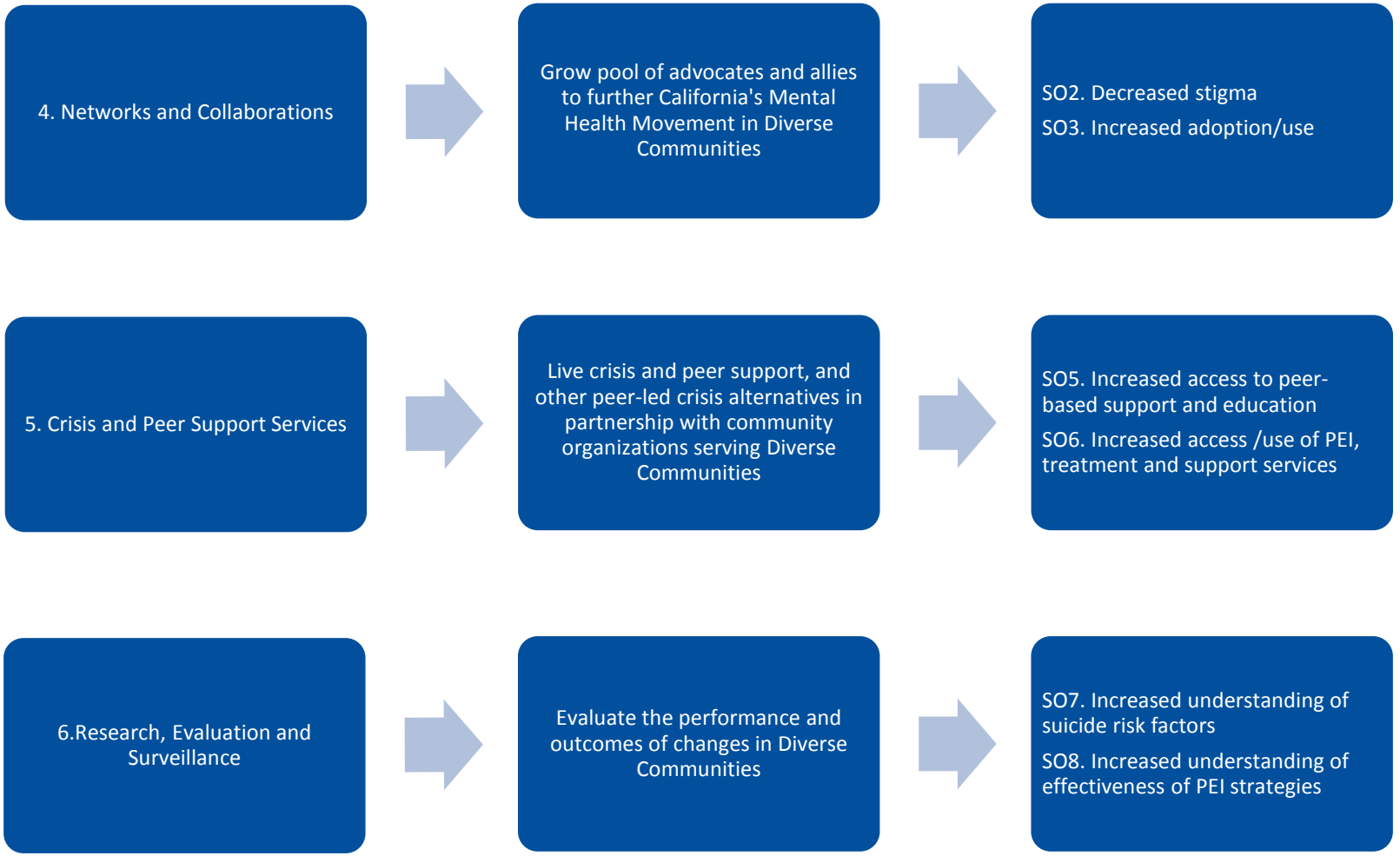
Appendix A. Phase Two Plan Logic Model



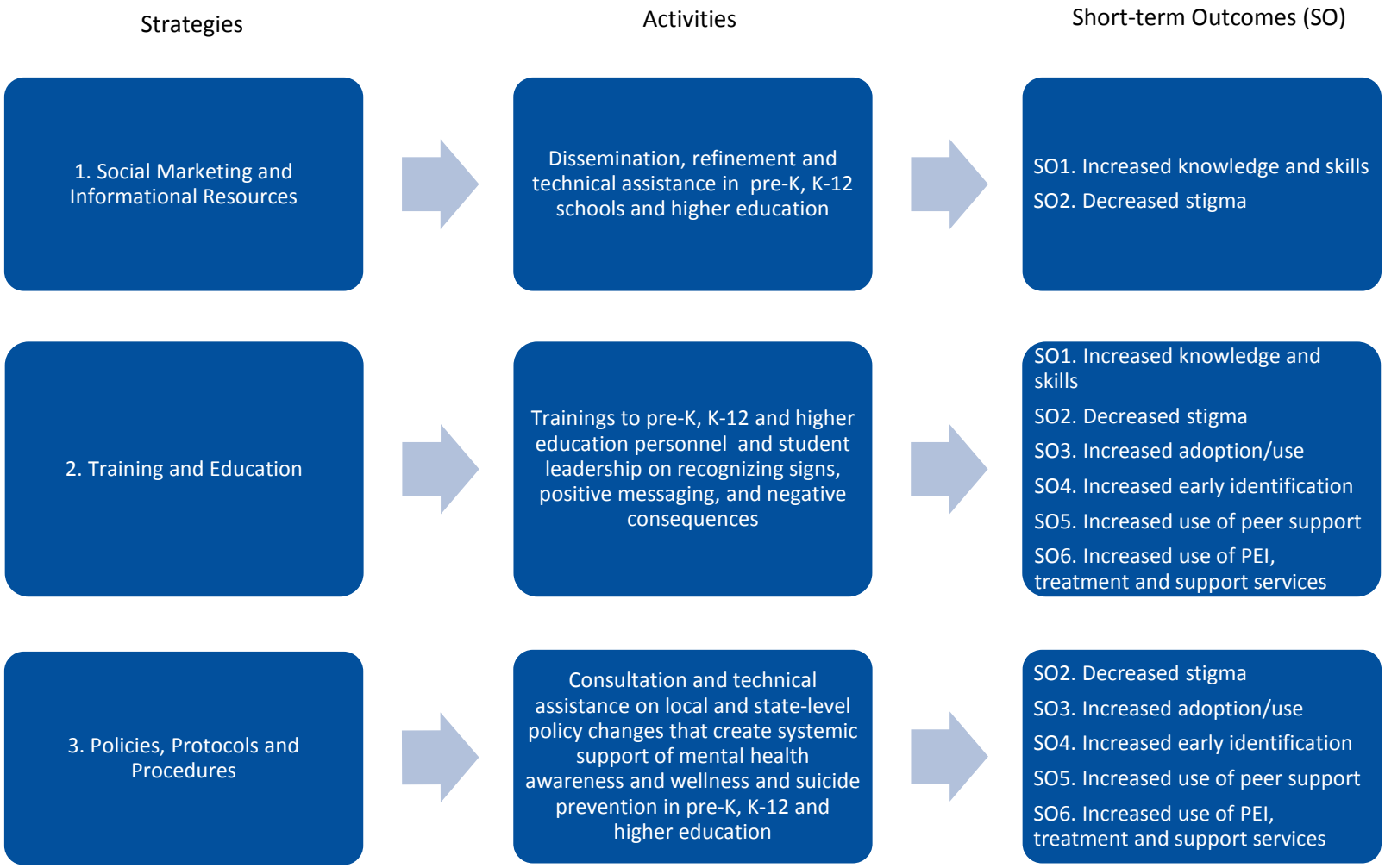
Appendix B. Logic Model for Diverse Communities



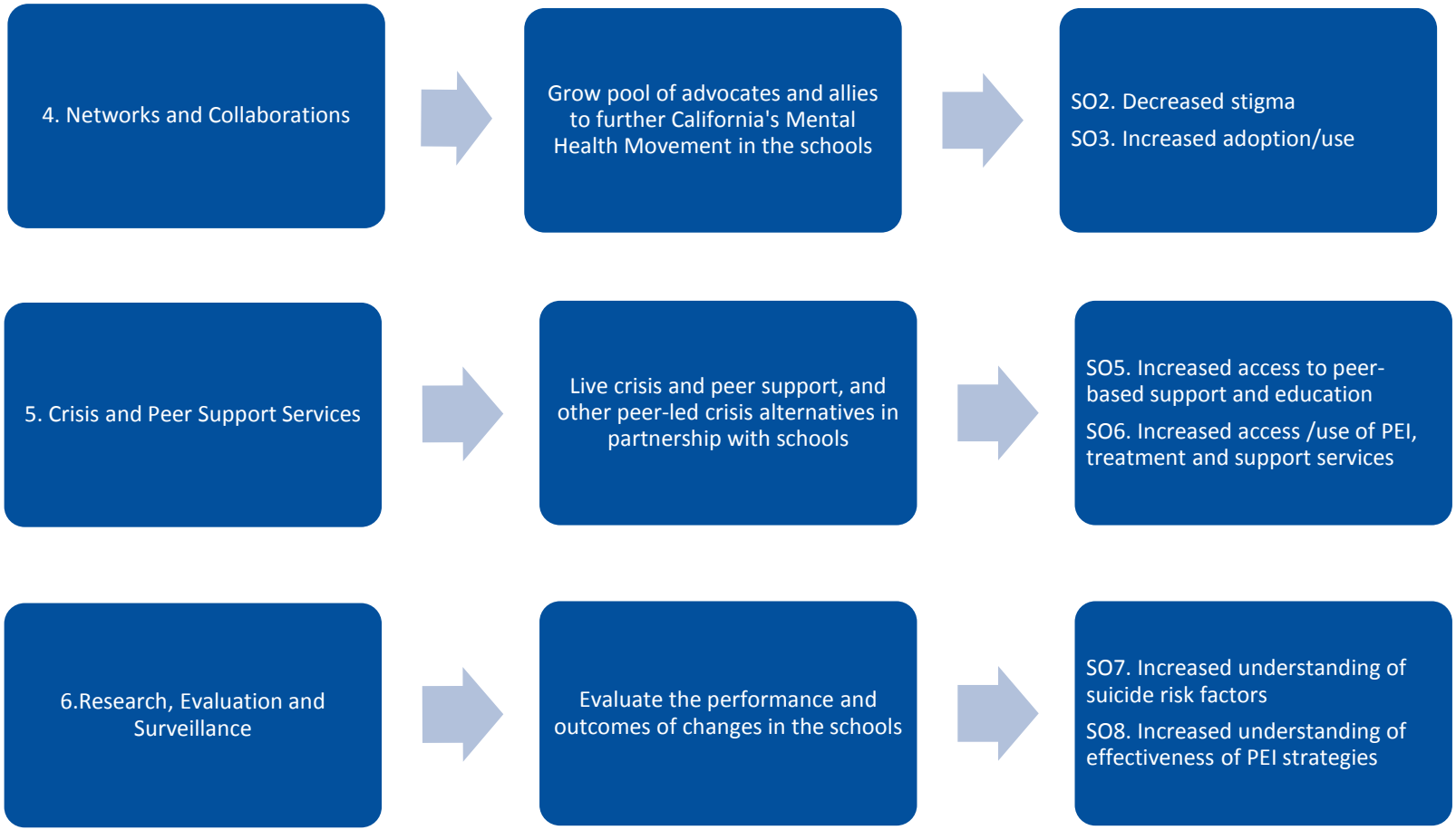
Appendix B. Logic Model for Diverse Communities *(continued)*



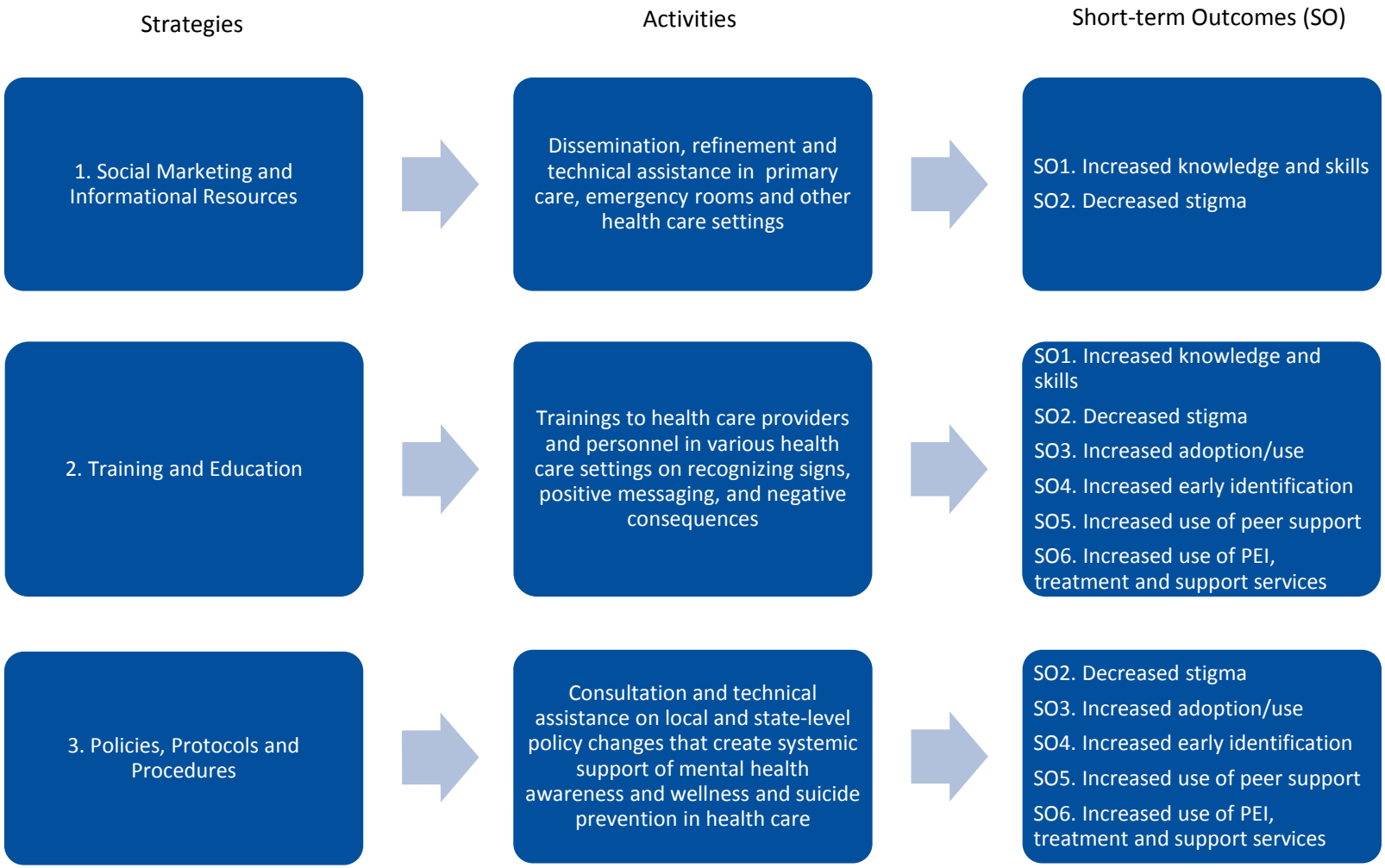
Appendix C. Logic Model for Schools



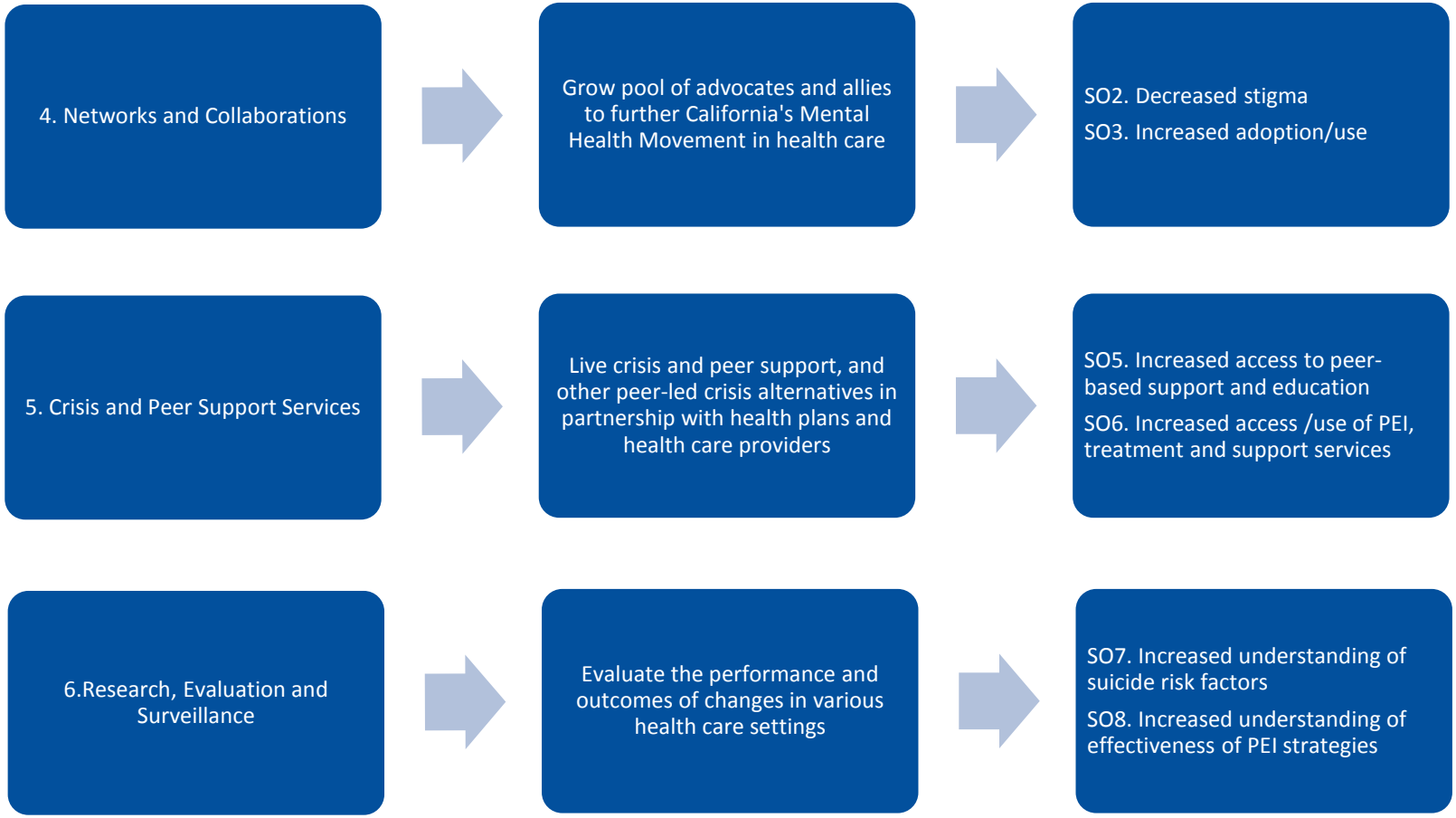
Appendix C. Logic Model for Schools *(continued)*



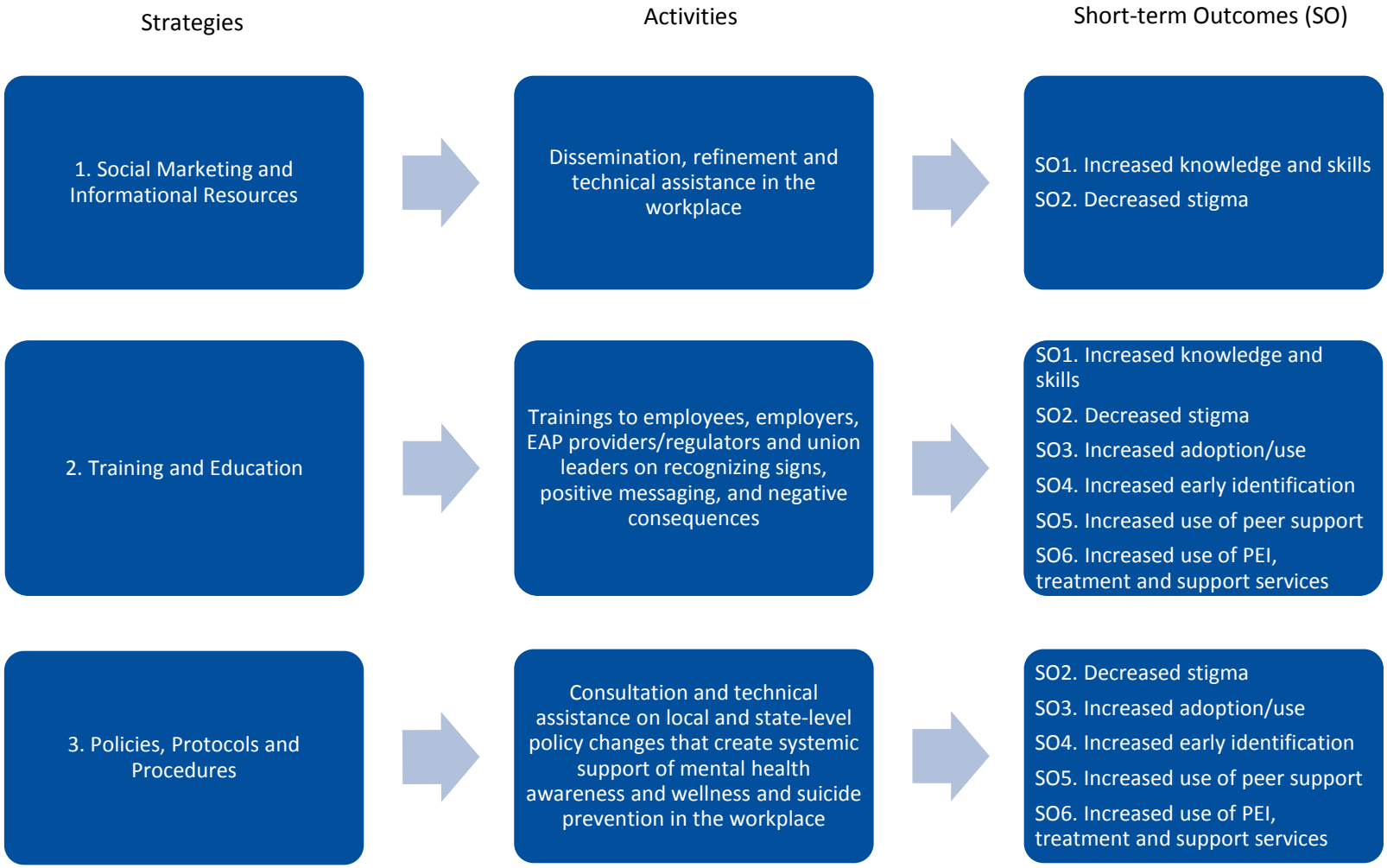
Appendix D. Logic Model for Health Care



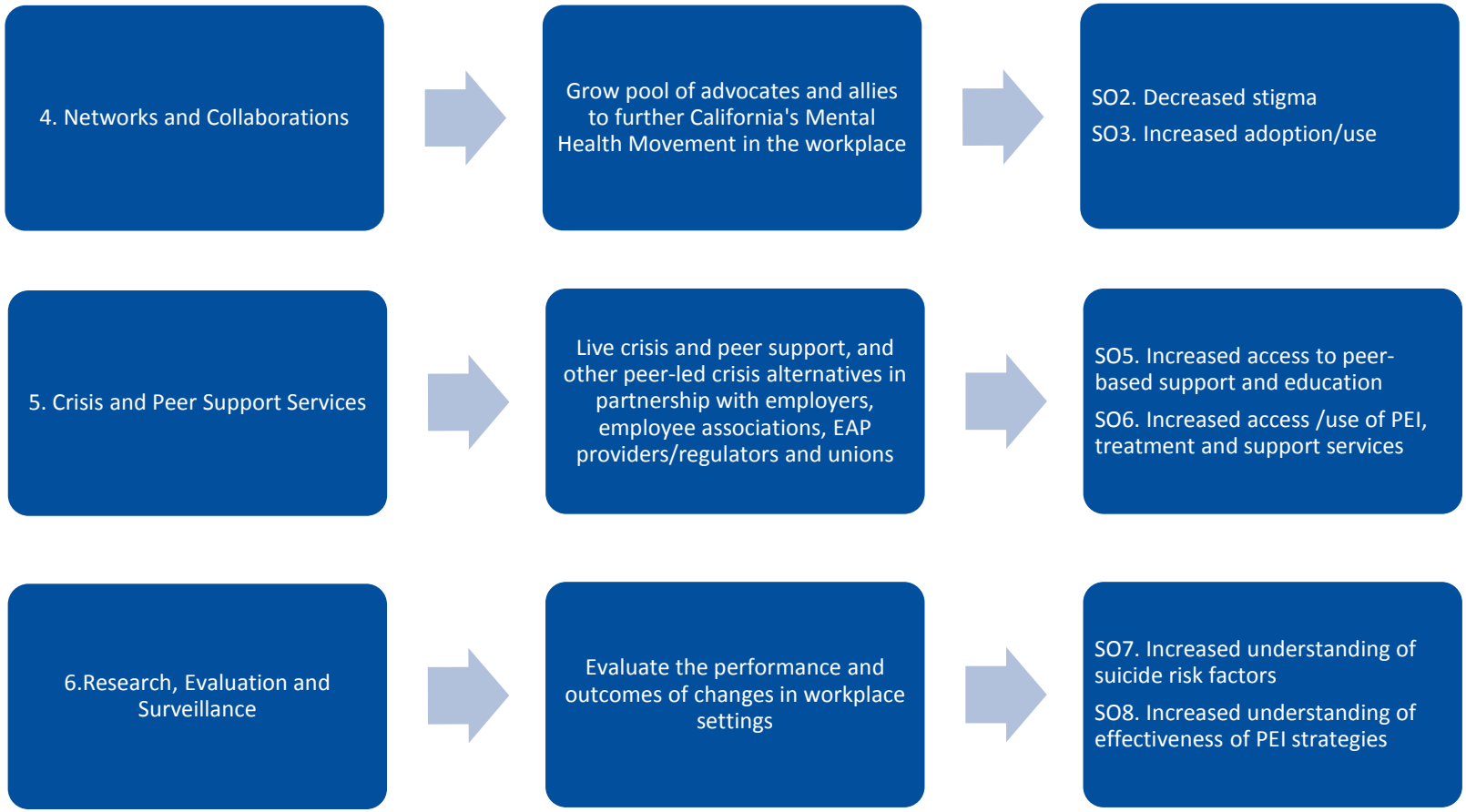
Appendix D. Logic Model for Health Care *(continued)*



Appendix E. Logic Model for Workplace



Appendix E. Logic Model for Workplace *(continued)*



GENERAL DISCUSSION
Agenda Item 7.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.

- 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 7.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.

- Update on Strategic Planning Session Report
- Line of Credit Update
- CBHDA Action on Statewide Projects and Possible Staff Direction
- Other

FISCAL IMPACT:

None.

RECOMMENDATION:

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

TYPE OF VOTE REQUIRED:

Majority vote of the Board of Directors.

REFERENCE MATERIAL(S) ATTACHED:

- None.