

Board of Directors Meeting Agenda

Thursday, October 12, 2017

3:15 p.m. – 5:00 p.m.

(916) 233-1968

Code: 3043



Meeting Locations:

Courtyard Sacramento Cal Expo
1782 Tribute Road
Sacramento, CA 95815

San Bernardino County
303 E. Vanderbilt Way
San Bernardino, CA 92415

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

Thursday, October 12, 2017

3:15 p.m. – 5:00 p.m.

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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.

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B. Reports / Correspondence	
1. Cash Balance as of September 30, 2017.....	16

2. Projected Cash Flow as of September 30, 2017.....17
3. CalMHSA Financial Statement for Year Ending June 30, 2017 – Unaudited18

Recommendation: Approval of the Consent Calendar.

5. PROGRAM PRESENTATION

A. Statewide PEI Project – FY 16/17 Impact in California.....23

Recommendation: None, information only.

6. FINANCIAL MATTERS

A. CalMHSA Annual Revenue and Expenditure Report – Amendment Budget June 30, 201842

Recommendation: Approve the CalMHSA Revenue and Expenditure Report – Amended Budget June 30, 2018.

7. SUSTAINABILITY TASKFORCE

A. Report from the Sustainability Task Force Principles for Allowing County Specific Projects Related to the Statewide PEI Project.....46

Recommendation: Approve the principles for implementing County Specific Projects, as adopted by the Sustainability Task Force.

8. PROGRAM MATTERS

A. Status Update– Mental Health Plan Handbook Translation.....59

Recommendation: Information only.

B. Mental Health Technology Suite INN Project: Los Angeles County, Kern County and Other Counties.....60

Recommendation:

- 1. Approve CalMHSA to administer the Tech Suite Project, pending approval by the MHSOAC and pending other appropriate local approval, as necessary.**
- 2. Approve CalMHSA to administer the Tech Suite Project on behalf of individual CalMHSA members, pending approval and action by the MHSOAC, through a participation agreement with each individual county and CalMHSA.**
- 3. Delegate authority to the CalMHSA Executive Committee to negotiate final terms of all participation agreements for the Tech Suite Project.**

9. GENERAL DISCUSSION

A. Report from CalMHSA President – Terence M. Rooney.....82

- General
- Report out from CBHDA Governing Board

B. Report from CalMHSA Executive Director – Wayne Clark.....83

- General
- Lester Consulting Group Update
- Certified Public Expenditure (CPE) Exploration Status
- Pathways

Recommendation: Discussion and/or action as deemed appropriate.

10. 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.

11. NEW BUSINESS

General discussion regarding any new business topics for future meetings.

12. CLOSING COMMENTS

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

13. 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 August 10, 2017 Board of Directors Meeting
2. Draft Minutes from the September 18, 2017 Finance Committee Meeting
3. Tentative 2018 CalMHSA Board of Directors Calendar Dates

B. Reports / Correspondence

1. Cash Balance as of September 30, 2017
2. Projected Cash Flow as of September 30, 2017
3. CalMHSA Financial Statement for Year Ending June 30, 2017

FISCAL IMPACT:

See staff reports for fiscal impact.

RECOMMENDATION:

Approval of the Consent Calendar.

TYPE OF VOTE REQUIRED:

Majority vote.

REFERENCE MATERIAL(S) ATTACHED:

- August 10, 2017 Board of Directors Minutes
- Draft September 18, 2017 Finance Committee Minutes
- Tentative 2018 CalMHSA Board of Directors Calendar Dates
- Cash Balance as September 30, 2017
- Projected Cash Flow as of September 30, 2017
- CalMHSA Financial Statement for Year Ending June 30, 2017



"A George Hills Company Administered JPA"

**CalMHSAs Board of Directors
Meeting Minutes from August 10th, 2017**

BOARD MEMBERS PRESENT

Alpine County – **Alissa Nourse**
Butte County – **Dorian Kittrell**
Contra Costa County – **Warren Hayes** (*Alternate*)
El Dorado County – **Patricia Charles-Heathers**
Glenn County – **Amy Linsey**
Inyo County - **Gail Zwier**
Kern County – **Bill Walker**
Los Angeles County – **William Arroyo** (*Alternate*)
Madera County – **Dennis P. Koch**
Marin County – **Suzanne Tavano**
Mariposa County – **Christine Doss**
Merced County – **Yvonnia Brown**
Modoc County – **Karen Stockton**
Napa County – **Bill Carter**
Nevada County – **Rebecca Slade**
Orange County – **Mary Hale**
Placer County – **Amy Ellis**
Plumas County – **Bob Brunson**
Riverside County – **Steve Steinberg**
Sacramento County – **Uma Zykofsky**
San Francisco City/County – **Kavoos Ghane Bassiri**
San Luis Obispo County – **Anne Robin**
San Mateo – **Stephen Kaplan**
Shasta County – **Donnell Ewert**
Solano County – **Sandra Sinz**
Tri-City Mental Health Center – **Toni Navarro**
Ventura County – **Elaine Crandall**
Yolo County – **Joan Beesley** (*Alternate*)

BOARD MEMBERS ABSENT

Alameda County
Berkeley County
Colusa County
Del Norte County
Fresno County
Humboldt County
Imperial County
Kings County
Lake County
Lassen County

Mendocino County
Mono County
Monterey County
San Benito County
San Bernardino County
San Diego County
Santa Barbara County
Santa Clara County
Santa Cruz County
Sonoma County
Stanislaus County
Sutter/Yuba County
Trinity County
Tulare County
Tuolumne County

MEMBERS OF THE PUBLIC

Becky Fein, MPH Active Minds
Margaret Walkover

STAFF PRESENT

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

1. CLOSED SESSION

A. CALL TO ORDER

CalMHSA Treasurer Bill Walker, Kern County, called the Board of Directors closed session meeting of the California Mental Health Services Authority (CalMHSA) to order at 10:05 A.M. on August 10th, 2017.

B. ROLL CALL AND INSTRUCTIONS

Ms. Li called roll and informed Treasurer Bill Walker a quorum was reached.

C. CONFERENCE WITH LEGAL COUNSEL – PENDING LITIGATION

2. BOARD OF DIRECTORS REGULAR MEETING

1. CALL TO ORDER

CalMHSA Treasurer Bill Walker, Kern County, called the Board of Directors meeting of the California Mental Health Services Authority (CalMHSA) to order at 10:28 A.M. on August 10, 2017, at the California Institute for Behavioral Health Solutions, in Sacramento California. Treasurer Walker welcomed those in attendance as well as those listening in on the phone, and asked all present to introduce themselves.

Treasurer Walker 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 restated that roll call was taken during the closed session and that a quorum was still valid.

3. INSTRUCTIONS FOR PUBLIC COMMENT AND STAKEHOLDER INPUT

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

4. CLOSED SESSION WILL REPORT OUT

CalMHSA Legal Counsel, Doug Alliston reported out from closed session that members met and no action was taken.

5. CONSENT CALENDAR

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

Action: Approval of the Consent Calendar.

Motion: Anne Robin, San Luis Obispo County

Second: Karen Stockton, Modoc County

Motion passed unanimously.

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

None

6. PROGRAM PRESENTATION

Ann Collentine, Program Director, introduced Becky Fein from Active Minds (AM), who proceeded to give a presentation on Active Minds for the 2016-2017 year since partnering with CalMHSA.

Action: None, information only.

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

7. PROGRAM MATTERS

A. Project Exploration – Mental Health Plan Handbook Translation

The Project was introduced by CalMHSA Executive Director, Wayne Clark and presented by CalMHSA Program Director, Ann Collentine. The Project would focus on a translation of the county mental health plan handbook into threshold languages for counties. Members provided feedback, directed staff to do more research on the project and return to the Board in October with a more detailed project scope.

Recommendation: The Board of Directors directed staff to do more research and development and come back in October with a detailed project scope.

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

8. GENERAL DISCUSSION

Wayne Clark introduced Margaret Walkover. Ms. Walkover invited CalMHSA and counties to participate in the upcoming American Public Health Association 2018 Annual Conference which is being held in San Diego in Fall 2018. Ms. Walkover informed members that this is an opportunity to highlight the groundbreaking Prevention and Early Intervention work that is being done in California by individual counties and statewide by CalMHSA.

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

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

9. PUBLIC COMMENTS

Treasurer Walker invited members of the public to make comments on non-agenda items.

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 11:01 a.m.

Respectfully submitted,

Steve Steinberg,
Secretary, CalMHSA

Date



CalMHSA Finance Committee

TELECONFERENCE MINUTES FROM September 18th, 2017

Finance Committee Members

Present

- Bill Walker, CalMHSA Treasurer, Kern County
- Dr. William Arroyo, Los Angeles County
- Dennis P. Koch, Madera County
- Steve Steinberg, Riverside County

Absent

- Michael Lucid, Sonoma County
- Terence M. Rooney, Colusa County

CalMHSA Staff

- Wayne Clark, Executive Director
- Kim Santin, Finance Director
- Ann Collentine, Program Director
- Laura Li, JPA Administrative Manager
- Theresa Ly, Program Manager
- Armando Bastida, Executive Assistant
- David Kert, Administrative Analyst

1. Call to Order

The CalMHSA Finance Committee teleconference was called to order at 3:04 p.m. on September 18th, 2017 by Finance Committee Chair Bill Walker, Kern County.

2. Roll Call and Public Comment Instructions

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

3. Consent Calendar

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

Routine Matters:

- Minutes from the May 8th, 2017 Finance Committee Teleconference

Action: Approval of the consent calendar

Motion: Los Angeles County – Dr. William Arroyo

Second: Madera County – Dennis P. Koch

Approved by unanimous vote.

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

None

4. CalMHSA Financial Statement for Year ending June 30, 2017

Finance Director, Kim Santin did an in-depth review of the financial statement, while addressing member questions. In summary, expenditures were slower than expected which left a larger cash balance than previously estimated.

Action: Accept file of the Unaudited CalMHSA Financial Statements for the Year ending June 30th, 2017 for presentation at the next scheduled Board of Directors Meeting.

Motion: Los Angeles County – Dr. William Arroyo

Second: Madera County – Dennis P. Koch

Approved by unanimous vote.

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

None

5. CalMHSA Annual Revenue and Expenditure Report – Revised Budget June 30, 2018

The Finance Committee met and discussed revisions to the previously Board approved Budget June 30, 2018, which went into effect July 1, 2017. The approved budget included a Target Budget, in the event of Los Angeles County participation in Prevention and Early intervention. The Target Budget consists of increased funding due to Los Angeles participation and the increase in FTE, required to successfully perform the work required under the program(s). Since that time, Los Angeles County has confirmed participation in PEI effective July 1, 2017, with additional amendments required to the Target Budget since June, and those include the following:

REVENUE:

Revenue has increased as follows:

- Final executed contract for PEI Sustainability Projects - Increase	\$220,000
- Revision for Suicide Prevention Projects - Decrease	<u>(92,541)</u>
Net Revenue Increase	<u>\$127,459</u>

EXPENSES:

Program Expenses Highlights (Details are on Page 2 of Budget Document)

Program Contracts Expense (and total expenses) increased \$358,215. Related to increased funding and reported actuals of June 30, 2017. See note (2) on page 1 of Revised Budget for details. Expenses have increased more than revenue due to the utilization of Prior Year carry over of funds.

In addition to the above, the committee discussed the need to approve the amendment to the Administrative and Financial Services (GH) Agreement and compensation due to the increase in FTE required to successfully perform the work required under the program(s). The Agreement was previously approved at the June 8, 2017 Board meeting, where the Fourth Amendment to the Administrative and Financial Services Agreement, item B Program Funding & Compensation, states the following:

- i. *“Program funding and Resources Required – The program funding is budgeted at the same level as prior year, however additional resources are included for the Hospital Program and reserves will be utilized. In the event of future funding decreases and increases, which may result in a need for changes to FTE requirements, compensation shall be adjusted. Compensation adjustments shall be based on changes to FTE requirements, which would be agreed by the parties. This adjustment agreement by CalMHSA may be delegated to Executive or Finance Committee.”*

Noting the above the Finance Committee took the following actions:

Action(s):

1. **The Finance committee discussed and approved for recommendation to the CalMHSA Board, the Revenue and Expenditure Report – Revised Budget June 30, 2018 and;**

Motion: William Arroyo, Los Angeles County

Second: Dennis P. Koch, Madera County

Approved by unanimous vote.

2. **Approved the increase to the Administrative and Financial Services Agreement due to the increase in FTE, from 9.05 to 10.75.**

Motion: William Arroyo, Los Angeles County

Second: William Walker, Kern County

Role Call Vote:

Finance Committee Member	Aye	No	Abstain
William Walker	X		
William Arroyo	X		
Dennis Koch		X	
Steve Steinberg	X		

Approval by majority vote.

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

None

6. Funding the continuation of the Statewide PEI Project and addressing local needs via county or regional specific projects

Program Director, Ann Collentine did an overview of concept of addressing local needs via county or regional specific projects and asked members to review the draft document and provide input at their convenience.

Action: None

Recommendation: Discussion of the Statewide PEI Project programming and retaining state wideness while addressing local needs.

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

None

7. Executive Director Finance Report

Address and acknowledge the concerns of cohorts and diligently provide satisfactory material related to those matters.

8. General Public Comment

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

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

None

9. Closing Comments

Treasurer, Bill Walker asked for any closing comments.

10. Adjournment

With no further comments, the meeting ended at 4:02P.M.

CalMHSA TENTATIVE BOARD OF DIRECTORS MEETING DATES 2018

Board of Directors Regular In-Person Meeting

Date: Wednesday, February 14, 2018

Time: 4:00PM – 5:00PM

Board of Directors Strategic Planning Session

Date: Friday, April 13, 2018

Time: 8:30AM – 3:00PM

Board of Directors Regular In-Person Meeting

Date: Wednesday, June 13, 2018

Time: 4:00PM – 5:00PM

Board of Directors Regular In-Person Meeting

Date: Wednesday, September 12, 2018

Time: 4:00PM – 5:00PM

Board of Directors Regular In-Person Meeting

Date: Wednesday, November 14, 2018

Time: 4:00PM – 5:00PM

CalMHSA
Cash Balance
As of September 30, 2017

Cash Balance, 6/30/2017	6,316,053.82
Cash Received 07/01 to 09/30/2017	6,612,660.53
Cash Payments 07/01 to 9/30/2017	(1,728,013.74)
Cash Balance, 09/30/2017	11,200,700.61

Cash Balance by Institution	
California Bank & Trust	1,132,340.55
Morgan Stanley Smith Barney	1,296.19
Local Agency Investment Fund	10,067,063.87
Cash Total 9/30/2017	11,200,700.61

California Mental Health Services Authority
Projected Cash Flow
2017/2018

As of September 29, 2017

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
Beginning Cash Balance	6,316,053	5,927,931	7,546,450	11,200,700	10,060,935	9,814,181	9,009,167	8,222,653	7,557,846	6,893,038	6,242,231	5,577,423	6,316,053
Cash Receipts:													
Phase II - Sustainability 16-17				250,000									250,000
Phase III - Sustainability 17-18	102,570	1,203,197	3,567,048	135,253	135,253								5,143,322
Private Fund Develop - Member Fee 16-17		22,744		95,127	95,127								212,998
Private Fund Develop - Member Fee 17-18	27,391	103,829	51,216	114,863	114,863								412,162
Suicide Prevention Hotline 17-18		517,257	6,644	19,931									543,832
State Hospital Beds 16-17	51,874			269,000									320,874
State Hospital Beds 17-18		92,532	30,844	216,517	216,517								556,410
Other (LAIF Interest, donations, etc.)	20,277	4,864	810,374	18,000			16,000			14,000			883,515
Total Cash Receipts	202,112	1,944,423	4,466,126	1,118,691	561,760	-	16,000	-	-	14,000	-	-	8,323,112
Cash Expenses:													
PEI/Phase I Obligations 2014/15				595,812									595,812
Phase II Obligations 2016/17	247,895	133,493	586,410	957,662	104,032	104,032	104,032	-	-	-	-	-	2,237,556
Phase III Obligations 2017/18		20,839	23,064	365,610	365,610	365,610	365,610	365,610	365,610	365,610	365,610	365,610	3,334,390
Suicide Prevention Hotline	57,749			56,957	56,957	56,957	56,957	56,957	56,957	56,957	56,957	56,957	570,364
Plumas Wellness Center	8,573	60	30,070										38,703
Community Response Plan													-
TTACB Contract				15,860	15,860	15,860	15,860	15,860	15,860	15,860	15,860	15,860	142,741
State Hospital Beds	88,750	18		43,846	43,846	43,846	43,846	43,846	43,846	43,846	43,846	43,846	483,385
Fiscal Modernization Project	3,648	10,000		4,297	4,297	4,297	4,297	4,297	4,297	4,297	4,297	4,297	52,320
Drug Medi-Cal													-
PNWE													-
EDC													-
Orange County													-
Sutter	13,183	2,223	16,056	33,675	33,675	33,675	33,675						166,160
WET Program Expenditures				16,497	16,497	16,497	16,497	16,497	16,497	16,497	16,497	16,497	148,470
Research & Development													-
Private Fund Development	15,000	23,858	15,000	21,328	21,328	21,328	21,328	21,328	21,328	21,328	21,328	21,328	245,809
Total Administrative Expenses	155,437	135,413	141,277	146,913	146,413	142,913	140,413	140,413	140,413	140,413	140,413	175,413	1,745,840
Total Cash Expenses	590,234	325,903	811,876	2,258,456	808,514	805,014	802,514	664,807	664,807	664,807	664,807	699,807	9,761,549
Ending Cash Balance	5,927,931	7,546,450	11,200,700	10,060,935	9,814,181	9,009,167	8,222,653	7,557,846	6,893,038	6,242,231	5,577,423	4,877,616	4,877,616

CONSENT CALENDAR
Agenda Item 4.B.3

**SUBJECT: CALMHSA FINANCIAL STATEMENT FOR THE YEAR ENDING JUNE 30, 2017 -
UNAUDITED**

ACTION FOR CONSIDERATION:

Accept file of the Unaudited CalMHSA Financial Statement for the Year ending June 30, 2017.

BACKGROUND AND STATUS:

The Board of Directors will review and discuss the financial statement for the year ending June 30, 2017.

Some key items are noted in the financial statement cover memo.

FISCAL IMPACT:

None.

RECOMMENDATION:

Accept file of the Unaudited CalMHSA Financial Statement for the Year ending June 30, 2017.

TYPE OF VOTE REQUIRED:

Majority vote.

REFERENCE MATERIALS ATTACHED:

- CalMHSA Financial Statement Year Ending June 30, 2017

**SUMMARY OF SIGNIFICANT CHANGES IN FINANCIAL STATEMENTS
FOR THE FISCAL YEAR ENDED JUNE 30, 2017**

BALANCE SHEET:

Cash and Cash Equivalents – The total cash balance as of June 30, 2017 is \$6.3 million. This is a decrease of \$2.0 million compared to the \$8.3 million in cash as of March 31, 2017. The decrease in cash is primarily due to expenses of \$2.4 million for the third quarter, offset by an increase of \$400 thousand of expenses which were payable at June 30, 2017.

Receivables – The balance in accounts receivable as of June 30, 2017, is \$784 thousand. Receivables are comprised mostly of the following:

• State Hospital Beds Program	\$ 320,874
• Phase II PEI Sustainability Funding	250,000
• Public/Private Partnership Development	<u>212,998</u>
	\$ 783,872

Accounts Payable – The balance in accounts payable as of June 30, 2017, is approximately \$1.7 million. The payables are primarily for payments to program partners. The vendors with the most significant balances are as follows:

• George Hills Company/Each Mind Matters	\$ 111,246
• Runyon Saltzman & Einhorn, Inc.	162,201
• Foundation for California Community Colleges	398,248
• University of California	<u>595,813</u>
	\$ 1,267,508

STATEMENT OF REVENUE AND CHANGES IN NET ASSETS:

Operating Revenue – Total revenue for the fiscal year ended June 30, 2017 was \$7.1 million consisting primarily of revenue for Phase II Sustainability (\$5.2 million) and Public/Private Partnership Development Fee (\$448 thousand), as well as other strategic programs such as Wellness Center, Suicide Prevention Hotline, the Community Response Plan and the State Hospital Beds Program.

Expenses – Overall expenses for the fiscal year ended June 30, 2017 were \$8.4 million. Expenses consisted mainly of contract expenses for the Statewide Program (Phase II.)

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY

**UNAUDITED
BALANCE SHEET**

	<u>June 30,</u> <u>2017</u>	<u>June 30,</u> <u>2016</u>
ASSETS		
Current Assets:		
Cash & Cash Equivalents	\$ 6,309,433	\$ 7,713,846
Investments - Current Portion		
Contractor Prepayments		60,000
Receivables:		
State Hospital Bed Funds	320,874	529,772
Public/Private Partnership Development	212,998	
Fiscal Modernization		13,281
Phase II Sustainability	250,000	452,669
Other	5,138	31,348
Interest	16,877	11,978
Prepaid Expense	44,580	
Total Current Assets	<u>7,159,900</u>	<u>8,812,894</u>
Noncurrent Assets:		
Investments		
Total Assets	<u>\$ 7,159,900</u>	<u>\$ 8,812,894</u>
LIABILITIES AND NET ASSETS		
Current Liabilities:		
Accounts Payable and Accrued Expenses	\$ 1,685,854	\$ 1,541,735
Deferred Revenue	<u>52,093</u>	<u>780,361</u>
Total Current Liabilities	<u>1,737,947</u>	<u>2,322,096</u>
Net Assets:		
Operations	527,118	776,518
Obligated Funds Under Contract:		
International SDR Conference	(50,116)	(50,116)
Tech Asst/Capacity Building	203,272	203,272
WET Program Funding	148,470	148,470
Fiscal Modernization	96,314	169,915
SHB Program Funding	1,683,901	1,347,307
Plumas Wellness Center	169,576	620,938
Suicide Prevention Hotline	119,714	34,015
Community Response Plan	1,041	10,745
PNWE	7,576	7,576
Drug Medi-Cal	(6,603)	(4,797)
Orange County	2,862	2,862
Education Development Center, Inc.	2,024	2,968
Sutter Health Systems	190,477	
Public/Private Partnership Development	253,230	
Statewide PEI Project	<u>2,073,097</u>	<u>3,221,124</u>
Total Net Assets	<u>5,421,953</u>	<u>6,490,798</u>
Total Liabilities and Net Assets	<u>\$ 7,159,900</u>	<u>\$ 8,812,894</u>

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY

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

For The Fiscal Year Ended June 30, 2017

	<u>Operations</u>	<u>Strategic Programs</u>	<u>Statewide PEI Program</u>	<u>June 2017 Total</u>	<u>June 2016 Total</u>
OPERATING REVENUES:					
Program Funding Contributions		\$ 1,431,896	\$ 5,437,065	\$ 6,868,961	\$ 8,552,942
Private Fund Development Fee		448,230	-	448,230	
Conference Registration				-	(20,421)
Donations				-	-
License Royalty Fee	\$ 600			600	-
Application Fee	500			500	250
Total Operating Revenue	1,100	1,880,126	5,437,065	7,318,291	8,532,771
PROGRAM EXPENSES:					
SDR Conference		-		-	3,117
Program Contract		1,060,249	5,121,914	6,182,163	9,798,835
Program Mgmt. & Oversight		322,799	849,485	1,172,284	1,926,174
Other Contract Services		65,870	4,806	70,676	184,006
Private Fund Development Contract		90,000	-	90,000	
Legal	167,671	796	-	168,467	20,621
Marketing				-	1,396
Meeting and Other	21,424	11,829	5,426	38,679	78,994
Total Program Expense	189,095	1,551,543	5,981,631	7,722,269	12,013,143
INDIRECT EXPENSES:					
General Management			592,412	592,412	322,407
Other Contract Services	21,906		8,194	30,100	28,386
Legal Services	23,218		-	23,218	22,952
Insurance	29,920		-	29,920	29,203
Investment Management Fees	260		-	260	439
Dissemination Materials			-	-	64,263
Meeting and Other	40,066		2,856	42,922	16,512
Total General And Administrative	115,370	-	603,461	718,831	484,161
Total Expenses	304,465	1,551,543	6,585,092	8,441,100	12,497,304
Income/(Loss) from Operations	(303,365)	328,583	(1,148,027)	(1,122,809)	(3,964,533)
NONOPERATING INCOME:					
Investment Income	65,338			65,338	51,073
Change in Investment Value	(11,373)			(11,373)	(500)
Total Nonoperating Income	53,965			53,965	50,573
Change in Net Assets	(249,400)	328,583	(1,148,027)	(1,068,844)	(3,913,960)
Beginning Net Assets	776,518	2,493,155	3,221,124	6,490,797	10,404,757
Ending Net Assets	\$ 527,118	\$ 2,821,738	\$ 2,073,097	\$ 5,421,953	\$ 6,490,797

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY

UNAUDITED
STATEMENT OF REVENUES, EXPENSES AND
CHANGES IN NET ASSETS

For The Fiscal Year Ended June 30, 2017

	Strategic Programs											June 2016 Total	
	Fiscal Modernization	SHB Program	Wellness Center	Suicide Prevention Hotline	Community Response Plan	PNWE	Drug Medi-Cal	Orange County	EDC	Sutter Health Systems	Public/Private Partnership Development		Total Strategic Programs
OPERATING REVENUES:													
Program Funding Contributions	(13,281)	\$ 550,802		\$ 636,375	\$ 5,000				\$ 3,000	\$ 250,000		\$ 1,431,896	\$ 2,593,150
Private Fund Development Fee											\$ 448,230	448,230	
Conference Registration												-	(20,421)
Total Operating Revenue	(13,281)	550,802	-	636,375	5,000	-	-	-	3,000	250,000	448,230	1,880,126	2,572,729
PROGRAM EXPENSES:													
SDR Conference												-	3,117
Program Contract			450,050	550,676						59,523		1,060,249	869,481
Program Mgmt. & Oversight	13,450	204,349									105,000	322,799	205,670
Other Contract Services	45,494				14,704		1,728		3,944			65,870	115,685
Private Fund Development Contract											90,000	90,000	
Legal		796										796	1,499
Meeting and Other	1,376	9,063	1,312				78					11,829	9,058
Total Program Expense	60,320	214,208	451,362	550,676	14,704	-	1,806	-	3,944	59,523	195,000	1,551,543	1,204,510
Change in Net Assets	(73,601)	336,594	(451,362)	85,699	(9,704)	-	(1,806)	-	(944)	190,477	253,230	328,583	1,368,219
Beginning Net Assets	169,915	1,347,307	620,938	34,015	10,745	7,576	(4,797)	2,862	2,968	-	-	2,493,155	1,124,936
Ending Net Assets	\$ 96,314	\$ 1,683,901	\$ 169,576	\$ 119,714	\$ 1,041	\$ 7,576	\$ (6,603)	\$ 2,862	\$ 2,024	\$ 190,477	\$ 253,230	\$ 2,821,738	\$ 2,493,155

DRAFT

PROGRAM PRESENTATION
Agenda Item 5.A.

SUBJECT: STATEWIDE PEI PROJECT – FY 16/17 IMPACT IN CALIFORNIA

ACTION FOR CONSIDERATION:

None, information only.

BACKGROUND AND STATUS:

This presentation provides an overview of impact the Statewide PEI Project has had across California in FY 16/17, which concludes Phase II of the Statewide PEI Project. Based on Board approval from June 2017, activities from Phase II are being continued into FY 17/18, which is the start of Phase III.

Key FY 16/17 statewide achievements include:

- Reaching the milestone of disseminating over 1 million lime green ribbons
- Over 1 million hardcopy materials were disseminated in counties, schools, and CBOs
- Over 450 people attended the inaugural Each Mind Matters webinar series
- Over \$250,000 in mini-grant funds were provided to CBOs, NAMI affiliates, Active Minds Chapters and Community Colleges to host community outreach events utilizing Each Mind Matters resources and messaging
- The Directing Change Program received over 480 videos submissions from over 100 schools across California, engaging over 1,300 students and impacting overall school climate
- Over 25 new Each Mind Matters culturally adapted resources were developed
- Over 70 news broadcasts, news articles and radio reports discussed programs implemented by the Statewide PEI Project
- Nearly 700 county agencies, schools, local and statewide organizations across California were touched by programs implemented by the Statewide PEI Project

FISCAL IMPACT:

None.

RECOMMENDATION:

None, information only.

TYPE OF VOTE REQUIRED:

None, information only.

REFERENCE MATERIAL(S) ATTACHED:

- Statewide PEI Project FY 16/17 Statewide Impact presentation

The Statewide PEI Project FY 2016/2017 California Impact Statement

Ann Collentine, MPPA
Program Director – CalMHSA

**CalMHSA Board of
Directors Meeting**
October 12, 2017



The Statewide PEI Project: Achieving More Together

- In FY 16/17, 41 counties collectively pooled their funds to support 7 contractors in implementing the Statewide PEI Project, publicly known as *Each Mind Matters: California's Mental Health Movement*
- Total contracted funding for Phase II (Fiscal Year 2015/2016 and 2016/2017): \$10,176,000
- Implemented strategies:
 - Maintaining and expanding suicide prevention and stigma reduction public awareness and education campaigns
 - Creating new outreach materials for diverse audiences
 - Providing technical assistance
 - Providing trainings and presentations to diverse audiences
 - Engaging youth in the Directing Change programs
 - Building capacities of schools and organizations to address mental health, stigma and suicide prevention

Outcomes to date

- Since its inception in FY 2011/2012, the Statewide PEI Project has evaluated the effectiveness and reach of the implemented programs. Outcomes to date include:
 - 15.4% more Californians exposed to Each Mind Matters turn to help for mental health challenges.
 - Over 50% of Californians were exposed to Know the Signs.
 - Individuals exposed to the Know the Signs campaign report higher levels of confidence to intervene with someone at risk for suicide.
 - The Know the Signs campaign was rated by experts to be aligned with best practices and be one of the best media campaigns on the subject.
 - Students exposed to the Walk In Our Shoes website demonstrate significantly higher knowledge of mental health.
 - 63% of teachers and administrators who saw the Walk In Our Shoes performance started a conversation about mental health in the classroom.

Outcomes to date

- 87% of students have a better understanding of mental illness and suicide after participating in Directing Change.
- 97% of students who participated in Directing Change pledged to support a friend with a mental health challenge.
- 87% of those who completed the Kognito training report that they are better prepared to identify, approach and refer students exhibiting signs of psychological distress.
- 66% of California Community College faculty who completed Kognito training report an increase in the number of conversations they had with other faculty and staff about students that they were concerned about.

Projected 10 and 20 Year Outcomes

Public health initiatives like the Statewide PEI Project require long term investment in order to change the culture around mental health and suicide. With long term investments, the projected 10 and 20 year outcomes are as follows:

10 year outcomes

- Increased intervention and provision of support by a community helper
- Increased proactive inclusion of individuals with mental health challenges
- Increased community encouragement and acceptance of seeking services early
- Increased knowledge and skills for recognizing and facilitating help seeking

20 year outcomes

- Reduced discrimination against persons with mental illnesses
- Reduced social isolation and self-stigma
- Improved functioning at school, work, home and in the community
- Reduced suicidal behavior
- Reduced societal costs related to untreated mental illness

Organizations reached

Nearly **700** local county agencies, schools, and organizations were touched by the activities implemented by the Statewide PEI Project, including:

- All county behavioral health agencies
- All California community colleges
- Statewide agencies and organizations such as California Department of Education; Sutter Health; NAMI California; California Mental Health Planning Council; Wellbeing Trust
- Universities such as UCLA, University of the Redlands, CSU Long Beach
- Local organizations such as: American Foundation for Suicide Prevention, NAMI Sonoma County, Suicide Prevention Service of the Central Coast, Culture to Culture Foundation, Rodef Shalom

Trainings

Over **15,000** people participated in a training offered by the Statewide PEI Project, which increased skills on how to address stigma reduction and suicide prevention. These trainings include:

- Each Mind Matters Webinars
- Kognito Suicide Prevention and Mental Health Trainings
- NAMI Mental Health 101 Training of Presenters
- NAMI on Campus Trainings
- Directing Change AB 2246 Trainings
- School Based Trainings
- Directing Change Judges Training
- QPR Suicide Prevention Training
- Mental Health First Aid in Schools Training
- El Rotafolio Suicide Prevention Training for Low Literacy Spanish Speakers
- Suicide Prevention Media Messaging Training
- California Community College Student Mental Health Trainings
- Suicide Prevention in Primary Care Trainings

Presentations

Nearly **12,000** people participated in a presentation offered by the Statewide PEI Project, which increased knowledge and awareness about stigma reduction and suicide prevention. These presentations include:

- Conference presentations including the Central Valley Latino Conference, UC Diversity Conference, California Mental Wellness Conference, and others
- NAMI Mental Health 101 Presentations
- NAMI Ending the Silence Presentations
- Active Minds Speakers Bureau Presentations

Community Outreach Events

Community outreach events allowed for direct community conversations about mental health and suicide prevention, while providing a forum to disseminate Each Mind Matters resources. Numerous outreach events implemented by Active Minds chapters, Community Colleges, and the Each Mind Matters Outreach & Engagement team.

Furthermore, counties received discounted rates to host an Active Minds Send Silence Packing Tour on college campuses.



Newsletters

Regular electronic newsletters allowed Each Mind Matters to communicate to a broad audience, share resources, and engage the Mental Health Movement.

Each Mind Matters Insider newsletter: 312 subscribers

Each Mind Matters Community newsletter: 4,960 subscribers

California Community Colleges Student Mental Health Program Newsletter: 2,933 subscribers



Technical Assistance

Technical assistance provided by all Statewide PEI Project contractors provided the necessary support to community organizations and counties to fully utilize and integrate the resources and programs available through Each Mind Matters

TA to counties: 335 consultations

TA to CBOs: 131 consultations

TA to schools: 43 consultations

TA to NAMI affiliates & programs: 73 consultations

TA to Active Minds Chapters: 686 consultations

- TA resulted in the creation of 8 new Active Minds chapters in California

Hardcopy Dissemination

Over **1 million** hardcopy materials were sent to counties, schools, and local organizations throughout California. Furthermore, technical assistance emails and other communications highlighted the online availability of these resources through the Each Mind Matters Resource Center.

- Each Mind Matters Promotional Items:** 213,400
- Each Mind Matters Educational Materials:** 183,039
- SanaMente Materials:** 51,958
- Know the Signs/El Suicidio Es Prevenible Materials:** 421,577
- Directing Change Materials:** 3,682
- Walk In Our Shoes/Ponte En Mis Zapatos Materials:** 1,795
- California Community College Student Mental Health Program Materials:** 223,412



Visits to Websites

All resources encourage recipients to visit Campaign and Program websites to learn more about stigma, mental health, suicide prevention, and how to engage with Each Mind Matters and the mental health movement.



Website	Total Visits	Unique Visitors
EachMindMatters.org	52,609	39,648
SanaMente.org	1,989	1,307
SuicideIsPreventable.org	26,636	20,941
ReconozcaLasSenales.org	3,481	2,751
DirectingChange.org	36,529	21,387

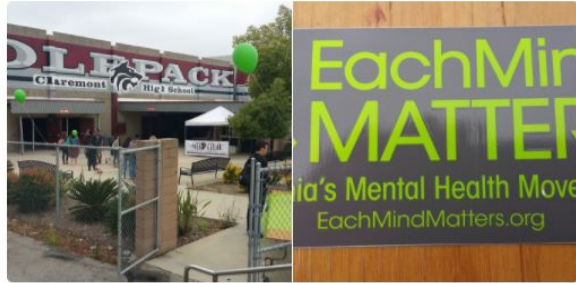
Website	Total Visits	Unique Visitors
WalkInOurShoes.org	7,119	5,406
PonteEnMisZapatos.org	281	223
CCCStudentMentalHealth.org	240,085	40,772
RAND CalMHSA Reports	14,092	9,740

Mini-Grants and Sponsorships

CHS Cinematic Arts Retweeted

Brett O'Connor @BrettOConnor8 · Jun 1

Come on down and have some free tacos at mental health awareness assembly at lunch. Free for 1st 200 who show up



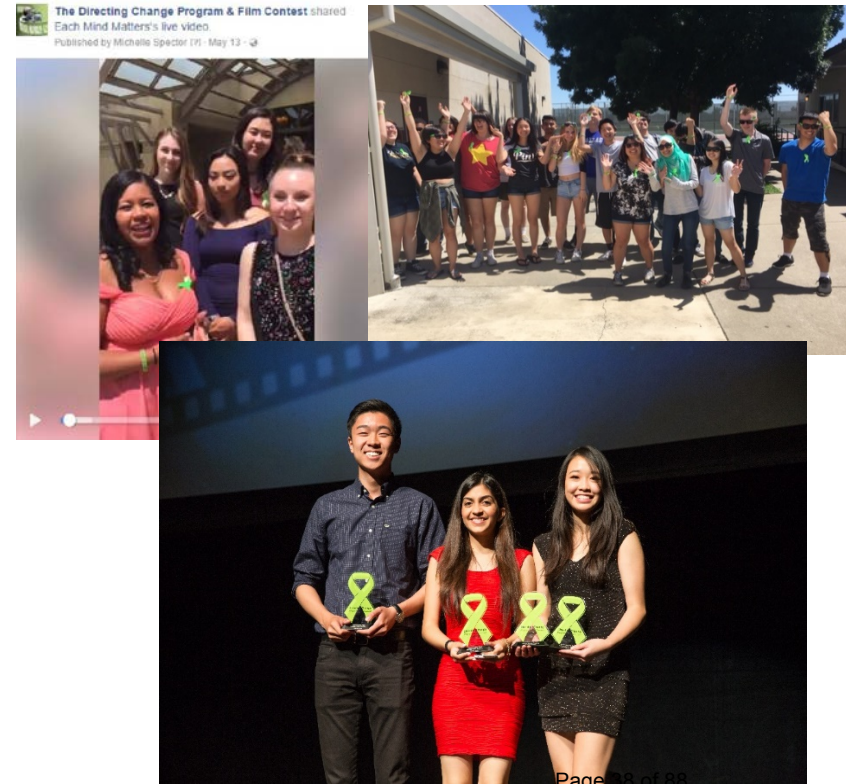
Over **\$250,000** in Mini-Grants and Sponsorships were awarded to over **140** local schools and organizations, allowing them to receive Each Mind Matters technical assistance, integrate local resources into their programs, and host Each Mind Matters events for their communities.



Directing Change: Changing Knowledge, Attitudes and Behaviors

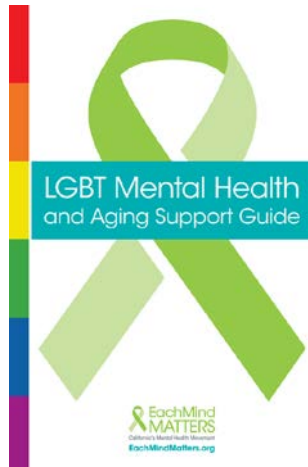
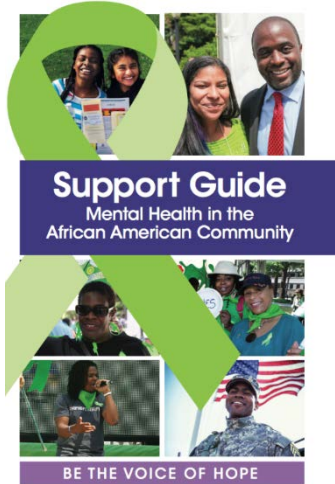
Directing Change entered its 5th year of implementation in FY 2016/2017. An independent evaluation by NORC found Directing Change to be highly effective in increasing knowledge, behavior and attitudinal outcomes related to suicide prevention and mental health and demonstrated changes in school climate.

Over **480** videos were submitted, representing **1,343** students from **113** schools. The Directing Change videos have been viewed nearly **35,000** times on YouTube.



New Materials and Resources

Over **25** new resources were developed to reach diverse communities and school audiences. All resources are now available on the Each Mind Matters Resource Center.



Community comments about the Statewide PEI Project

We have been thanked for our messages and for wearing the lime green ribbons on several occasions...
- *Valley Oak Children's Services*

I just wanted to say that I am very excited that there are more resources in Spanish about Mental Health. These resources will be used in our non profit trainings
- *Public comment via sanamente.org*

We appreciated the training on AB 2246. Great content and format for the training and your passion shines through to support and make a difference
- *Kern County Superintendent of Schools*

Your stories were absolutely amazing! They changed my entire perspective!
- *NAMI Mental Health 101 Participant from NAMI Mt. San Jacinto*



Thank You

Ann Collentine, MPPA

Program Director

CaIMHSA

Ann.Collentine@calmhsa.org



www.EachMindMatters.org
www.CaIMHSA.org

FINANCIAL MATTERS
Agenda Item 6.A.

**SUBJECT: CALMHSA ANNUAL REVENUE AND EXPENDITURE REPORT – AMENDMENT BUDGET
JUNE 30, 2018**

ACTION FOR CONSIDERATION:

- Approve the CalMHSA Revenue and Expenditure Report – Amended Budget June 30, 2018

BACKGROUND AND STATUS:

At the June 15, 2017 Board of Directors meeting, the members approved the proposed June budget and the target budget (which included Los Angeles estimated participation) for the year ending June 30, 2018. Los Angeles executed their participation agreement on July 6, 2017 and the target budget was attained.

The target budget included an increase in staffing, requiring adjustment to the Administrative and Financial Services Agreement (GH), as indicated in the Fourth Amendment. The approval of increases and decreases in compensation within the Agreement may be delegated to either the Executive Committee or the Finance Committee. At the September 18, 2017 Finance Committee, the Committee Members ratified the staffing increase (9 FTE to 10.75 FTE) of the Administrative and Financial Services Agreement (GH) Budget.

In addition, the Committee recommended approval of amendments to the Target Budget as follows:

Revenue:

Revenue Increases are:

- Final executed contract for PEI Sustainability Projects \$220,000
- Actual Central Valley Suicide Prevention Contracts (92,541)

Net Revenue Increase \$127,459

Expenses:

Program Contracts Expenses (and total expense) increased \$358,215 related to the increased funding and reported actuals of June 30, 2017 (carry over was larger than estimated). See note (2) on Page 1 of Amended Budget for details. Expenses have increased more than revenue due to the utilization of Prior Year carry over of funds.

Since the September 18th Finance Committee meeting, additional funding is being presented for further Amendment.

CalMHSA is engaging RAND Corporation in a mixed-methods evaluation of Mental Health Services Act (MHSA) implementation through a participation agreement with County of Los Angeles (LAC) Department of Mental Health for \$500,000. This evaluation will be conducted for 17 weeks, commencing October 2017 after contract execution.

Contra Costa County has entered into a Participation Agreement with CalMHSA to Administer an Employee Loan Forgiveness Program for a three- year term for a total funding of \$900,000, at \$300, 000 per fiscal year retroactive to July 1, 2017.

The above additions are an increase to Revenue of \$800,000 and an increase to expenses of \$500,000 for the Rand evaluation. We don't anticipate distribution of the Loan Forgiveness program in the current fiscal year, so the funds will be held in obligated reserves.

Target Budget Net (Decrease) Unexpended Funds ***\$(301,634)***

Revenue Changes:

Increase for PEI Sustainability	220,000
Decrease for Actual Central Valley Suicide Prevention	(92,541)
Contra Costa County Loan Forgiveness	300,000
Rand Amendment for Additional Eval – Los Angeles	500,000

Expense Changes:

Increase to PEI Program Contracts	<u>(858,215)</u>
-----------------------------------	------------------

Amended Budget Net (Decrease) Unexpended Funds ***\$(232,390)***

FISCAL IMPACT:

Stated above.

RECOMMENDATION:

- Approve to the Board of Directors the CalMHSA Revenue and Expenditure Report – Amendment Budget June 30, 2018

TYPE OF VOTE REQUIRED:

Majority vote.

REFERENCE MATERIALS ATTACHED:

- CalMHSA Annual Revenue and Expenditure Report – Amendment Budget June 30, 2018 Proposed Revision

**California Mental Health Services Authority
2017/2018 Operating Budget
Combined Totals**

	(A)	(B)	(C)	(D)	(E)	Notes
	Approved Budget 2016/2017	Unaudited Actuals 2016/2017	Adopted Budget 2017/2018	Adopted Target Budget 2017/2018	Proposed Amended Budget 2017/2018	
Revenues:						
PEI Sustainability	6,423,162	5,437,065	5,160,037	7,010,037	7,730,037	
Private Fund Development Fees	500,000	448,230	500,005	500,005	500,005	
State Hospital Bed Program		550,802	627,912	627,912	627,912	
Suicide Prevention Program		636,375	636,375	636,375	543,834	
Contra Costa county BHS Employee Loan Forgiveness Program					300,000	
Sutter Health		250,000				
Other Programs		49,184				
Licence Royalty Fee		600	0			
Total Revenues	6,923,162	7,372,256	6,924,329	8,774,329	9,701,788	(1) Revenue Increased \$927,459
Program Expenses:						
Program Contracts	9,091,198	6,272,163	5,184,070	6,625,371	7,483,586	(2) Increased Contracts \$858,240 (\$7,483,586-\$6,625,371)
Program Management	1,072,399	1,172,284	1,269,742	1,541,558	1,565,058	(3)
Other Contracts		70,676	35,000	35,000	35,000	
Legal	28,952	168,467	28,952	28,952	28,952	
Travel & Meetings	35,000	38,679	70,000	85,000	85,000	
Total Program Expenses	10,227,549	7,722,269	6,587,764	8,315,881	9,197,596	
General & Administrative Expenses:						
General & Administrative						
Staffing	584,945	592,412	593,834	672,082	648,582	(3)
Legal	10,000	23,218	10,000	10,000	10,000	
Travel & Meetings	66,000	42,922	16,000	16,000	16,000	
Other Contracts	45,000	30,360	10,000	10,000	10,000	
Insurance	30,000	29,920	37,000	37,000	37,000	
Financial Audit	15,000	0	15,000	15,000	15,000	
Total General & Administrative Expenses	750,945	718,832	681,834	760,082	736,582	
Total Expenditures	10,978,494	8,441,101	7,269,598	9,075,963	9,934,178	(4)
Net Increase/(Decrease) Unexpended Funds	(4,055,332)	(1,068,845)	(345,269)	(301,634)	(232,390)	
Prior Year Reserves	6,491,784	6,490,797	2,648,099	2,648,099	5,421,953	
Projected Reserves as of June 30	2,436,452	5,421,952	2,302,830	2,346,465	5,189,563	
Less: Obligated Reserves	(2,343,350)	(5,171,854)	(2,191,000)	(2,191,000)	(5,164,954)	
Total Available Reserves at June 30, 2018	93,102	250,098	111,830	155,465	24,609	

Notes

(1) **Revenue Increased \$927,459 as stated below:**

Increase for PEI Sustainability	\$	220,000
Decrease for Actual Suicide prevention		(92,541)
As Presented/Approved by Finance Committee 09.12.2017		127,459
Contra Costa County BHS Loan Forgiveness		300,000
Rand Amendment for Additional Eval related to Los Angeles		500,000
Increased Total Revenue	\$	927,459

(2) **Program Contracts Expenses Increased \$858,215 Related to Increased Funding and Reporting of June 30, 2017 Actual :**

	June Adopted Target Budget	Revised Target Budget Adopted by Finance Committee	Increased Contracts for Revised Target At FC Meeting	Rand Amendment Increase to PEI Contracts	Proposed Increase for PEI Contracts
PEI Sustainability Projects	\$ 5,095,000	\$ 5,500,000	\$ 405,000	500,000	905,000
Suicide Prevention Regional	509,100	462,340	(46,760)	-	(46,760)
	\$ 5,604,100	5,962,340	\$ 358,240	\$ 500,000	\$ 858,240

Expenses have increased more than Revenue Increase based on Utilization of Prior year Carry Over

(3) **Total Paid to George Hills is \$2,213,640 - No change from Adopted Target Budget.**

	From Column (C) GHC Current contract 9.05 FTE \$1,863,576 Approved at the June Board Meeting	From Column (D) GHC Contract @Target Funding level Increased to 10.75 -\$2,213,640 Approved at the June Board Meeting	From Column (E) GHC Contract @Revised Budget level Increased to 10.75 -\$2,213,640
Program Management	1,269,742	1,541,558	1,565,058
General & Admin Staffing	593,834	672,082	648,582
	1,863,576	2,213,640	2,213,640

(4) **Total Expenses increased \$858,215 - Same Amount as Program Contract Expense Increase**

California Mental Health Services Authority
Administrative Expense Allocation
2017/2018 Program Year
Proposed Revised Target Budget

	Private Fund Development	Tech Asst/Capacity Building	WET Program Funding	Fiscal Modernization	State Hospital Bed Program	Suicide Prevention - Regional Program	PEI Sustainability Projects	Totals
Direct/Program Expenses:								
Program Contracts	\$ 200,000	\$ 165,227	\$ 148,470	\$ 36,500	\$ 471,049	\$ 462,340	\$ 6,000,000	\$ 7,483,586
Program Management - Direct	307,842	37,599		51,699	321,941	51,699	794,278	1,565,058
Other Contracts	15,000						20,000	35,000
Legal				500	5,000		23,452	28,952
Travel & Meetings	50,000				5,000		30,000	85,000
Total Direct/Program Expenses	<u>572,842</u>	<u>202,826</u>	<u>148,470</u>	<u>88,699</u>	<u>802,990</u>	<u>514,039</u>	<u>6,867,730</u>	<u>9,197,596</u>
General & Administrative:								
General & Administrative								
Staffing	40,390	18,659	-	11,381	159,182	22,544	396,426	648,582
Legal	623	288	-	175	2,454	348	6,112	10,000
Travel & Meetings	996	460	-	281	3,927	556	9,780	16,000
Other Contracts	623	288	-	175	2,454	348	6,112	10,000
Insurance	2,304	1,064	-	649	9,081	1,286	22,615	37,000
Financial Audit	934	432	-	263	3,681	521	9,168	15,000
Total Indirect Expenses	<u>45,870</u>	<u>21,191</u>	<u>-</u>	<u>12,925</u>	<u>180,780</u>	<u>25,603</u>	<u>450,213</u>	<u>736,582</u>
Total Expenditures	<u>\$ 618,712</u>	<u>\$ 224,017</u>	<u>\$ 148,470</u>	<u>\$ 101,624</u>	<u>\$ 983,770</u>	<u>\$ 539,642</u>	<u>\$ 7,317,944</u>	<u>\$ 9,934,178</u>

SUSTAINABILITY TASKFORCE
Agenda Item 7

SUBJECT: REPORT FROM THE SUSTAINABILITY TASK FORCE: PRINCIPLES FOR ALLOWING COUNTY-SPECIFIC PROJECTS RELATED TO THE STATEWIDE PEI PROJECT

ACTION FOR CONSIDERATION:

Approve the principles for implementing County Specific Projects, as adopted by the Sustainability Task Force

BACKGROUND AND STATUS:

The CalMHSA PEI Statewide Project continues to be endorsed by counties but funding with local MHSA funds continues to be challenging. Throughout the past few years, CalMHSA staff have heard the following feedback from county staff:

1. Local stakeholders continue to question the applicability and effectiveness of the Statewide PEI Project to address specific local needs
2. Contributions to the Statewide PEI Project is becoming more difficult to justify year after year, particularly for the larger counties that contribute a higher proportion of the overall Project budget
3. Larger counties that have enough local funding tend to prefer investing funds in developing their own programs, instead of contributing to statewide efforts
4. Counties and stakeholders have expressed great support for the programs – particularly the social marketing campaigns such as Each Mind Matters and Know the Signs – but have also expressed that they are too broad and non-specific to address the local needs of specific target audiences

Given these concerns, some counties may have declined or reduced their funding level to the Statewide PEI Project because of lack of local stakeholder support for statewide initiatives that don't directly apply to specific local needs. CalMHSA wants to facilitate continued county investment in the Statewide PEI Project by allowing more flexibility for local activities, referred to as "county specific projects". These county-specific projects would be built from programs that are currently implemented under the Statewide PEI Project, such as Each Mind Matters, Know the Signs, Walk In Our Shoes, Directing Change, or others.

Examples which have been discussed are: A county requesting a County-specific project that would encompass two different programs – a suicide prevention campaign tailored for at-risk youth based on branding developed by the Know the Signs Campaign, and a training program tailored after the Know the Signs campaign primary care suicide prevention training. Another county has requested developing a low-literacy suicide prevention training project for their various threshold languages based on the Know the Signs El Rotafolio low-literacy Spanish language suicide prevention training for promotoras.

Based on this feedback, CalMHSA proposes that a portion of local funds go towards activities that promote statewide engagement of all programs under the Each Mind Matters umbrella. This includes:

- a. Maintenance of all initiative websites
- b. Social media engagement
- c. Statewide media buys
- d. Participation in conferences and developing statewide networks
- e. Supporting dissemination and engagement of schools and community-based organizations that are not connected to county efforts
- f. Foundational Directing Change implementation

The remaining portion of local funds would go towards a “County Specific Project” that address local needs. The County Specific Project would only be developed if it met the following principles.

Principles for creating County Specific Projects Related to the Statewide PEI Project:

- g. Must align with strategies implemented under the current Statewide PEI Project. For Phase III, this includes strategies in social marketing, information/resource development and evaluation/surveillance. All new projects must be approved by the Sustainability Task Force and the CalMHSA Executive Committee. If a county is a member of the Sustainability Task Force or the Executive Committee and is also submitting a proposal for the County Specific Projects, that county will recuse themselves from the approval process.
- h. must be applicable and beneficial for a statewide audience, at least showing potential for Statewide application
- i. Must be willing to share any resources or materials developed by the county specific project with other counties throughout California.
- j. If the county specific project features local information (i.e.: logos, crisis hotline numbers etc...), the county must fund the creation of a “generic” item that can be used statewide.
- k. When applicable, evaluation should be included in any project specific proposal, linking outcomes and other impact data to measures employed Statewide.
- l. Must provide CalMHSA with specific county reporting requirements for the Project prior to execution.

NEXT STEPS:

1. Working with the Finance Committee and the Sustainability Task Force, CalMHSA staff will develop a financing and budget framework for how County Specific Projects can be implemented in FY 2018/2019.
2. In addition, CalMHSA staff will work Finance Committee and the Sustainability Task Force to explore how these County Specific Projects can be applied to a region of counties.

3. An update will be provided at the December 2017 Board of Directors meeting for further considerations

FISCAL IMPACT:

To be determined and presented at a future Board meeting

RECOMMENDATION:

Approve the principles for implementing County Specific Projects, as adopted by the Sustainability Task Force

TYPE OF VOTE REQUIRED:

Majority vote of the Board of Directors

REFERENCE MATERIAL(S) ATTACHED:

- County Specific Projects Powerpoint Presentation

Principles for allowing County-Specific Projects related to the Statewide PEI Project

CalMHSA Sustainability Task Force

CalMHSA Board of
Directors Meeting
October 12, 2017



 Action for Consideration

Approve the principles for implementing County Specific Projects, as adopted by the Sustainability Task Force.

Feedback from counties

- Funding for the Statewide PEI Project through the pooling of local PEI funds continues to be challenging. Despite the documented successes and achievements of programs implemented by the Statewide PEI Project, feedback from county staff include:
 1. Local stakeholders continue to question the applicability and effectiveness of the Statewide PEI Project to address specific local needs
 2. Contributions to the Statewide PEI Project is becoming more difficult to justify year after year, particularly for the larger counties that contribute a higher proportion of the overall Project budget
 3. Larger counties that have enough local funding tend to prefer investing funds in developing their own programs, instead of contributing to statewide efforts
 4. Counties and stakeholders have expressed great support for the programs – particularly the social marketing campaigns such as Each Mind Matters and Know the Signs – but have also expressed that they are too broad and non-specific to address the local needs of specific target audiences



Feedback from counties

CalMHSA wants to facilitate continued county investment in the Statewide PEI Project by allowing more flexibility for local activities, referred to as “county specific projects”. These county-specific projects would be built from programs that are currently implemented under the Statewide PEI Project, such as Each Mind Matters, Know the Signs, Walk In Our Shoes, Directing Change, or others.

Examples of Potential County Specific Projects

1. A suicide prevention campaign tailored for at-risk youth based on branding developed by the Know the Signs Campaign
2. A training program tailored after the Know the Signs campaign primary care suicide prevention training, developed specifically for a county system
3. Developing a low-literacy suicide prevention training project for their various threshold languages based on the Know the Signs El Rotafolio low-literacy Spanish language suicide prevention training for promotoras



A New Proposal to Fund the Statewide PEI Project: County-Specific Projects

Based on county feedback, CalMHSA proposes that a **portion of local funds go towards activities that promote statewide engagement** of all programs under the Each Mind Matters umbrella, while the **remaining portion go towards related projects that address local needs**

Portion of Local Funds for Statewide Activities

- Local funds that go towards Statewide Activities will be pooled to implement activities that promote statewide engagement of all programs under the Each Mind Matters umbrella. This includes activities such as:
 - Maintenance of all initiative websites
 - Social media engagement
 - Statewide media buys
 - Participation in conferences and developing statewide networks
 - Supporting dissemination and engagement of schools and community-based organizations that are not connected to county efforts
 - Foundational Directing Change implementation

Portion of Local Funds for Local County-Specific Projects

- The remaining portion of local funds would go towards a County Specific Project that would address local needs. The County Specific Project would only be developed if it met the following principles:
 - Must align with strategies implemented under the current Statewide PEI Project. For Phase III, this includes strategies in social marketing, information/resource development and evaluation/surveillance. All new projects must be approved by the Sustainability Task Force.
 - Must be applicable and beneficial for a statewide audience, at least showing potential for Statewide application
 - Must be willing to share any resources or materials developed by the county specific project with other counties throughout California.
 - If the county specific project features local information (i.e.: logos, crisis hotline numbers etc....), the county must fund the creation of a “generic” item that can be used statewide.
 - When applicable, evaluation should be included in any project specific proposal, linking outcomes and other impact data to measures employed Statewide.
 - Must provide CalMHSA with specific county reporting requirements for the Project prior to execution.

Proposed Next Steps

1. Working with the Finance Committee and the Sustainability Task Force, CalMHSA staff will develop a financing and budget framework for how County Specific Projects can be implemented in FY 2018/2019.
2. In addition, CalMHSA staff will work Finance Committee and the Sustainability Task Force to explore how these County Specific Projects can be applied to a region of counties.
3. An update will be provided at the December 2017 Board of Directors meeting for further considerations

 Recommendation

Approve the principles for implementing County Specific Projects, as adopted by the Sustainability Task Force.

PROGRAM MATTERS
Agenda Item 8.A.

SUBJECT: STATUS UPDATE - MENTAL HEALTH PLAN HANDBOOK TRANSLATION

ACTION FOR CONSIDERATION:

None, information only.

BACKGROUND AND STATUS:

At the August CalMHSA Board meeting, the Mental Health Plan Handbook Translation Project was introduced by CalMHSA Executive Director, Wayne Clark and presented by CalMHSA Program Director, Ann Collentine. The Project would focus on a translation of the county mental health plan handbook into threshold languages for counties. Members provided feedback, directed staff to do more research on the project and return to the Board in October with a more detailed project scope.

Since that meeting, staff has conferred with CBHDA staff on the status of the newly revised handbook. The new revised Mental Health Plan Handbook and accompanying county requirements for translation with a compliance timeline have not been finalized by DHCS. Staff will continue to confer with CBHDA staff regarding this project and develop a project scope when more information is available. Staff anticipate that project exploration will take up to 25 hours for the vetting process and preparation of a comprehensive report to allow the Members to consider and make informed decisions. Additional information will be brought to the Board for consideration at a future meeting.

FISCAL IMPACT:

To be determined.

RECOMMENDATION:

None, information only.

TYPE OF VOTE REQUIRED:

None.

REFERENCE MATERIAL(S) ATTACHED:

- None

PROGRAM MATTERS

Agenda Item 8.B.

SUBJECT: MENTAL HEALTH TECHNOLOGY SUITE INN PROJECT: LOS ANGELES COUNTY, KERN COUNTY AND OTHER COUNTIES

ACTION FOR CONSIDERATION:

1. Approve CalMHSA to administer the Tech Suite Project, pending approval by the MHSOAC and pending other appropriate local approval, as necessary.
2. Approve CalMHSA to administer the Tech Suite Project on behalf of individual CalMHSA members, pending approval and action by the MHSOAC, through a participation agreement with each individual county and CalMHSA.
3. Delegate authority to the CalMHSA Executive Committee to negotiate final terms of all participation agreements for the Tech Suite Project.

BACKGROUND AND STATUS:

Formation of Programs:

CalMHSA has the authority to use administrative funds for exploring the feasibility of new Programs. Programs involving more than one member and contributions made directly by such Members requires a vote of the full Board. Participants in any given program shall adopt and maintain a Participation Agreement to establish the operating guidelines of that Program.

Project to be Explored:

Los Angeles County Department of Mental Health (LACDMH) Director Jon Sherin, requested that CalMHSA explore the possibility of implementing the LACDMH MHSOAC Innovation 3 Project – Increasing Access to Mental Health Services and Supports Utilizing a Suite of Technology-Based Mental Health Solutions (Tech Suite Project) on behalf of Los Angeles and other CalMHSA members. Kern County Behavioral Health & Recovery Services Director Bill Walker requested that CalMHSA implement this project on behalf of Kern County. Numerous other counties expressed an interest in joining this project in the future and having CalMHSA administer the project on behalf of participating counties. Los Angeles and Kern County will be seeking MHSOAC approval of this INN Project on October 26th.

Staff seeks Board approval for the Tech Suite Project. The Tech Suite Project is consistent with CalMHSA's purpose and authority. Further details related to this project are being developed and will result in a participation agreement between each participating county and CalMHSA. Please note, California law does not require counties to engage in a competitive selection process to contract with CalMHSA to provide services. The only such requirement would be those a county imposes on itself through its own codes or regulations. CalMHSA has a procurement policy which is followed for all CalMHSA projects.

Next Steps:

Draft Participation Agreement to be developed for each participating county.

FISCAL IMPACT:

To be determined.

ACTION FOR CONSIDERATION:

1. Approve CalMHSA to administer the Tech Suite Project, pending approval by the MHSOAC and pending other appropriate local approval, as necessary.
2. Approve CalMHSA to administer the Tech Suite Project on behalf of individual CalMHSA members, pending approval and action by the MHSOAC, through a participation agreement with each individual county and CalMHSA.
3. Delegate authority to the CalMHSA Executive Committee to negotiate final terms of all participation agreements for the Tech Suite Project.

TYPE OF VOTE REQUIRED:

Majority vote.

REFERENCE MATERIAL(S) ATTACHED:

- LA Summary of Technology Suite INN Project
- Kern County Technology Suite INN Project



**COUNTY OF LOS ANGELES – DEPARTMENT OF MENTAL HEALTH
MHSA IMPLEMENTATION AND OUTCOMES DIVISION**



MHSA Innovation 3 Project – Increasing Access to Mental Health Services and Supports Utilizing a Suite of Technology-Based Mental Health Solutions

The Los Angeles County Department of Mental Health (LACDMH) proposes to contract with one or more virtual mental health care providers with capacity to implement technology-based mental health solutions accessed through multiform-factor devices (for example, a computer, smartphone, etc.) to identify and engage individuals, provide automated screening and assessments and improve access to mental health and supportive services focused on prevention, early intervention, family support, social connectedness and decreased use of psychiatric hospitals and emergency services.

The innovation proposed here is to test out and implement a group of technology-based mental health solutions that utilize passive data collection as a method to identify the early signal biomarkers for mental health symptoms and offer prompt, timely intervention.

The goals of this project include:

- Increase purpose, belonging and social connectedness for users
- Increase access to care needed and desired
- Reduce stigma associated with “mental illness” by promoting mental optimization
- Reduce time to recognition and acknowledgement that a symptom needs to be addressed and reduce time to receiving appropriate level of care.
- Increase ability to analyze and collect data from a variety of sources to improve mental health needs assessment and delivery of services.
- Advance outcome measurement through passive data analysis and comparison of passive and active data sets.

This would be considered a 3 year demonstration project.

Innovation Primary Purpose

Overall, the primary purpose of this Innovation project is to increase access to mental health care and support and to promote early detection of mental health symptoms, or even predict the onset of mental illness.

This project will dismantle barriers to receiving mental health services by utilizing multiform-factor devices as a mode of connection and treatment to reach people who are likely to go either unserved or underserved by traditional mental health care. It will also serve to reduce the stigma associated with mental health treatment through the use of virtual innovative engagement strategies, care pathways and bidirectional feedback.

Target Population

The target population or intended beneficiaries or users of technology-based mental health solutions:

- Individuals with sub-clinical mental health symptom presentation, including those early in the course of a mental health condition who may not recognize that they are experiencing symptoms
- Individuals identified as at risk for developing mental health symptoms or who are at risk for relapsing back into mental illness
- Socially isolated individuals, including older adults at risk of depression
- High utilizers of inpatient psychiatric facilities
- Existing mental health clients seeking additional sources of support
- Family members with either children or adults suffering from mental illness who are seeking support.

Technology-Based Mental Health Solutions

The components of this Innovation project are as follows:

- 1. Utilize technology-based mental health solutions designed to engage, educate, assess and intervene with individuals experiencing symptoms of mental illness, including:**
 - 1.1. Virtual Peer chatting through trained and certified peers with lived experience.
 - 1.2. Virtual communities of support for specific populations, such as family members of children or adults with mental illness, those experiencing depression, trauma and other populations.
 - 1.3. Virtual chat options for parents with children engaged in the mental health system.
 - 1.4. Virtual chat options for parents of adults with mental illness
 - 1.5. Virtual manualized interventions, such as mindfulness exercises, cognitive behavioral or dialectical behavior interventions delivered in a simple, intuitive fashion.
 - 1.6. Referral process for customers requiring face-to-face mental health services by LAC DMH.

- 2. Utilize passive sensory data to engage, educate and suggest behavioral activation strategies to users, including:**
 - 2.1. Incorporate passive data from mobile devices into an interactive approach to digital phenotyping where the technology analyzes factors associated with cell phone usage (passive data) and interacts with the user via pop-up or chat functionality that allows for the increased user understanding of thought and feeling states. Web-based analytics would inform targeted communications and recommended interventions.

- 2.2. Incorporate emerging research in the field of mental health early detection to target individuals at risk of or experiencing early symptoms of mental illness and use passive data collection to identify risk/symptoms or potential for relapse.
- 3. **Create a strategic approach to access points that will expose individuals to the technology-based mental health solutions described above, including:**
 - 3.1. Engaging school systems, including higher education, to promote use
 - 3.2. Engaging users through social media, the DMH website and other digital platforms and approaches.
 - 3.3. Engaging mental health organizations such as the National Alliance for Mental Illness (NAMI) groups to promote use.
 - 3.4. Engaging senior centers and other key locations where senior adults are likely to congregate to promote use.
 - 3.5. Engage public locations such as libraries or parks in setting up kiosks or in encouraging use.
- 4. **Develop method and conduct outcome evaluation of all elements of the project, including measuring reach and clinical outcomes.**
 - 4.1. Increased well-being of users.
 - 4.2. Reduced duration of untreated or under-treated mental illness.
 - 4.3. Increased ability for users to identify cognitive, emotional and behavioral changes and act to address them.
 - 4.4. Increases in quality of life, as measured objectively and subjectively (by user and by indicators such as activity level, employment, school involvement, etc.).

Qualifications for Innovation Project

<p>“Innovative Project”: This is a project that the county designs and implements for a defined time period, and evaluates to develop new best practices in mental health. An Innovative Project meets one of the following criteria:</p>	<p>Select One</p>
<p>1. Introduces a new approach or approach that is new to the overall mental health system, including, but not limited to, prevention and early intervention.</p>	<p>X</p>
<p>2. Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population</p>	
<p>3. Introduces a new application to the mental health system of a promising practice or approach that has been successful in a non-mental health context</p>	

The challenge to be addressed by this Innovation Project and Why it is a County Priority:

This project seeks to test out novel approaches to outreach and engagement as well as the delivery of manualized therapeutic interventions and supportive services through technology-based mental health solutions, delivered by trained peers.

One of the primary objectives of the Mental Health Services Act is to identify and engage individuals with mental illness who are either un-served or under-served by the mental health system. The Los Angeles County Department of Mental Health, through the Mental Health Services Act, has funded outreach and engagement staff, Service Area Navigators, Promotores to outreach and engage individuals with mental health needs into mental health care. While these approaches have been effective, in order to make a greater impact in reducing the duration of untreated mental illness and disparities in mental health treatment, outreach and engagement strategies must evolve. This project seeks to utilize technology as an outreach, and real-time engagement strategy to reach individuals for whom we have not been successful in identifying or engaging through methods that have become increasingly relevant to specific populations.

This project also will also expand the Department's use of peer support, creating new roles for peers in the delivery of engagement and service delivery through a virtual platform that has never been utilized by the Department before.

Overarching Learning Questions

1. Will individuals either at risk of or who are experiencing symptoms of mental illness use virtual peer chatting accessed through a website or through a phone application?
2. Will individuals who have accessed virtual peer chatting services be compelled to engage in manualized virtual therapeutic interventions?
3. Will the use of virtual peer chatting and peer-based interventions result in users reporting greater social connectedness, reduced symptoms and increases in well-being?
4. What virtual strategies contribute most significantly to increasing an individual's capability and willingness to seek support?
5. Can passive data from mobile devices accurately detect changes in mental status and effectively prompt behavioral change in users?
6. How can digital data inform the need for mental health intervention and coordination of care?
7. What are effective strategies to reduce time from detection of a mental health problem to linkage to treatment?
8. Can online social engagement effectively mitigate the severity of mental health symptoms?
9. What are the most effective strategies or approaches in promoting the use of virtual care and support applications and for which populations?

Stakeholder involvement in proposed Innovation Project

LACDMH's stakeholder process meets Welfare and Institutions Code 5848 on composition of the System Leadership Team (SLT) and meaningful involvement of

stakeholders related to mental health planning, policy, implementation, monitoring, quality improvement, evaluation and budget allocations. The composition of the System Leadership Team meets California Code of Regulations Section 3300 on stakeholder diversity.

To create meaningful stakeholder involvement, LACDMH engages 3 levels of stakeholder involvement in ongoing mental health service delivery planning: The SLT, SLT Ad Hoc and Standing Committees that inform recommendations made to the SLT and each of the 8 Service Area Advisory Committees (SAACs).

The 58 member SLT is composed of individuals representing the following organizations, cultures and interests:

- *LA County Chief Executive Office*
- *Representation from each Service Area Advisory Committee*
- *Consumer and family member representation, including NAMI, self-help and the LA County Client Coalition*
- *Department of Public Social Services*
- *Health Care, including the Hospital Association and LA County Department of Public Health, LA County Department of Health Services*
- *LA Police Department*
- *Probation*
- *Housing development*
- *Older Adult service providers and LA County Community and Senior Services*
- *Under-Represented Ethnic Populations, including Asian Pacific Islanders, American Indian, African American, Latino and Middle Eastern/Eastern European perspectives*
- *Clergy*
- *City of Long Beach*
- *Veterans*
- *LA County Mental Health Commission*
- *Unions*
- *Co-Occurring Joint Action Council*
- *Education, including the LA Unified School District, universities and charter schools*
- *Lesbian, Bisexual, Gay, Transgender and Questioning (LBGTQ)*
- *LA Department of Children and Family Services*
- *LA County Commission on Children and Families*
- *Junior blind*
- *Statewide perspective*
- *Mental health providers, including the Association of Community Human Service Agencies (ACHSA)*

Planning for this project began after a meeting convened by the Mental Health Services Oversight and Accountability Commission at Google-Verily headquarters in South San Francisco on technology – mental health partnerships. A proposal was presented to the System Leadership Team on June 21, 2017 with a request for feedback. The plan was publically posted on the Department’s website on July 21, 2017 and remains posted. In

addition, an overview of the proposal was presented to the County's Mental Health Commission on June 22, 2017. Feedback received from all proposal vettings was overwhelmingly positive. Feedback beyond that has been categorized in the following manner:

- Populations of interest:
 - Request to include older adults, particularly those who are socially isolated.
 - Individuals who are socially isolated or who have geographic barriers to accessing care.
 - Specific cultural groups will be particularly engaged with technology, while others may not.
 - Ensure language capacity
 - Concern related to the quality of connectedness (face to face vs. virtual)
 - Concerns regarding increasing paranoia of users or the unintended consequences of the passive use of data to users (concerns about "big brother").
- Availability of computers, tablets, smart phones
- Ensuring selected vendor outreaches and promotes use of the product to underserved communities and in a culturally competent manner.
- Ensure that vendor can identify users who require more care and assist them in getting mental health care.
- Consider how mental health clinics can promote and/or use the elements of the technology suite with their clients to enhance clinical assessment and treatment effectiveness.

Feedback has been considered and much of it incorporated into the proposal or will be incorporated into the implementation phase of this project.

Board of Supervisor Proposal Support

Jonathan E. Sherin, M.D., Ph.D., Director of the Los Angeles County Department of Mental Health, has briefed each Board of Supervisor and has received an endorsement to move forward with this proposal.

Timeframe of the Project and Project Milestones

Upon approval from the Mental Health Services Oversight and Accountability Commission, the Department will issue a solicitation to identify one or more technology companies with capacity to immediately initiate the deliverables in this project proposal. The projected timeframe is as follows but, due to the innovative nature of this project, actual implementation steps may deviate in terms of sequence and/or timeframes:

- July 21, 2017: 30 Day Public Posting of Proposed Project.
- August 24, 2017: Conceptual presentation to the MHSOAC.
- October 26, 2017: Presentation of full proposal to the MHSOAC.
- October – December 2017: Review and approval of solicitation.
- December 2017 – February 2018: Selection and awarding of contract.
- March 2018: Creation of a technology suite steering committee comprised of one or more family members, clients (including a transition age youth client),

Department Information Technology staff and other stakeholders that provide feedback on implementation and guide use and scaling of project, as well as shaping the evaluation. This committee will also make recommendations on the use of the technology suite in clinical settings and the role of the services within the county's mental health system of care.

- March 2018: Launch of virtual services on the Department's website.
- March – April 2018: Identify analytics to be collected and reported on, including developing reporting framework.
- March 2018 – June 2018: Launch of virtual services through identified strategic access points, including schools, libraries, NAMI, client run organizations, social media, senior centers, etc. focused on tablet, smart phone or desktop/laptop computer.
- March 2018 – August 2018: Development, testing and implementation of digital phenotyping (deliverable #2) and introduction of technology-based mental health solutions to users via schools, social media, and other key community organizations.
- FY 2018-2019: Development, testing and implementation of deliverable 2.2, including identifying key access points.
- FY 2019-2020 through FY 2020 – 2021: Continued use, evaluation and scaling and a final evaluation to the Department.

As with all components of the MHSA, implementation and preliminary outcomes will be reviewed with the LACDMH's SLT periodically and will be reported on in MHSA Annual Updates/MHSA Three Year Program and Expenditure Plans.

The Department will actively participate in Mental Health Services Oversight and Accountability Commission sponsored Innovation Summits and resulting forums for cross-county learning and support related to the use of technology in the mental health system.

Overall Approach to Evaluation

This project will be evaluated by tracking and analyzing passive data, reach of users, level of user engagement, changes in access to care and clinical outcomes. Furthermore, data from mobile devices would be analyzed to detect changes in mental status and responses to online peer support, digital therapeutics and virtual care. Continuous assessment and feedback would drive the interventions. Specific outcomes include:

1. Increased purpose, belonging and social connectedness for users.
2. Reduced duration of untreated or under-treated mental illness
3. Increased ability for users to identify cognitive, emotional and behavioral changes and act to address them.
4. Increases in quality of life, as measured objectively and subjectively (by user and by indicators such as activity level, employment, school involvement, etc.).
5. For high utilizers of inpatient or emergency services, decreases in utilization for those services.
6. Reduced stigma of mental illness as reported by user.

7. Comparative analyses of population level utilization data in Los Angeles County over the life of the project to determine impact on various types of service utilization.

Disseminating Successful Learning

The Department, as part of a multi-county effort, will share learning as it is occurring internally within the Department and County and externally throughout California. Within the Department/County LACDMH will provide regular reports to Service Area Advisory Committees (SAACs), the System Leadership Team or through other broader countywide opportunities. The Department will also participate in cross-county learning opportunities supported by the Mental Health Services Oversight and Accountability Commission or its partner organizations.

Impact, reach, implementation status and outcomes will be documented in Annual Updates and MHSA 3 Year Program and Expenditure Plans. In addition, LACDMH will seek to present the project and its outcomes throughout the project at statewide conferences, meetings and perhaps at relevant national conferences. LACDMH will also seek to partner with other counties who may be engaging in similar work, through venues such as the County Behavioral Health Directors' Association (CBHDA). Finally, there may be opportunity to partner on articles submitted to peer-reviewed journals.

Sustainability

Analytics associated with the suite of technology services, coupled with an evaluation conducted by an outside organization, will inform actions taken by the Department at the conclusion of the third year of the project.

Budget

Estimated expenditures for 3 Fiscal Years shall not to exceed \$33,000,000 with final budget determined prior to solicitation. All funds will be MHSA Innovation funds. The budget breakout below is an estimate with the proportion of elements may change according

Categories	Description	3 Year Budget
Staffing:		
Administrative	<ul style="list-style-type: none"> • Public Relations • Marketing • Human Resources • Legal • Accountant • Office Assistant • Procurement/contracting 	\$4,500,000
Leadership	<ul style="list-style-type: none"> • Regional Director • Assistant Director • Director of Research • Director of Outreach • Clinical Director • Director of Community Objectives and Key Results Coordinator 	\$3,000,000
Direct Service	<ul style="list-style-type: none"> • Hospital Liaisons • Peer Specialists • Family Support Specialists • Trainers • Behavioral Health Coordinators 	\$7,000,000
Technology Development:		
Technology and Digital Phenotyping	<ul style="list-style-type: none"> • Developers • Growth Engineers • Machine Learning • User Experience • Quality Assurance • Product Management 	\$4,000,000
Community Engagement and Outreach:		
Community Engagement and Development	<ul style="list-style-type: none"> • Family Support • School Support • Community Coordinators • Outreach Coordinators • Advertising 	\$7,000,000
Evaluation:		
Evaluation	<ul style="list-style-type: none"> • Researchers • Data Scientists • External Consultants 	\$2,000,000
Operational and Fixed Costs:		
Operational and Fixed Costs	<ul style="list-style-type: none"> • Supplies for Users • Office Space and Furnishings • Machines and Technology Infrastructure • Travel and conferences • Benefits and Insurance 	\$5,500,000
Total		\$33,000,000



MHSA Innovative Collaboration Project – Increasing Access to Mental Health Services and Supports Utilizing a Suite of Technology-Based Mental Health Solutions

Primary Problem

During the Community Planning Process 2016 and through a series of stakeholder meetings held in the Spring of 2017, stakeholders voiced that there is a need for greater access to services, especially in the rural areas outside of Metropolitan Bakersfield. Throughout Kern County, and especially in smaller outlying areas, there exists stigma and self-stigma regarding receiving mental health care. As many towns are small and populations are well acquainted, some choose to come to Bakersfield to avoid neighbors and friends knowing about their mental health care needs. Additionally, there are many who do not feel comfortable receiving services and supports in a traditional clinical setting, which can sometimes lead to avoidance of care and increase in symptoms.

What Has Been Done Elsewhere to Address Your Primary Problem

Technology-based mental health support and services has been increasing access to services for those who do not seek traditional means of treatment. Private-industry technology-based services have been utilized with universities and public health institutions previously – however, a project utilizing a technology-based services and supports to increase access and linkage has never-before been tested by multiple counties, which this project intends to do.

The Proposed Project

Kern and its collaborative county partners intend to utilize a suite of technology-based mental health services and solutions which collect passive data that identifies early signs and signals of mental health symptoms and will then provide access and linkage to intervention. Technology-based services would be assessible to clients and public users through devices like computers, tablets and smartphones. The project will identify those in need of mental health care services through active online engagement, automated screening and assessment. Services are focused on prevention, early intervention, family and social support intended to decrease the need for psychiatric hospital and emergency care service.

This approach has not previously been used in a public mental health care setting. Given the popularity of technology-based services, it has been determined that engagement focused in this way can provide a method of access and linkage to care never previously achieved in the public mental health system.

Goals of the project include:

1. Utilization of technology-based behavioral health solutions which engage, educate and provide intervention to individuals experiencing symptoms of mental illness. Services will include:
 - a. Virtual peer chatting with trained and certified peers with lived experience.
 - b. Virtual support communities for populations including those experiencing behavioral health-related symptoms and family members of those with mental illness.
 - c. Virtual chat options for parents of children and adults receiving behavioral health care.





- d. Virtual interventions including mindfulness exercises and Dialectical Behavior Therapy (DBT) skills delivered simply.
 - e. Referral process for those requiring additional services through the Kern Behavioral Health and Recovery Services System of Care.
2. Use passive sensory data to engage, educate and suggest behavioral health activation strategies to users, including:
 - a. Incorporation of passive data from smart phones or mobile devices into an interactive approach to digital phenotyping where the technology analyzes factors associated with cell phone usage (passive data) and interacts with the user through a pop-up chat function which allows for increased user understanding of thought and feeling states. Web-based analytics then inform targeted communications and recommend interventions.
 - b. Incorporation of emerging research in mental health early detection to target individuals who may be at risk of or experiencing early symptoms of mental illness and use passive data collection to identify risk/symptoms or potential for relapse.
 3. Create a strategic approach to access points to expose individuals to technology-based mental health solutions, including:
 - a. Engaging school systems, including colleges and universities, to promote use of services and supports
 - b. Utilizing social media, public website and other media to promote use of technology-based services
 - c. Working with mental health organizations, including the local National Alliance for Mental Illness (NAMI), peer-based community learning centers and local support groups to promote use of technology-based services
 - d. Collaborate with those providing services to older adults at risk for social isolation, including working with senior apartment complexes, senior centers, Kern County Aging and Adult Services and faith-based organizations who outreach to seniors
 - e. Work with local public locations, including agencies, libraries and other resources to promote technology-based service use.
 4. Develop method and conduct outcome evaluation of all elements of the project, including:
 - a. Increased wellbeing of those utilizing services.
 - b. Reduced duration of untreated/undertreated mental illness.
 - c. Increase in the ability for users to identify cognitive, emotional and behavioral changes and actively address them.
 - d. Increased quality of life, measured objectively and subjectively by both the user and by indicators such as activity level, employment, school involvement, etc.

Innovative Component

The project introduces a new approach or approaches to the overall mental health system including, but not limited to, prevention and early intervention. This project will utilize technology-based services and





supports to engage populations not previously engaged through outreach and education efforts. Through the use of technology as a means of reaching and engaging those with mental illness, Kern and its partners intend to provide access for unserved and underserved populations which were previously unidentified through culturally relevant platforms.

Learning Goals/Project Aims

1. Whether those at risk of or experiencing mental symptoms of mental illness use peer chatting accessed through technological platforms.
2. Whether those accessing technology-based supports and services including virtual peer chat will engage in manualized therapeutic interventions.
3. Whether virtual chatting and peer-based interventions will result in greater social connectedness, reduction of symptoms related to mental illness and increase wellbeing.
4. Which virtual-based strategies are most helpful in compelling individuals to feel willing and capable of seeking necessary behavioral health care or services.
5. Whether passive data collected from smart phones or other mobile devices can accurately detect changes in mental health status and prompt behavioral change effectively.
6. How digital data informs the need for mental health interventions and coordination of care.
7. Determine effective strategies to reduce the duration of untreated mental illness.
8. Whether online social engagement is successful in mitigating the severity of mental health symptoms.
9. Determining the most effective strategies and approaches in promoting virtual care and support for the most appropriate populations.

Evaluation or Learning Plan

Evaluation will consist of tracking and analysis of passive data, users reached, level of user engagement, access and timeliness of care and clinical outcomes. Passive data from smart phones and mobile devices will be analyzed to determine changes in mental status and response to online peer-based supports, digital therapeutic and virtual behavioral health care services. Interventions would be driven by continuous assessment and feedback.

Outcomes to be collected:

1. Determination of whether users experience increased purpose, belonging and social connectedness
2. Reduction of duration of untreated or undertreated mental illness and increase in timely access to mental health care for unserved and underserved populations
3. Whether users experience increase in the ability to identify cognitive, emotional and behavioral changes and actively address them
4. Determination of whether users experience increases in quality of life, as measured objectively and subjectively by the user and by indicators including activity level, employment, school involvement, etc.





Contracting

Kern Behavioral Health and Recovery Services will research potential contractors known to provide the subject services. Research methods may include internet searches, conversations with subject experts and telephone inquiries. Agencies that express the interest and ability to provide the services may be asked to submit a proposal detailing their scope of work and anticipated cost for the services to be performed. Services exceeding \$30,000 are subject to a competitive bid process such as a Request for Proposal unless there is compelling evidence to convince the County's Purchasing Manager to concur with a sole source justification for an agency. Once the agency is selected, an Agreement for Professional Services will be negotiated and prepared. It will include the specific services to be provided during the term of the agreement. The County will maintain an ongoing relationship with the contractor(s) through telephonic, electronic and face-to-face meetings. KernBHRS Information Technology staff may provide onsite technical support to provider sites; Sites will be encouraged to contact the Department staff for program guidance whenever needed. The contractor will be required to submit monthly, quarterly and annual program progress reports to substantiate payments for service. To ensure quality and regulatory compliance, Kern Behavioral Health and Recovery Services conducts both financial and program monitoring of contracted entities. Cost reimbursable contracts are subject to the cost reconciliation process after the close of each fiscal year, at which time the financial records are reviewed and a determination is made regarding cost settlement with the contracted agency. In some instances, it is determined that the agency owes the County money, and other times it is determined that the County owes the contracted agency.

Contracted agencies will be expected to abide by the Department's policies and procedures regarding client confidentiality, securing Protected Health Information/Personal Information/Personally Identifiable Information and appropriate business conduct. They will be expected to adhere to all state and federal regulations throughout the performance of this project.

Certifications

1. County Board of Supervisors Approval will be sought on October 24, 2017 (Document and Board Letter due to Cindy by Oct. 11, 2017)
2. MHSA Certification Document – In progress
3. MHSA Fiscal Accountability Document – In progress

Community Program Planning

Stakeholder feedback collected in FY 2016/2017 resulted in twenty percent of the Fall 2016 Community Planning Process respondents identifying the need for increased services in the outlying areas. Fifty-two percent of stakeholder feedback collected during the Prevention and Early Intervention stakeholder series presentations in Spring 2017 identified access and linkage to care as a necessary program need. Additional feedback was sought in September 2017 regarding the Increasing Access to Mental Health Services and Supports Utilizing a Suite of Technology-Based Mental Health Solutions project, at which time it received feedback in support of the program. Older Adults in Wasco added that this type of program could help them with support because they are homebound and have little access to transportation. Resource providers and agencies working with local families indicated that the project would work well in reaching youth who are technology savvy, but may not be ready to seek help with mental health issues.





The project will continue to be presented throughout the 2017 Community Planning Process, which began September 14, 2017 with trainings scheduled through November 19, 2017. Additionally, the program proposal is slated to be posted on Oct. 22, 2017 to allow for the 30-day public review period before presentation to the Behavioral Health Board on Oct. 23, 2017 and Kern County Board of Supervisors on Oct. 24, 2017. The counties collaborating in the project intend to seek Mental Health Services Oversight and Accountability Commission approval of the program on Oct. 26, 2017.

Primary Purpose

Increase access to mental health services to underserved groups

MHSA Innovative Project Category

Introduces a new mental health practice or approach

Population

Those utilizing technology-based mental health services and supports:

- Those with sub-clinical mental health symptom presentation, including those who may not recognize that they are in the early course of a mental health condition
- Those at risk for mental illness or relapse of mental illness
- Socially isolated individuals, including older adults
- Those experiencing high frequency of inpatient psychiatric care
- Current behavioral health clients in need of additional support
- Family members of children and adults with mental illness in need of additional support

MHSA General Standards

1. Community Collaboration
 - a. This project will seek to work with organizations serving children, transitional aged youth, adults and older adults who would benefit from technology-based mental health services and supports. This would include community centers providing social activities, inpatient and outpatient behavioral health care providers, schools, senior centers, peer-based services centers, law enforcement working with youth-based programs, etc.
2. Cultural Competency
 - a. Support communities built within the technology-based supports and services system will have the capability to address and engage with youth, adults, older adults, those with substance use or other addictions, LGBTQ individuals seeking support and communities specifically geared toward behavioral health symptoms.
3. Client-Driven
 - a. This project requires active initiation of the client or potential client seeking technology-based mental health support. Those utilizing online or application-based services initiate





their role in care and determine the frequency. The goal of the program is to engage those in need of care and reduce the duration of untreated mental illness.

4. Family-Driven
 - a. Family members of children and adults with mental illness can initiate technology-based mental health support through the online or application-based program at will.
5. Wellness, Recovery and Resilience-Focused
 - a. Using virtual peer chat and online support communities, users are connected to those with lived experience who can actively provide support and encouragement for those experience mental illness or family members of children or adults with mental illness.
6. Integrated Service Experience for Clients and Families
 - a. Though support group experiences may be different for clients than for family members, skills and supportive practices can be used by both family members and those with mental illness to work toward common recovery goals.

Continuity of Care for Individuals with Serious Mental Illness

This program promotes technology-based mental health solutions and analytics of passive data collection for those active in care with the System of Care and those previously unreachable. For those who require a higher level of care for severe mental health symptoms, a referral would be made through the contracting technology companies for services with Kern Behavioral Health and Recovery Services.

Innovative Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement

This project addresses the needs associated with multiple age and cultural populations including youth and transitional aged youth, adults and older adults. Additionally, instant online access to support communities for parents of children with mental illness, LGBTQ individuals and those experiencing mental health symptoms or addiction are available.

As part of a multi-county collaborative innovative program, continued communication by participating partners regarding data and outcomes will continue throughout the duration of the three-year project. Through this collaboration, an opportunity for shared learning will continue as well as development of best practices in utilizing the technology suite. Kern Behavioral Health and Recovery Services will provide stakeholders throughout the county with regularly updated reports of outcomes during stakeholder presentations and through the MHSA Three-Year and Annual Update Reports. Kern Behavioral Health and Recovery Services will also participate in cross-county learning opportunities supported by the Mental Health Services and Oversight Accountability Commission (MHSAOC).





Kern Behavioral Health and Recovery Services further anticipates the opportunity to provide information on shared learning with collaborative county partners in venues including conferences, meetings and potential publication of article submission to peer-reviewed journals.

Sustainability

Evaluation of the program by a contracted entity determining the success of the program based on the analytics of the technology-based suite of access and linkage services will determine the continued need of the program beyond the three-year innovative period. With favorable results and stakeholder support, a combination of Prevention and Early Intervention and other funds could be used to extend this project.

Timeline for Project Implementation

September 14 – October 19, 2017: Community Planning Process and targeted feedback collection regarding Increasing Access to Mental Health Services and Supports Utilizing a Suite of Technology-Based Mental Health Solutions project

September 22 – October 23, 2017: 30-Day Posting on public website and in Kern Behavioral Health and Recovery Service locations for public feedback

October 23, 2017: Public Hearing and presentation to Behavioral Health Board

October 24, 2017: Presentation and anticipated approval by Kern County Board of Supervisors

October 26, 2017: Presentation and anticipated approval from the Mental Health Services Oversight and Accountability Commission

October – December 2017: Review and approval of solicitation

December 2017 – February 2018: Selection and awarding of contract

March 2018: Creation of technology suite steering committee comprised of stakeholders including one or more clients (including transitional aged youth), family members, Kern Behavioral Health and Recovery Services Information Technology Services staff and other stakeholders who will provide feedback on implementation and guide use and scaling of the project, as well as shaping evaluation. This committee will also make recommendations on the use of the technology suite in clinical settings and the role of the services within the Kern Behavioral Health and Recovery Services System of Care.

March 2018: Launch of virtual services on Kern Behavioral Health and Recovery Services public website

March – April 2018: Identification of analytics to be collected and reported on, including developing reporting framework.

March – June 2018: Launch of virtual services through identified strategic access points, including: community centers providing social activities, inpatient and outpatient behavioral health care providers, schools, senior centers, peer-based services centers, law enforcement working with youth-based programs, social media, etc. focused on mobile devices including smart phones as well as laptop and desktop computers.





March – August 2018: Development, testing and implement testing of digital phenotyping and introduction of technology-based mental health services and supports solutions to users at strategic access points, including: community centers providing social activities, inpatient and outpatient behavioral health care providers, schools, senior centers, peer-based services centers, law enforcement led youth-based programs and other key community organizations.

FY 2018-2019: Development, testing and implementation of the incorporation of research in the field of mental health early detection targeting individuals at risk of or experiencing early symptoms of mental illness through use of passive data collection to identify risk/symptoms or potential for mental health relapse.

Budget Narrative

Kern Behavioral Health and Recovery Services anticipates their portion of the estimated cost of project expenditures for three fiscal years shall not exceed \$2,000,000, with final budget determination prior to solicitation of the project. All funding utilized will be Innovative component funds and will be included as part of the Joint Powers Agreement with CalMHSA (California Mental Health Services Authority), who will act as the fiscal agent for counties involved in the collaborative program. Budget elements are an approximation and proportion of funds allocated to each element may change as finalization of contracts for services and evaluation are determined.

Administrative costs are determined to be approximately \$100,000 over three years. These costs will include:

- Public Relations
- Marketing
- Human Resources
- Legal
- Fiscal Accounting
- Clerical

Leadership costs will be required for this multi-county effort. Kern anticipates its portion to be approximately \$200,000 over three years. These costs will include funding a:

- Regional Director
- Assistant Director
- Director of Research
- Director of Outreach
- Clinical Director
- Director of Community
- Objectives and Key Results Coordinator

Direct Service costs will be approximately \$466,666 over the three-year period, and will fund positions including:

- Hospital Liaisons
- Peer Specialists
- Family Support Specialists





Bill Walker, LMFT, Director

- Trainers
- Behavioral Health Coordinators

Technology Development services including technology and digital phenotyping is anticipated to cost \$266,667 over the three-year period and will fund items including:

- Developers
- Growth Engineers
- Machine Learning
- User Experience
- Quality Assurance
- Product Management

Community Engagement and Outreach is expected to cost approximately \$466,667 over the three-year period and will include outreach to:

- Family Support
- School Support including institutions of higher education
- Community Coordinators
- Outreach Coordinators
- Advertising

Program evaluation is anticipated to cost \$133,333 over the three-year period and will fund the cost of services provided by:

- Researchers
- Data Scientists
- External Consultants

Operational and fixed costs will be approximately \$366,667 over the three-year period and will include:

- Supplies for Users
- Office Space and Furnishings
- Machines and technology infrastructure
- Travel and conference costs
- Benefits and Insurance

Budget Template					
Categories	Description	FY 2017-2018	FY 2018/2019	FY 2019/2020	3-Year Total
Staffing:					
Administrative	<ul style="list-style-type: none"> • Public Relations • Marketing • Human Resources • Legal • Accountant • Office Assistant 	\$33,333	\$33,333	\$33,333	\$100,000





Bill Walker, LMFT, Director

Leadership	<ul style="list-style-type: none"> Regional Director Assistant Director Director of Research Director of Outreach Clinical Director Director of Community Objectives and Key Results Coordinator 	\$66,666	\$66,667	\$66,667	\$200,000
Direct Service	<ul style="list-style-type: none"> Hospital Liaison Peer Specialists Family Support Specialists Trainers Behavioral Health Coordinators 	\$155,555	\$155,555	\$155,556	\$466,666
Technology Development:					
Technology and Digital Phenotyping	<ul style="list-style-type: none"> Developers Growth Engineers Machine Learning User Experience Quality Assurance Product Management 	\$88,889	\$88,889	\$88,889	\$266,667
Community Engagement and Outreach:					
Community Engagement and Development	<ul style="list-style-type: none"> Family Support School Support Community Coordinators Outreach Coordinators Advertising 	\$155,555	\$155,555	\$155,556	\$466,667
Evaluation:					
Evaluation	<ul style="list-style-type: none"> Researchers Data Scientists External Consultants 	\$44,444	\$44,444	\$44,444	\$133,333
Operational and Fixed Costs:					
Operational and Fixed Costs	<ul style="list-style-type: none"> Supplies for Users Office Space and Furnishings Machines and Technology Infrastructure Travel and conferences Benefits and Insurance 	\$122,222	\$122,222,	\$122,222	\$366,667



GENERAL DISCUSSION
Agenda Item 9.A.

SUBJECT: Report from CalMHSA President – Terence M. Rooney

ACTION FOR CONSIDERATION:

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

BACKGROUND AND STATUS:

CalMHSA President, Terence M. Rooney, will be reporting on the following items.

- General
- Report out from CBHDA Governing Board

FISCAL IMPACT:

None.

RECOMMENDATION:

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

TYPE OF VOTE REQUIRED:

Majority vote.

REFERENCE MATERIAL(S) ATTACHED:

- None.

GENERAL DISCUSSION
Agenda Item 9.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.

- General
- Lester Consulting Group Update
- Certified Public Expenditure (CPE) Exploration Status
- Pathways

FISCAL IMPACT:

None.

RECOMMENDATION:

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

TYPE OF VOTE REQUIRED:

Majority vote.

REFERENCE MATERIAL(S) ATTACHED:

- None.

CALMHSA COUNTIES ACTING TOGETHER

CalMHSA—The Pathway for California Counties to jointly develop and efficiently implement statewide or regional projects to improve the mental health of Californians is through the California Mental Health Services Authority (CalMHSA).

Following the Successful Model of the CalMHSA Statewide Prevention & Early Intervention (PEI) Project.

In 2008, California counties were looking for a way to act jointly on a statewide basis, and determined that the Government Code provided a ready-made mechanism: a Joint Powers Authority (JPA). Under the Government Code, a joint powers agreement allows public agencies to act together, and allows creation of a separate public entity which is operated by its members.

The California Mental Health Services Authority (CalMHSA) was formed in 2009 by six counties. Its legally stated purpose is to act as an Independent Administrative and Fiscal Agency for counties to jointly conduct or administer mental and/or behavioral health programs on behalf of its members.¹ Initially, the JPA was formed to administer one-time funding, but the original architects quickly perceived other ways that a JPA could facilitate cooperative action by California county mental or behavioral health departments.

As CalMHSA membership grew from six to fifty-five counties, each county went through its own process to obtain authority to join CalMHSA and obtain the services it offers to its members. California law allows public agencies to procure services from each other without any competitive selection process. (95 Ops. Cal. Atty. Gen. 26.)

The Statewide PEI Project, an initiative to engage in statewide efforts to prevent mental illness and promote mental health through suicide prevention, student mental health, and stigma reduction programs, was CalMHSA's initial project and continues to be a template for counties to work jointly to improve all Californians' mental well-being. CalMHSA's administration of the Statewide PEI project has proven its ability to develop and implement projects, programs, or services that allow counties to act jointly on a statewide, regional and individual county basis.

CalMHSA has been asked to remind our membership and other stakeholders of the conceptual genesis of CalMHSA and the steps for developing projects.

The Path

¹ Per the 2016 Amended and Restated JPA Agreement, Article 1 Purposes. Programs may include operation of Programs to:

- (a) Administer prevention and early intervention services under the Mental Health Services Act;
- (b) Contract and/or negotiate with the State or other providers of mental hospital beds and similar or related services;
- (c) Contract and/or negotiate with the State or federal government for administration of mental health services, programs or activities including but not limited to the Drug Medi-Cal Treatment Program, managed mental health care, delivery of specialty mental health services;
- (d) Operate program risk pools;
- (e) Provide any other similar or related fiscal or administrative services that would be of value to Members such as group purchasing, contract management, research and development, data management, maintenance of a research depository, training, technical assistance, capacity building, education and training; and
- (f) Research, develop, and execute any appropriate policy requests from the California State Association of Counties ("CSAC") or its affiliates.

CALMHSA COUNTIES ACTING TOGETHER

Following the pathway established by the development and implementation of the Statewide PEI Project, CalMHSA identifies the following steps to ensure inclusivity and appropriate vetting for the creation of any other new statewide or regional program:

1. County members interested in acting jointly indicate their willingness to work on developing an identified program. Ideally, a core group of counties would provide leadership to guide the direction and maintenance of continued support for joint programs.
2. Interested counties meet to provide input to CalMHSA regarding the scope of new program, identifying needs and concerns, and possible solutions.
3. CalMHSA staff reviews proposed program to discern whether it is consistent with CalMHSA's purpose and authority, and makes an analysis of the financial viability of the proposed program. ²
- 4.. Potential participants determine whether the solution entails funding from state or federal agencies, or if the solution can be funded with local county funds. CalMHSA writes any necessary grant applications.
5. CalMHSA works as necessary with other public agencies such as the Mental Health Services and Oversight and Accountability Coalition (MHSOAC) and the Department of Health Care Services (DHCS), and with the County Behavioral Health Directors Association (CBHDA), to develop a plan to address stakeholder needs and any other relevant requirements, and CalMHSA executes any necessary agreements with governing agencies to facilitate the project.
6. CalMHSA staff prepares analysis for board approval as new program—program objectives, funding needed, and minimum participation identified.
7. CalMHSA and the participants draft a Participation Agreement, which describes the new program, its funding, and the rights and responsibilities of CalMHSA and participating members. (Bylaws, §§ 12.1.4-12.1.5.) The Participation Agreement may include county-specific scopes of work and budgets.
8. CalMHSA gives notice of the Program, and of the notice period during which counties can commit to participation in writing (Bylaws, § 12.1.2.). Counties that elect to participate sign the Participation Agreement (Bylaws, § 12.1.4.). Once minimum participation is reached the new program is launched.
9. **Critical note-** California law does not require counties to engage in a competitive selection process to contract with CalMHSA to provide services. (95 Ops. Cal. Atty. Gen. 26.) The only such requirement would be those a county imposes on itself through its own codes or regulations. As a result, CalMHSA Procurement Policy is followed.
10. CalMHSA accepts grants or other third-party funds for the Program, and invoices Participants if county funding is provided for in Participation Agreement. (Bylaws, § 12.1.2.)
11. CalMHSA develops a work plan incorporating the input of participating counties, and when necessary, subject matter experts and key informants. Work plans are submitted for approval by counties, if required.
12. CalMHSA selects contractors to execute the project in compliance with its competitive selection process as stated in the CalMHSA Procurement Policy.

² CalMHSA's governing body may authorize use of administrative funds to study the development/feasibility of new Programs (CalMHSA Bylaws, § 12.1.2.) and must approve the establishment of a Program (CalMHSA Bylaws, § 12.1.3).

**CALMHSA
COUNTIES ACTING TOGETHER**

13. CalMHSA develops, executes and manages all contracts in accordance with CalMHSA bylaws and policies.
14. CalMHSA regularly reports to its Board, participating counties, and any other relevant government agency on status of program, progress, and outcomes.
15. CalMHSA regularly reports to other key stakeholders on impact and outcomes.

For further information contact: Wayne Clark PhD, Executive Director CalMHSA, wayne.clark@calmhsa.org

DRAFT

EXAMPLES

STATEWIDE PREVENTION AND EARLY INTERVENTION (PEI)/EACH MIND MATTERS

Statewide, PEI programs have been implemented under the three priority areas—Stigma Reduction, Student Mental Health and Suicide Prevention and currently are implemented under the Statewide PEI Program entitled, Each Mind Matters (EMM). Combined, EMM programs and messages have reached millions of Californians.

Suicide Prevention (SP) - PEI efforts around suicide prevention have included programs ranging from establishing and coordinating a statewide Suicide Prevention Network, SP policy initiatives, training in SP, and population-based prevention messaging through the Know The Signs suicide prevention education campaign.

Stigma and Discrimination Reduction (SDR) - Stigma exists at every level of society, from the individual, family and community level to institutional and population levels. Sadly, stigma influences everything from individuals hiding their illness and not seeking treatment to them being discriminated against when it comes to employment, housing, health care, education, or interacting with law enforcement. CalMHSA seeks to change attitudes and behaviors of both those needing treatment to those who could recognize the signs, intervene, and support someone experiencing a mental health challenge. Threaded throughout all of CalMHSA's PEI initiatives are messages that build awareness to reduce stigma and discrimination

Student Mental Health (SMH) - Youth and young adults up to age 24 are disproportionately impacted with the onset of mental illness, and consequently are a primary target audience of CalMHSA's PEI efforts. CalMHSA, in collaboration with California counties, launched numerous programs to improve student mental health statewide. Facilitating multi-agency collaborations across the state, CalMHSA is working to improve policies, services, and outreach that will enhance mental health awareness and services across existing student venues.

STATE HOSPITALS PROGRAM

As directed by Participants, CalMHSA will collectively work in achieving efficiencies as a single administrative body engaging in a single negotiation of terms and rates for bed utilization, establish quality assurance standards and procedures, review shared financial analysis, and explore and facilitate opportunities and alternatives.

CENTRAL VALLEY SUICIDE PREVENTION HOTLINE

The Central Valley Suicide Prevention Hotline (CVSPH) is administered through CalMHSA on behalf of counties that are participating in and funding the program. CVSPH is the primary suicide prevention hotline for these counties and provides outreach/technical assistance to these counties.

CalMHSA Pathways

CalMHSA—The Pathway for California Counties to jointly develop and efficiently implement statewide or regional projects to improve the mental health of Californians is through the California Mental Health Services Authority (CalMHSA).

