

# Board of Directors Meeting Agenda

Wednesday, June 13, 2018

3:15 p.m. – 5:15 p.m.

(916) 233-1968

Code: 3043



## Meeting Locations:

### **Courtyard Sacramento Cal Expo**

1782 Tribute Road  
Sacramento, CA 95815

### **El Dorado County Behavioral Health**

3057 Briw Road, Ste. B  
Placerville, CA 95667

### **Kings County**

460 Kings County Drive, Suite 101  
Hanford, CA 93230

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

Wednesday, June 13, 2018

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

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

**A. BOARD OF DIRECTORS REGULAR MEETING**

- 1. CALL TO ORDER**
- 2. ROLL CALL AND INTRODUCTIONS**
- 3. INSTRUCTIONS FOR PUBLIC COMMENT AND STAKEHOLDER INPUT**

The Board welcomes and encourages public participation in its meetings. This time is reserved for members of the public (including stakeholders) to address the Board concerning matters on the agenda. Items not on the agenda are reserved for the end of the meeting. Comments will be limited to three minutes per person and 20 minutes total.

For agenda items, public comment will be invited at the time those items are addressed. Each interested party is to complete the Public Comment Card and provide it to CalMHSA staff prior to start of item. When it appears that there are several members of the public wishing to address the Board on a specific item, at the outset of the item, the Board President may announce the maximum amount of time that will be allowed for presentation of testimony on that item. Comment cards will be retained as a matter of public record.

- 4. CONSENT CALENDAR**..... 5
  - A. Routine Matters
    1. Minutes from the April 11, 2018 Board of Directors Meeting..... 6
  - B. Reports/Correspondence
    1. Cash Balance as of May 31, 2018..... 12
    2. Projected Cash Flow as of May 31, 2018..... 13

***Recommendation: Approval of the Consent Calendar.***

5. ADMINISTRATIVE MATTERS

- A. Officers/Executive Committee/Finance Committee Election..... 14  
*Recommendation: Approve recommended slate of Officers, Executive Committee Members representing the five CMHDA regions, and Finance Committee Members.*

6. PROGRAM MATTERS

- A. May is Mental Health Month – Video..... 17  
*Recommendation: None, information only*
- B. Sustainability Task Force – PEI Statewide Project – FY 18/19 Contracts..... 18  
*Recommendation: Approve contract funding for continued implementation of the Phase III Statewide PEI Project in FY 18/19 with the existing contractors in the amounts stated in the staff report, delegate authority to the Sustainability Taskforce to direct staff on allocation of up to \$2 million in additional funds to the same contractors for similar services if funds become available, and authorize the Executive Director to negotiate and execute contract extensions or amendments to implement the approved funding.*
- C. State Hospital Bed Update..... 47  
*Recommendation: Approval to submit a Letter of Intent to Paso Robles by July 1, 2018*
- D. Presumptive Transfer – CalMHSA Website Secure Member Portal Demonstration..... 93  
*Recommendation: None, information only*
- E. Translation Project Update..... 96  
*Recommendation: Approve Fresno County to act as lead and apply for reimbursement as appropriate and for CalMHSA to execute contracts for the translation of the DMC-ODS and MHP Beneficiary Handbook.*
- F. Grant Proposal to Blue Shield California Foundation..... 98  
*Recommendation: Approval to submit proposal to Blue Shield California Foundation.*

7. FINANCIAL MATTERS

- A. CSAC EIA – CalMHSA and Member Counties Insurance provider, Rick Brush, Chief Member Services Officer ..... 104  
*Recommendation: None, information only*
- B. CalMHSA Annual Proposed Revenue and Expenditure Report – June 30, 2019..... 108  
*Recommendation: Approval of the CalMHSA Annual Proposed Revenue and Expenditure Report – June 30, 2019*
- C. CalMHSA Submission of Application for 501(c)(3) Status to the Internal Revenue Service.... 116  
*Recommendation:*
  1. *Authorize CalMHSA staff with spending authority not to exceed \$15,000 for specialized services related to formation of a nonprofit entity.*
  2. *Authorize CalMHSA to submit application for formation of private non-profit under IRS code, 501(c)(3), utilizing assistance of Doug Alliston and law firm he consults with for specialized assistance*

**3. Delegate authority to CalMHSA Officers to determine specific requirements as related to the submission of application.**

D. Board Counsel Rate Increase.....119  
**Recommendation: Approval of board counsel's rate increase request.**

**8. GENERAL DISCUSSION**

A. Report from CalMHSA President – Terence M. Rooney.....121

- Strategic Planning Session Follow-up meeting with Executive Committee planned for July 11, 2018
- General

**Recommendation: Discussion and/or action as deemed appropriate.**

B. Report from CalMHSA Executive Director – Wayne Clark.....122

- General

**Recommendation: Discussion and/or action as deemed appropriate.**

**9. PUBLIC COMMENTS**

A. Public Comments Non-Agenda Items

This time is reserved for members of the public to address the Board relative to matters of CalMHSA not on the agenda. No action may be taken on non-agenda items unless authorized by law. Comments will be limited to three minutes per person and 20 minutes in total. The Board may also limit public comment time regarding agenda items, if necessary, in the case of a lengthy agenda.

**10. NEW BUSINESS**

General discussion regarding any new business topics for future meetings.

**11. INFORMATIONAL ITEMS**

A. Other County May is Mental Health Month Events/Activities .....123

- We Rise LA

**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**

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**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 April 11, 2018 Board of Directors Meeting

B. Reports/Correspondence

1. Cash Balance as of May 31, 2018
2. Projected Cash Flow as of May 31, 2018

**FISCAL IMPACT:**

See staff reports for fiscal impact.

**RECOMMENDATION:**

Approval of the Consent Calendar.

**TYPE OF VOTE REQUIRED:**

Majority vote.

**REFERENCE MATERIAL(S) ATTACHED:**

- Minutes from the April 11, 2018 Board of Directors Meeting
- Cash Balance as of May 31, 2018
- Projected Cash Flow as of May 31, 2018



*"A George Hills Company Administered JPA"*

## **CalMHSA Board of Directors Meeting Minutes from April 11, 2018**

### ***BOARD MEMBERS PRESENT***

Alameda County – **Carol Burton**  
Alpine County – **Alissa Nourse**  
Butte County – **Dorian Kittrell**  
Colusa County – **Terence Rooney**  
El Dorado County – **Katy Eckert** (*Alternate*)  
Fresno County – **Dawan Utecht**  
Glenn County – **Amy Lindsey**  
Humboldt County – **Emi Botzler-Rodgers**  
Kern County – **Bill Walker**  
Lassen County – **Barbara Longo** (*Alternate*)  
Los Angeles County – **William Arroyo** (*Alternate*)  
Madera County – **Dennis Koch**  
Marin County – **Jei Africa**  
Mariposa County – **Chevon Kothari**  
Merced County – **Yvonnia Brown**  
Monterey County – **Amie Miller**  
Napa County – **Bill Carter**  
Nevada County – **Phebe Bell**  
Orange County – **Brett O'Brien**  
Placer County – **Amy Ellis**  
Riverside County – **Steve Steinberg**  
Sacramento County – **Jane Ann Zakhary** (*Alternate*)  
San Bernardino County – **Michael Knight** (*Alternate*)  
San Diego County – **Adrienne Yancey** (*Alternate*)  
San Francisco County – **Kavoos Ghane Bassari**  
San Joaquin County – **Tony Vartan**  
San Luis Obispo County – **Anne Robin, LMFT**  
San Mateo – **David Young**  
Shasta County – **Donnell Ewert**  
Siskiyou County – **Sarah Collard**  
Stanislaus County – **Rick DeGette**  
Tri-City Mental Health Center – **Toni Navarro**  
Trinity County – **Noel O'Neill**  
Tuolumne County – **Michael Wilson**  
Ventura County – **Kiran Sahota** (*Alternate*)

### ***BOARD MEMBERS ABSENT***

Berkeley, City of  
Contra Costa County  
Del Norte County  
Imperial County  
Inyo County

Kings County  
Lake County  
Mendocino County  
Mono County  
Plumas County  
Riverside County  
San Benito County  
Santa Barbara County  
Santa Clara County  
Santa Cruz County  
Solano County  
Sonoma County  
Sutter/Yuba County  
Tulare County  
Yolo County

**MEMBERS OF THE PUBLIC**

**STAFF PRESENT**

Wayne Clark, CalMHSA Executive Director  
John Chaquica, CalMHSA Chief Operating Officer  
Ann Collentine, CalMHSA Deputy Director for Programs  
Laura Li, CalMHSA JPA Administrative Manager  
Jeremy Wilson, CalMHSA Program Coordinator  
Armando Bastida, CalMHSA Business Systems Analyst

**A. CLOSED SESSION**

**1. CALL TO ORDER**

CalMHSA President Terence Rooney, Colusa County, called the Board of Directors Closed Session meeting to order at 3:15 P.M. on April 11, 2018, at the Courtyard by Marriott Sacramento Cal Expo, California. President Rooney welcomed those in attendance as well as those listening in on the phone.

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

**2. ROLL CALL AND INTRODUCTIONS**

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

**3. CALMHSA – GEORGE HILLS CONTRACT RENEWAL EXECUTIVE DIRECTOR**

**A. PUBLIC EMPLOYEE PERFORMANCE EVALUATION AND CONTRACT EXTENSION  
[Section 54957(b)]**

**B. CONFERENCE WITH LABOR AGENCY DESIGNATED REPRESENTATIVE: TERENCE  
ROONEY, PRESIDENT OF CALMHSA BOARD (GOVERNMENT CODE SECTION  
54957.6)**

## **B. BOARD OF DIRECTORS REGULAR MEETING**

### **1. CALL TO ORDER**

CalMHSA President Terence Rooney, Colusa County, called the regular session of the Board of Directors Meeting of the California Mental Health Services Authority (CalMHSA) to order at 3:40 P.M. on April 11, 2018, at the Courtyard by Marriott Sacramento Cal Expo, California. President Rooney welcomed those in attendance as well as those listening in on the phone.

### **2. ROLL CALL AND INTRODUCTIONS**

CalMHSA JPA Administrative Manager Laura Li reported that roll had been called during the Closed Session preceding the regular meeting, and she re-established that a quorum had been reached.

### **3. INSTRUCTIONS FOR PUBLIC COMMENT AND STAKEHOLDER INPUT**

CalMHSA President Terence Rooney reviewed the instructions for public comment, and noted items not on the agenda would be reserved for public comment at the end of the agenda.

### **4. DISCLOSURE OF ACTION TAKEN IN THE CLOSED SESSION [Section 54957.1(a)(5)]**

CalMHSA President Rooney confirmed the following action had been taken during the closed session:

The Board of Directors approved the extension of the Executive Director's contract for two years, with an option for a third year.

### **4. CONSENT CALENDAR**

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

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

**Motion:** *Yvonnia Brown, Merced County*

**Second:** *Amy Lindsey, Glenn County*

**Motion passed unanimously.**

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

*None*

### **5. PROGRAM MATTERS**

#### **A. State Hospital Bed Update**

CalMHSA Chief Operating Officer John Chaquica provided an overview of current activities, discussed status of MOUs not executed and discussions starting for a new MOU, and upcoming the meeting with Department of State Hospitals (DSH) on May 16, 2018. Mary Marx discussed the challenges Los Angeles County has had with securing beds for LPS patients. Mr. Chaquica then introduced Jeremy Barr of Correct Care Solutions (CCS), who did a detailed overview of the potential Paso Robles project.



Mr. Barr shared the many projects CCS has led in various states, and answered questions from Board Members about bed numbers and operating costs. CalMHSA Executive Director Wayne Clark provided observations on this project and the difficulties in selecting a site. Members then voted to pursue next steps.

***Action: Affirm Board's desire to submit an LOI to Paso Robles by July 1, 2018, and seek direction from Board regarding next steps.***

## **6. GENERAL DISCUSSION**

### **A. Report from CalMHSA President – Terence Rooney**

President Rooney reminded everyone of the upcoming CalMHSA election, and led a discussion about suggested appointments to the Board of Directors.

***Action: Discussion and/or action as deemed appropriate.***

### **B. Report from CalMHSA Executive Director – Wayne Clark**

Dr. Clark presented on the following items:

- **Annual Program Funding Forms** – The form has been mailed to counties and will assist with budgeting for FY18/19.
- **AB 1299 Banking Pool** – We are proceeding with a July 1<sup>st</sup> start date for transfers, and Board Members will receive: initial deposit amounts, Participation Agreement to be Executed, Board of Supervisors report, and necessary forms in order to execute transfers.
- **Translation Project** – As requested, the translation of the Mental Health Plan handbook into threshold languages will be completed by CalMHSA. Editable versions will go out to counties. This is being produced free of cost to the county.
- **LA Media Campaign** – CalMHSA will administer this project on behalf of Los Angeles with completion by June 30, 2018.

***Action: Discussion and/or action as deemed appropriate.***

## **7. PUBLIC COMMENTS**

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

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

*None*

## **8. NEW BUSINESS**

General discussion regarding any new business topics for future meetings.

## **9. CLOSING COMMENTS**

## **10. ADJOURNMENT**

Hearing no further comments, the meeting was adjourned at 4:45 p.m.

Respectfully submitted,

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Steve Steinberg,  
Secretary, CalMHSA

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Date

DRAFT

**CONSENT CALENDAR**  
**Agenda Item 4.B.1**

**SUBJECT: CASH FLOW MANAGEMENT**

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**ACTION FOR CONSIDERATION:**

For information and discussion.

**BACKGROUND AND STATUS:**

Historically, CalMHSA has held adequate balances of cash and investments. However, cash balances were decreasing as we payout on the contract obligations, at the same time annual funding is decreasing. Cash Management continues to be a priority for CalMHSA, therefore becoming a regular item in the agenda.

During March and April, CalMHSA received \$31 million from the County of Los Angeles for special contracts. As such, after the May 31st cash disbursements, our cash balance is \$31.9 million.

**As of May 31, 2018:**

- CalMHSA received \$6.9 million (95%) of member committed Phase III PEI funding (\$7.3 million), however the 4% goal (\$12 million) was not attained.
- The State Hospitals program received \$222,918 (36%) of member required funding of \$626,510, however many counties are in process of getting approvals for the new amendment to the MOU, participation agreements and payments.

**FISCAL IMPACT:**

None.

**RECOMMENDATION:**

For information and discussion.

**TYPE OF VOTE REQUIRED:**

Majority vote.

**REFERENCE MATERIALS ATTACHED:**

- Cash Balance as of May 31, 2018
- Projected Cash Flow as of May 31, 2018

**CalMHSA  
Cash Balance  
As of May 31, 2018**

Cash Balance, 6/30/2017	6,316,053.82
Cash Received 07/01 to 5/31/2018	41,471,912.48
Cash Payments 07/01 to 5/31/2018	(15,905,247.05)
Cash Balance, 5/31/2018	31,882,719.25

<b>Cash Balance by Institution</b>	
California Bank & Trust	1,923,189.13
Local Agency Investment Fund	1,858,058.74
Morgan Stanley Smith Barney	28,101,471.38
<b>Cash Total 5/31/18</b>	<b>31,882,719.25</b>

**California Mental Health Services Authority**  
**Projected Cash Flow**  
**2017/2018**

As of May 31, 2018

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Totals
<b>Beginning Cash Balance</b>	6,316,053	5,927,931	7,546,450	11,200,700	10,700,563	10,487,042	10,658,879	10,846,355	9,879,641	26,818,067	34,816,742	31,882,720	6,316,053
<b>Cash Receipts:</b>													
Phase II - Sustainability 16-17				250,000									250,000
Phase III - Sustainability 17-18	102,570	1,203,197	3,567,048	247,045	297,602	714,893	216,275	551,379	499,860			237,096	7,636,966
Private Fund Develop - Member Fee 16-17		22,744					142,548						165,292
Private Fund Develop - Member Fee 17-18	27,391	103,829	51,216	6,571	16,752	7,271	2,842	45,953				74,147	335,972
Private Fund Develop - Member Fee 18-19								40,961					40,961
Suicide Prevention Hotline 17-18		517,257	6,644	19,931									543,832
State Hospital Beds 16-17	51,874												51,874
State Hospital Beds 17-18		92,532	30,844	28,040	16,824	7,010	16,824	30,844				163,241	386,159
RAND - LA Tech Assist						92,000							92,000
CCBHS Loan Forgiveness Program							300,000						300,000
Mental Health Services Act Innovation Prog.									17,703,552			3,000,000	20,703,552
LA Media Campaign										13,500,000			13,500,000
Other (LAIF Interest, donations, etc.)	20,277	4,864	810,374	30,659		90	31,411	670		41,444			939,789
<b>Total Cash Receipts</b>	<b>202,112</b>	<b>1,944,423</b>	<b>4,466,126</b>	<b>582,246</b>	<b>331,178</b>	<b>821,264</b>	<b>709,900</b>	<b>669,807</b>	<b>18,203,412</b>	<b>13,541,444</b>	<b>-</b>	<b>3,474,484</b>	<b>44,946,396</b>
<b>Cash Expenses:</b>													
PEI/Phase I Obligations 2014/15								595,812					595,812
Phase II Obligations 2016/17	247,895	133,493	586,410	241,462					-	50,711	7,134		1,267,105
Phase III Obligations 2017/18		20,839	23,064	236,463	296,411	412,533	142,549	738,533	785,263	561,321	207,556	1,037,734	4,462,266
Suicide Prevention Hotline	57,749			160,036	51,532	46,232	32,766		96,600	47,962		38,744	531,620
Plumas Wellness Center	8,573	60	30,070										38,703
State Hospital Beds	88,750	18		88,713		575	88,713		148	89,588		114,524	471,029
Fiscal Modernization Project	3,648	10,000								5,001			18,649
Sutter	13,183	2,223	16,056	23,475	11,672	7,376	55,482	30,861					160,328
RAND - LA Tech Assist				59,668				20,332					80,000
LA County - Tech Suite						8,999	98	61	3,645	173,871	1,008,981	8,000,886	9,196,540
LA County Media Campaign (Mini-grants)										354,458	272,915	372,627	1,000,000
LA Media Campaign (All Other)										4,068,154	1,252,727	3,589,560	8,910,440
LA Media Campaign									200,051	4,422,612	1,525,642	3,324,987	9,473,292
AB1299								1,008		1,000	1,509		3,517
Orange County							2,863		711				3,573
Private Fund Development	15,000	23,858	15,000	17,780	15,000	15,000	16,847	15,000	15,000	22,664	16,176	21,328	208,653
<b>Total Administrative Expenses</b>	<b>155,437</b>	<b>135,413</b>	<b>141,277</b>	<b>254,786</b>	<b>170,084</b>	<b>158,711</b>	<b>183,107</b>	<b>234,913</b>	<b>163,570</b>	<b>168,039</b>	<b>167,023</b>	<b>205,413</b>	<b>2,137,772</b>
<b>Total Cash Expenses</b>	<b>590,234</b>	<b>325,903</b>	<b>811,876</b>	<b>1,082,383</b>	<b>544,699</b>	<b>649,427</b>	<b>522,424</b>	<b>1,636,521</b>	<b>1,264,986</b>	<b>5,542,769</b>	<b>2,934,022</b>	<b>12,743,614</b>	<b>28,648,860</b>
<b>Ending Cash Balance</b>	<b>5,927,931</b>	<b>7,546,450</b>	<b>11,200,700</b>	<b>10,700,563</b>	<b>10,487,042</b>	<b>10,658,879</b>	<b>10,846,355</b>	<b>9,879,641</b>	<b>26,818,067</b>	<b>34,816,742</b>	<b>31,882,720</b>	<b>22,613,589</b>	<b>22,613,589</b>

**ADMINISTRATIVE MATTERS**  
**Agenda Item 5.A.**

**SUBJECT: EXECUTIVE COMMITTEE / FINANCE COMMITTEE ELECTION**

**ACTION FOR CONSIDERATION**

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

**EXECUTIVE COMMITTEE BACKGROUND AND STATUS**

On June 30, 2018, there is one (1) vacancy for the regional representatives on the Executive Committee. The CalMHSAs Bylaws state that the Board will elect, by majority vote, a new slate of officers and executive committee members at the last board meeting of the fiscal year.

The nominated slate of Officers and Executive Committee members is as follows:

PROPOSED SLATE FOR FY 18-19 ELECTION YEAR				
BOARD OFFICERS AND EXECUTIVE COMMITTEE				
Role	Member	Term Length	Term Start Date	Term End Date
<b>President</b>	Dawan Utecht, Fresno County	2 years	6/30/2018	6/30/2020
<b>Vice President</b>	Steve Steinberg, Riverside County	2 years	7/1/2017	6/30/2019
<b>Secretary</b>	Alissa Nourse, Alpine County	2 years	7/1/2018	6/30/2020
<b>Treasurer</b>	William Walker, Kern County	annual <sup>1</sup>	7/1/2016	6/30/2020
<b>Past President</b>	Terence Rooney	2 years	7/1/2018	6/30/2020
<b>CMHDA At-Large Member<sup>2</sup></b>	Toni Navarro, Tri-City Mental Health	1 year	7/1/2018	6/30/2019
<b>Bay Area Regional Representatives</b>	#1 Bill Carter, Napa County	2 years	6/30/2016	6/30/2020
	#2 Kavoos Ghane Bassiri, San Francisco City and County	2 years	7/1/2017	6/30/2019
<b>Central Regional Representatives</b>	#1 Uma Zykofsky, Sacramento County	2 years	6/30/2016	6/30/2020
	#2 Dennis Koch, Madera County	2 years	7/1/2017	6/30/2019
<b>Los Angeles Regional Representatives</b>	#1 Jonathan Sherin, Los Angeles County	2 years	7/1/2017	6/30/2019

<sup>1</sup> Treasurer - To serve a two-year term but be re-approved each year to represent the JPA on Investment decisions.

<sup>2</sup> CMHDA At-Large-Member per the December 12, 2013 Board approved Bylaw changes.

	#2	William Arroyo, Los Angeles County	2 years	7/1/2016	6/30/2020
Southern Regional Representatives	#1	Alfredo Aguirre, San Diego County	2 years	7/1/2017	6/30/2019
	#2	Anne Robin, San Luis Obispo County	2 years	7/1/2016	6/30/2020
Superior Regional Representatives	#1	Dorian Kittrell, Butte County	2 years	6/30/2017	6/30/2019
	#2	TBD	2 years	7/1/2018	6/30/2020

**FINANCE COMMITTEE BACKGROUND AND STATUS**

On June 30, 2018, the Finance Committee has no vacancies of the Finance Committee. The CalMHSAs Bylaws state that committee members to be appointed by the Board President and approved by the Board of Directors.

The appointment of committee members is as follows:

PROPOSED SLATE FOR FY 18-19 ELECTION YEAR			
FINANCE COMMITTEE			
Role	Member	Original Start Date	End Date
Chair	William Walker, Kern County	7/1/2016	6/30/2020
Bay Area	David Young, San Mateo	7/1/2018	6/30/2020
Central	Dennis Koch, Madera County	7/1/2017	6/30/2019
Los Angeles	William Arroyo, Los Angeles County	2/29/2012	6/30/2019
Superior	Jenine Miller, Mendocino County	7/1/2017	6/30/2019
Southern	Veronica Kelley, San Bernardino County	7/1/2018	6/30/2020
Ex Officio	Terence Rooney, Colusa County	NA	NA

**RECOMMENDATION:**

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

**TYPE OF VOTE REQUIRED**

Majority of the Board of Directors.

**REFERENCE MATERIAL(S) ATTACHED:**

- None

**PROGRAM MATTERS**  
**Agenda Item 6.A**

**SUBJECT: MAY IS MENTAL HEALTH MONTH - VIDEO**

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**ACTION FOR CONSIDERATION:**

None, information only.

**BACKGROUND AND STATUS:**

This video highlights how the public health messaging on Mental Health Awareness has taken root. Counties localized the Each Mind Matters campaign into their May is Mental Health Month activities across the state.

**FISCAL IMPACT:**

None.

**RECOMMENDATION:**

None, information only.

**TYPE OF VOTE REQUIRED**

Majority of the Board of Directors.

**REFERENCE MATERIAL(S) ATTACHED:**

- None



**PROGRAM MATTERS**  
**Agenda Item 6.B**

**SUBJECT: SUSTAINABILITY TASKFORCE – PHASE III STATEWIDE PEI PROJECT – FY 18/19 CONTRACTS**

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**ACTIONS FOR CONSIDERATION**

Approve contract funding for continued implementation of the Phase III Statewide PEI Project in FY 18/19 with the existing contractors in the amounts stated in the staff report, delegate authority to the Sustainability Taskforce to direct staff on allocation of up to \$2 million in additional funds to the same contractors for similar services if funds become available, and authorize the Executive Director to negotiate and execute contract extensions or amendments to implement the approved funding.

**BACKGROUND AND STATUS**

- At the February 14, 2018, Board of Directors meeting, the Board Members approved the recommendation from the Sustainability Taskforce and the CalMHSAs Executive Committee to extend and amend FY 17/18 Phase III PEI Project contracts for implementation of the Phase III Statewide PEI Project for FY 18/19, based on available funding.
- At the May 2018 Finance Committee Meeting, members proposed a \$5.1 million budget for the CalMHSAs Statewide PEI Project in FY 18/19. Of this, \$3.7 million is proposed to fund Statewide PEI Project contracts.

*Strategies and goals of the Phase III Statewide PEI Project*

The approved Phase III Plan identified two priority strategies for implementation: Social Marketing & Informational Resources; and Research, Evaluation and Surveillance. The Social Marketing & Informational Resources strategy can be further delineated into the following activities: 1) Dissemination, 2) Technical Assistance, 3) Networks and Collaborations, and 4) Development of New Outreach Materials to Reach Diverse Communities. These activities support the goals of increased capacities, increased reach and dissemination of materials, and increased usage of materials. Collaboration between program partners will also be critical to achieve goals of the Phase III Plan. Attachments 1-9 provide an overview of the work projected for each contractor and each contractor is aware of the proposed reduction in contract awards. Subsequent to Board action on June 13<sup>th</sup>, staff will negotiate final scopes of work for each contractor.

*Community Stakeholder Involvement in the Statewide PEI Project*

All Statewide PEI Project programs and resources have been and are developed with guidance and input from community stakeholders from across California. CalMHSAs community stakeholder involvement is informed by MHSAs Regulations and public health best practices. Community stakeholder involvement in the Statewide PEI Project includes and is not limited to program

planning and implementation, monitoring, quality improvement, and evaluation. Community stakeholders include and are not limited to individuals and peers from fields of mental health, substance use, public health, and education, who represent a diverse range of perspectives including consumers, family members, underserved ethnic and cultural groups, youth, older adults, community clinics, community-based organizations, faith-based organizations, foundations, health plans, research and surveillance institutions, public colleges and universities, county and state agencies, statewide offices, legislative officials, and national policy advocacy groups.

**Proposed Contracts:**

<b>Contractor</b>	<b>Strategy Activities</b>	<b>Scope of Work Summary</b>
RSE	Dissemination New Outreach Materials	Implement social marketing, media and public awareness, and education activities to expand the reach and impact of Each Mind Matters: California’s Mental Health Movement, including developing new materials for California’s diverse communities with emphasis on Latino communities and other target populations
Each Mind Matters Outreach & Engagement	Dissemination Networks and Collaborations	Further expand the Each Mind Matters partners network and promote grassroots fund development opportunities; manage the Each Mind Matters store to expand dissemination of resources and materials to the general population and engage key sectors in Each Mind Matters
NAMI California	Dissemination Networks and Collaborations	Engage local NAMI Affiliates and NAMI on Campus school clubs to continue and increase youth involvement in outreach and dissemination of NAMI and EMM programs and resources, with special emphasis on California’s diverse communities
Active Minds	Dissemination Networks and Collaborations	Support and engage California Active Minds Chapters on college campuses to engage a network of student mental health leaders and advocates to outreach and disseminate EMM and Active Minds resources and programs
California Community Colleges	Dissemination Networks and Collaborations	Support and engage California’s Community Colleges students, faculty and staff to promote and disseminate California Community College Student Mental Health Program and EMM information, tools and resources including supporting the Community Colleges Health Services regional networks

<b>Contractor</b>	<b>Strategy Activities</b>	<b>Scope of Work Summary</b>
Your Social Marketer	Dissemination Networks and Collaborations Technical Assistance	Provide customized resource navigation, technical assistance, and capacity building support to County Behavioral Health Agencies and their community partners to support local PEI goals and leverage resources between local and statewide efforts
The Social Changery	Dissemination Networks and Collaborations Technical Assistance	Provide customized resource navigation, technical assistance, and capacity building support to Community Based Organizations to support local PEI goals and leverage resources between local and statewide efforts, including fostering collaborative networks and implementing CBO mini-grant program
Directing Change	Dissemination	Implement the seventh annual Directing Change program reaching youth ages 14-25
RAND	Evaluation	Conduct evaluation of the reach of Each Mind Matters, Know The Signs, and other programs by county and statewide

**Proposed Contract Amounts: (\$3.7 Million Total)**

<b>Contractor</b>	<b>Proposed FY 18/19 Contract Amount</b>
RSE	\$1,150,000.00
Each Mind Matters Outreach & Engagement	\$300,000.00
NAMI California	\$200,000.00
Active Minds	\$350,000.00
California Community Colleges	\$400,000.00
Your Social Marketer	\$450,000.00
The Social Changery	\$400,000.00
Directing Change	\$150,000.00
RAND	\$300,000.00
<b>TOTAL CONTRACTS</b>	<b>\$3,700,000.00</b>

The proposed funding amounts and DRAFT contract scopes for FY 18-19 are for the final year for Phase III, like the final year of a Three-Year MHSA Program and Expenditure Plan.

Beginning in the Fall of 2018, CalMHSAs staff will conduct a PEI Phase IV Community Planning Process (CPP) that involves stakeholders from throughout California. Locally identified stakeholders will be invited to participate. The intention of the CPP will be to receive input from stakeholders on the priorities for the Phase IV Statewide PEI Plan. Staff anticipates that the Phase IV PEI Plan will result in a menu of stigma, discrimination reduction and suicide prevention activities which will allow counties to select which activities are best for local implementation. Staff hopes to continue to focus on activities such as: 1) Dissemination, 2) Technical Assistance, 3) Networks and Collaborations, and 4) Development of New Outreach Materials to Reach Diverse Communities and other activities which might be determined through the CPP process.

The menu of options will be presented to the CalMHSAs Board of Directors in December of 2018. Upon direction of the Board, a competitive process, issuing of a Request for Proposals, will occur in the early spring of 2019; mirroring county processes for developing Three Year MHSAs Program and Expenditure Plans.

**RECOMMENDATIONS:**

Approve contract funding for continued implementation of the Phase III Statewide PEI Project in FY 18/19 with the existing contractors in the amounts stated in the staff report, delegate authority to the Sustainability Taskforce to direct staff on allocation of up to \$2 million in additional funds to the same contractors for similar services if funds become available, and authorize the Executive Director to negotiate and execute contract extensions or amendments to implement the approved funding.

**TYPE OF VOTE REQUIRED:**

Majority vote.

**REFERENCE MATERIAL(S) ATTACHED:**

- Attachment 1: DRAFT FY 18-19 Contract Scope of Work Overview – RSE
- Attachment 2: DRAFT FY 18-19 Contract Scope of Work Overview – Each Mind Matters Outreach & Engagement
- Attachment 3: DRAFT FY 18-19 Contract Scope of Work Overview – NAMI California
- Attachment 4: DRAFT FY 18-19 Contract Scope of Work Overview – Active Minds
- Attachment 5: DRAFT FY 18-19 Contract Scope of Work Overview – Foundation for California Community Colleges
- Attachment 6: DRAFT FY 18-19 Contract Scope of Work Overview – Your Social Marketer
- Attachment 7: DRAFT FY 18-19 Contract Scope of Work Overview – The Social Changery
- Attachment 8: DRAFT FY 18-19 Contract Scope of Work Overview– Directing Change
- Attachment 9: DRAFT FY 18-19 Contract Scope of Work Overview – RAND Corporation
- Attachment 10: Statewide PEI Project Phase III: FY 2018-2019 Contracts Presentation

## **Attachment 1:**

### **DRAFT FY 18-19 Contract Scope of Work Overview RSE**

In Phase III, RSE will build on CalMHSA's original investment – raising awareness, inspiring action, and supporting activities that will expand California's Mental Health Movement. Our grassroots approach will provide a statewide infrastructure that will grow the Each Mind Matters (EMM) movement in the local, diverse communities of California's counties. Our approach will also implement targeted programs and education that reach California's Latino communities. The EMM movement will reflect collective efforts that aim to prevent suicide, improve student mental health and reduce the stigma and discrimination associated with mental illness.

#### Each Mind Matters Public Awareness and Education

- Maintain Each Mind Matters engagement through an integrated communications plan for social marketing strategies statewide that can be leveraged locally
- Collaborate with Each Mind Matters Outreach & Engagement, Your Social Marketer, The Social Changery, Active Minds, NAMI, and FCCC in dissemination and usage of materials and resources
- Maintain, review and refine EMM family of websites including EachMindMatters.org; SanaMente.org; WalkInOurShoes/PonteEnMisZapatos.org; SuicideIsPreventable/ElSuicidioEsPrevenible.org;
- Develop and/or adapt materials to meet local PEI needs

#### Diverse Communities and Special Populations

- Engage key stakeholders (County Behavioral Health Agencies, Ethnic Service Managers, Community Based Organizations and others) to broadly disseminate existing tools and resources
- Based on findings from various diverse communities' reports and stakeholder feedback, develop and/or adapt culturally responsive campaign materials for mental health promotion and prevention of mental illness and suicide to:
  - Enhance the SanaMente campaign
  - Address gaps, new/emerging threshold pops, and special pops at most risk for suicide, such as men.

#### Evaluation

- Review, and address as needed, the need of a targeted evaluation with direction from CalMHSA and partners at NORC
- Coordinate with RAND on CalMHSA external evaluation development and execution, as needed

## **Attachment 2:**

### **DRAFT FY 18-19 Contract Scope of Work Overview Each Mind Matters Outreach & Engagement**

In Phase III, the Each Mind Matters (EMM) Outreach & Engagement (O&E) team will be primarily responsible for building EMM partnerships and sustainability. This will include developing relationships with larger statewide guilds, associations and state agencies to engage and integrate EMM. Through these relationships, O&E will pursue grassroots funding efforts to support EMM integration; in doing so, O&E will be a critical partner to the CalMHSA Fund Development Project. As the Fund Development Project explores multi-million dollar funds to support CalMHSA efforts, O&E will explore smaller, more grassroots contributions. The O&E team will be responsible for being the public “face” of EMM, attending conferences, tabling, and managing the EMM online store. Finally, as directed by the Board, O&E will also create the infrastructure for Each Mind Matters to become a 501(c)(3) organization.

#### Developing community partnerships and sustainability opportunities for Each Mind Matters

- Participate in grant writing opportunities with partners to expand the integration and reach of Each Mind Matters
- Collaborate with CalMHSA Fund Development Project, keeping them apprised of smaller grassroots funding in EMM that can be leveraged for larger fund development opportunities

#### Statewide Community Outreach & Engagement

- In coordination with other contractors, implement strategic outreach plan
- Coordinate with program partners to identify EMM volunteers who can be dispatched to attend further events beyond those identified in the strategic outreach plan; develop a reporting requirement for volunteers and inform counties of any local EMM ambassadors
- Develop and maintain partnerships with previous partners, grantees and state-level and local organizations; as appropriate, share information with program partners to ensure these partners continue to receive EMM technical assistance and resource navigation

#### Dissemination

- Manage the Each Mind Matters store including creating a business plan for FY 18/19 and completing a summary of sales report at least twice a year
- Disseminate and track materials throughout the community, based on the strategic outreach plan

### **Attachment 3:**

#### **DRAFT FY 18-19 Contract Scope of Work Overview NAMI California**

As part of the nation's largest grassroots mental health organization, NAMI California will utilize their extensive network of 62 statewide affiliates to continue to: reach underserved populations, expand the dissemination of the Each Mind Matters program materials and increase youth education.

Contractor will continue to engage underserved communities, increasing statewide reach and membership within racial, ethnic, and diverse communities to become part of the NAMI CA network to improve peer and family-based mental health and wellness services. Through statewide trainings and implementation of local programs, NAMI California and its affiliates statewide will reach local leaders from diverse communities to embrace and support Each Mind Matters messaging and materials to reduce stigma and increase knowledge of mental health across all communities.

- NAMI will coordinate with Active Minds and other youth centric organizations to increase youth voices in Mental Health awareness and stigma reduction. NAMI CA will offer support, coordination and technical assistance to NAMI on Campus High School (NCHS) chapters to conduct outreach and dissemination of Each Mind Matters materials and messaging; and utilize EMM materials to students, staff and faculty on high school campuses including Directing Change.
- NAMI CA will disseminate and promote the EMM toolkit and dissemination plan with Affiliates including trainings, technical assistance, and learning collaboratives in order to support successful use and adoption of relevant EMM materials at the local level.
- NAMI CA will leverage outreach opportunities to incorporate EMM into presentations, workshops, conferences, community meetings and other events as well as table exhibiting to promote EMM materials.
- NAMI CA will distribute EMM materials at all statewide trainings to engage local leaders from diverse communities, especially Spanish-speaking Californian communities

#### **Attachment 4:**

### **DRAFT FY 18-19 Contract Scope of Work Overview Active Minds**

Active Minds' objective is to build, support and activate an engaged network of student mental health advocates throughout the state of California. Through engagement and intensive support, Active Minds' student network will reach diverse audiences with Each Mind Matters materials and will work towards increasing knowledge, and changing attitudes and behaviors around mental health on campuses in California.

#### Chapter Capacity Building

- Support and invest in Active Minds California Chapters through technical assistance, leadership training, educational programming and resource provision
- Manage fund distribution to student-led organizations to ensure student-led mental health programs and outreach on campuses

#### Community Engagement

- Build a network of student mental health advocates throughout California ensuring elevation of the transition age youth voice in stigma reduction and suicide prevention
- Coordinate with NAMI California to build a link between high school NAMI on Campus chapters to college campus activism
- Ensure a diverse statewide network of student mental health advocates who are knowledgeable about Each Mind Matters and committed to mental health advocacy

#### Coordination and Dissemination

- Activate Chapters and Each Mind Matters student ambassadors for effective adaptation and dissemination of Each Mind Matters materials and documentation of distribution
- Hold campus and community educational events including Send Silence Packing exhibits and Speakers Bureau presentations that will reach large scale diverse student audiences with Each Mind Matters materials



**Attachment 5:**

**DRAFT FY 18-19 Contract Scope of Work Overview  
Foundation for California Community Colleges**

The California Community Colleges (CCC) Student Mental Health Program (SMHP) will promote and disseminate mental health information, tools and resources including Each Mind Matters: California's Mental Health Movement (EMM) programs and materials within the California Community Colleges system.

- Maintain project website including resource database and conduct activities to support awareness and traffic to the website
- Leverage CCC Health Services regional structure to increase dissemination, usage and capacities
- Develop and implement a strategic plan to increase dissemination, usage and capacities and promote EMM to CCCs
- With Active Minds and NAMI CA, provide support to student leaders to promote local chapter/club activities, outreach, and usage of EMM and SMHP tools and resources
- Participate and coordinate Higher Education MH Program quarterly meetings that include UC, CSU, Active Minds and EMM

## **Attachment 6:**

### **DRAFT FY 18-19 Contract Scope of Work Overview Your Social Marketer**

Your Social Marketer will provide resource navigation, customized technical assistance and capacity building to County Behavioral Health Agencies (CBHAs) and their community partners. Resource navigation and technical assistance will include, but not be limited to, communication and facilitation of sharing of EMM and partner programs and resources, efforts to increase local capacities and skills to fully engage in the EMM movement, subject matter expertise in stigma and discrimination reduction and suicide prevention, guidance and support of local implementation of targeted approaches.

#### Each Mind Matters

- Collaborate with RSE, Outreach & Engagement and The Social Changery Program Partners in dissemination, technical assistance and capacity building activities to ensure promotion and engagement of Each Mind Matters statewide, to include:
  - Review and support content development of social marketing, website, and new materials
  - Participate in outreach events/activities such as resource tables, presentations and conferences as capacity allows
  - Refresh existing EMM resources and materials as needed
  - Assist county agencies and their partners with utilizing EMM materials

#### County Technical Assistance and Support

- Develop and implement EMM County Technical Assistance program plan, in coordination with The Social Changery's Community Technical Assistance program as applicable
- Deliver EMM resource navigation and technical assistance to all contributing counties to include providing a designated Resource Navigator to every participating county and other counties as directed by CalMHSA and responding to county requests for resource navigation and technical assistance support

## **Attachment 7:**

### **DRAFT FY 18-19 Contract Scope of Work Overview The Social Changery**

In Phase III, the Social Changery will be responsible for providing technical assistance and resource navigation to community agencies. The Social Changery will work closely with the Each Mind Matters (EMM) Outreach & Engagement (O&E) team to identify appropriate community partners that should receive ongoing technical assistance and resource navigation. Furthermore, The Social Changery will provide technical assistance and support to mini-grantees, including working with counties to identify grantees, collaborating with grantees to establish workplans, creating plans with grantees regarding ongoing use and integration of EMM, and creating county-specific reports regarding grantee activities.

#### Community technical assistance and resource navigation

- Develop and implement a technical assistance plan prioritizing structured technical assistance
- Develop a dissemination plan based on existing gaps in dissemination to diverse populations
- Develop outreach/engagement/dissemination report describing CBOs engaged within each county

#### Mini-grants

- Administer mini-grant program
- Provide technical assistance and ongoing support to mini-grantees
- Implement sustainability plan for mini-grantees to continue EMM integration and engagement beyond their funding cycle

#### Collaborations

- Support O&E to identify partners/sectors that have not been engaged by EMM
- Support the development of new outreach materials and dissemination plan for new outreach materials
- Support the ongoing refinement and updating of campaign websites and messaging
- Lead and collaborate with other program partners on Each Mind Matters Resource Center content management and curation

**Attachment 8:**

**DRAFT FY 18-19 Contract Scope of Work Overview  
Directing Change**

The Directing Change Program and Film Contest is part of Each Mind Matters: California's Mental Health Movement. The program offers young people the exciting opportunity to participate in the movement by creating 60-second films about suicide prevention and mental health that are used to promote awareness, education and advocacy efforts on these topics.

The program was created by Your Social Marketer Inc (YSM) and the YSM team has implemented the program for the past five years as a part of CalMHSA's Statewide PEI Project. Directing Change has now launched as an independent agency, and will continue to work with YSM to implement the program.

- Host and maintain program website and social media channels
- Create promotional and educational materials
- Program promotion with students, youth, teachers, schools, districts, community-based organizations and youth services providers across the state
  - In 2019 highlight and promote Spanish language film submissions
- Program implementation to include recruitment and training of judges, management of submissions and coordination of awards and recognitions

**Attachment 9:**

**DRAFT FY 18-19 Contract Scope of Work Overview  
RAND Corporation**

RAND will be responsible for supporting CalMHSA in examining potential changes in mental health metrics and the reach of key Each Mind Matters programs and potential changes within each county. Furthermore, RAND will be providing CalMHSA with ongoing technical assistance and consultation, assisting with planning for future phases of the Statewide PEI Project, and supporting other efforts related to PEI. Evaluate key activities at the direction of CalMHSA staff.

# CaIMHSA Statewide PEI Project Phase III: FY 2018-2019 Contracts

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June 13, 2018  
Board of Directors Meeting



WELLNESS • RECOVERY • RESILIENCE





# Actions for Consideration

Approve contract funding for continued implementation of the Phase III Statewide PEI Project in FY 18/19 with the existing contractors in the amounts stated in the staff report, delegate authority to the Sustainability Taskforce to direct staff on allocation of up to \$2 million in additional funds to the same contractors for similar services if funds become available, and authorize the Executive Director to negotiate and execute contract extensions or amendments to implement the approved funding.



# Background

- February 2018: Board Members approved, extended, and amended FY 17/18 Phase III PEI Project contracts for implementation of the Phase III Statewide PEI Project for FY 18/19, based on available funding.
- May 2018: Finance Committee proposed a \$5.1 million budget for CalMHSA Statewide PEI Project in FY 18/19. Of this, \$3.7 million is proposed to fund Statewide PEI Project contracts .





# Background

- FY 18/19 is the final year of the Phase III Statewide PEI Project – similar to the final year of a County MHSA Three Year Program and Expenditure Plan. This would be considered a Annual Update.
- Late summer and early fall of 2018 a stakeholder input process will begin to develop the Phase IV Statewide PEI Project. This is similar to the county Community Planning Process that occurs every three years. The proposed plan will be presented to the CalMHSA Board of Directors in December 2018.



# Phase III FY 18/19 Program Priorities

- 1) Dissemination and resource navigation of Statewide PEI Project campaigns, programs, resources and materials
- 2) Provide subject matter technical assistance in suicide prevention and stigma and discrimination reduction to support local PEI efforts and further integration and usage of Statewide PEI Project resources
- 3) Capacity-building support through counties, community-based organizations, schools, and partner organizations to foster networks and collaborations that support local PEI efforts



# Phase III Program FY 18/19

## Contract Budgets

Contractor	Proposed Contract Amount
RSE	\$1,150,000
Each Mind Matters Outreach & Engagement	\$300,000
NAMI California	\$200,000
Active Minds	\$350,000
California Community Colleges	\$400,000
Your Social Marketer	\$450,000
The Social Changery	\$400,000
Directing Change	\$150,000
RAND	\$300,000
	<b>TOTAL: \$3,700,000</b>



# Phase III FY 18/19

## RSE: \$1,150,000

- Develop and implement social marketing, media and public awareness
- Implement education activities to expand the reach and impact of Each Mind Matters





# Phase III FY 18/19

## EMM Outreach & Engagement: \$300,000

- Expand the Each Mind Matters partners network
- Promote grassroots fund development opportunities
- Manage the Each Mind Matters store to expand dissemination of resources and materials
- Engage key sectors in Each Mind Matters

The screenshot shows the website header with the logo and navigation links: About Us | Shop | Media | Contact | SanaMente | GET HELP NOW. A green navigation bar contains links for Mental Health, Stories, Get Involved, Events, Partners, and Blog. The main content area features a 'Partners' section with a sub-header, a paragraph of text, and a link to a 'Program and Resource Catalogue'. To the right is a photograph of a woman in a green shirt smiling at an outdoor event.


**EachMind MATTERS** About Us | Shop | Media | Contact | SanaMente | GET HELP NOW

Mental Health | Stories | Get Involved | Events | **Partners** | Blog

### Partners

Ready to join California's Mental Health Movement and make a change in your community? Looking for information for yourself or someone you care about? We've gathered these helpful resources from national and local organizations working to promote mental health.

Are you a mental health professional looking for even more resources? Check out the complete [Each Mind Matters Program and Resource Catalogue](#).





# Phase III FY 18/19

## NAMI California: \$200,000

- Engage local NAMI Affiliates and NAMI on Campus school club
- Continue and increase outreach and dissemination of NAMI and Each Mind Matters programs and resources
- Emphasize the reach and impact of Mental Health 101 educational presentations reaching California's diverse communities with emphasis on Latino communities



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**MENTAL  
HEALTH  
101**

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# Phase III FY 18/19

## Active Minds: \$350,000

- Support and engage California Active Minds Chapters on college campuses
- Engage a network of student mental health leaders and advocates
- Provide outreach and disseminate Each Mind Matters and Active Minds resources and programs





# Phase III FY 18/19

## California Community Colleges: \$400,000

- Support and engage California's Community Colleges students, faculty and staff
- Promote and disseminate California Community College Student Mental Health Program and Each Mind Matters information, tools and resources
- Support the Community Colleges Health Services regional networks

**Student Mental Health Program**  
Training and Technical Assistance for California Community Colleges

EachMind MATTERS  
California's Mental Health Movement

FOUNDATION for CALIFORNIA COMMUNITY COLLEGES

CALIFORNIA COMMUNITY COLLEGES

CalMHSA

MENTAL HEALTH SERVICES OF CALIFORNIA





# Phase III FY 18/19

## Your Social Marketer: \$450,000

- Provide customized resource navigation, technical assistance, and capacity building to:
  - County Behavioral Health Agencies
  - Your community partners
- Support local PEI goals and leverage resources between local and statewide efforts







# Phase III FY 18/19

## Directing Change: \$150,000

- Implement seventh annual Directing Change program reaching youth ages 14-25





# Phase III FY 18/19

## RAND: \$300,000

- Conduct analysis of reach of Each Mind Matters, Know the Signs, and other programs within counties and Statewide PEI Phase III Projects

**On the Road to Mental Health**  
**Highlights from Evaluations of California's Statewide Mental Health Prevention and Early Intervention Initiatives**

Related Topics: [California](#), [Health Care Program Evaluation](#), [Health Interventions](#), [Mental Health and Illness](#), [Suicide](#)

 Citation  Embed  View related products





# Actions for Consideration

Approve contract funding for continued implementation of the Phase III Statewide PEI Project in FY 18/19 with the existing contractors in the amounts stated in the staff report, delegate authority to the Sustainability Taskforce to direct staff on allocation of up to \$2 million in additional funds to the same contractors for similar services if funds become available, and authorize the Executive Director to negotiate and execute contract extensions or amendments to implement the approved funding.



**PROGRAM MATTERS**  
**Agenda Item 6.C**

**SUBJECT: STATE HOSPITAL BED UPDATE**

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**ACTION FOR CONSIDERATION:**

Approval to submit a Letter of Intent to Paso Robles by July 1, 2018.

**BACKGROUND AND STATUS:**

At the April 23, 2012 Strategic Planning Session, staff was asked to work with CBHDA in exploring the JPA acting on behalf of member counties in the negotiations of the annual procurement contract with the state for state hospital beds.

Since 2012, CalMHSA, in collaboration with counties, has negotiated the terms of the MOU for procurement of state hospital beds, which has attributed to significant benefits to all counties procuring beds.

Due to the FY 14/15 & FY 15/16 MOU being finalized late, CalMHSA recommended an Amendment to the MOU be issued that extends the term for an additional three (3) years through June 30, 2019. This extension will only affect the term of the contract, as all other terms remain in effect.

To date, CalMHSA has received executed MOUs from a majority of member counties for FY 2018-19. However, the following counties are still in the process of executing their agreements:

- Fresno
- Inyo
- Kern
- Marin
- Mariposa
- Mendocino
- Mono
- Plumas
- San Joaquin
- Santa Clara
- Sonoma
- Trinity
- Tulare

As a reminder, CalMHSA will need executed MOUs from participating counties prior to the commencement of FY 2018-19 on July 1, 2018 in order for those counties to secure beds pursuant to their purchase commitments.

**Alternative to State Hospital Beds:**

A State Hospital Committee was later formed, of which on December 12, 2013, determined there was a need to seek alternatives to state hospitals. As such, three proposals were submitted with Correct Care Solutions (CCS) having been selected as the lead entity to guide us in this venture.

*Commitment* – In light of, the work being done with CCS for state hospital type services, CalMHSA staff initiated conversations with counties as to the level of financial commitment anticipated in order to secure alternatives to state hospital beds. As part of this discussion, staff has distributed a survey to counties to gauge the potential utilization of sites in both Paso Robles. To date, twenty-

one (21) counties have responded indicating their interest, as well as additional service types/models that counties might like. Counties are encouraged to initiate internal/local discussions related to the need and demand, followed by the level of commitment, and provide any relevant information to CalMHSA to guide the development of the project.

CalMHSA staff and CCS have had two meetings with the City to include two site visits. The City continues its receptiveness and welcoming of CalMHSA's intent for a facility for LPS beds. They are looking at a mixed-use approach serving the Central Coast and Southern Counties. The City has also indicated having received the initial price from the state for the property, however they are currently going through the process of renegotiating that price.

The City desires to take ownership as soon as possible and are fully prepared to acquire the site as their funding is in place.

Given their interest in CalMHSA's project, the City is interested in obtaining some level of commitment from CalMHSA by July 1, 2018 by way of a Letter of Intent (LOI). The City is also prepared to provide any necessary information to the CalMHSA Board to include the City Manager's attendance.

#### **Interested County Members Commitment**

At this time, CalMHSA is acting as the lead agency in working through the timeline attached, with the next step the submission of the LOI. Interested individual county members do not have to provide any formal commit at this time. Commitment will most likely be required between September and November 2018. However, staff believes there should be an initial commitment of funds from the counties to CalMHSA for demonstrating a reality of the LOI and to Correct Care. As such, an initial deposit amount of \$100,000, has been determined and allocated to counties that have expressed interest in using the Paso Robles site. The deposit will be invoiced in order for counties to appropriate funds. All deposits will be kept until and if there is further direction by CalMHSA.

If the proposed LOI is accepted, CalMHSA will begin immediately working with Correct Care, Counsel, and the City on due diligence, negotiations, and agreements. During this period, we will keep interested counties apprised. The key commitment by the interested counties will not necessarily be their annual commitment to procure beds—as that is being done now and may expand due to need. The key difference is the concept of, as a member of CalMHSA, counties will be the contract owner over the operators of an Alternative to State Hospitals, and have full control.

#### **FISCAL IMPACT:**

Deposit of \$100,000.

#### **RECOMMENDATION:**

Approval to submit a Letter of Intent to Paso Robles by July 1, 2018.

#### **TYPE OF VOTE REQUIRED:**

None, information only.



**REFERENCE MATERIAL(S) ATTACHED:**

- Alternatives to State Hospitals Project Update Memo
- WHITE PAPER: State Hospitals LPS Alternative Project
- SURVEY: County Utilization of Alternative Residential Treatment Programs
- Survey Responses & Q/A
- Paso Robles Initial Deposit County Allocations
- Site Map
- Correct Care Solutions' Paso Robles Site Overview
- Cannon Design Overview
- Sample Project Timeline
- Overview of Contractual Relationships
- Sample Standard Services Agreement
- Sample Letter of Intent: Proposal to Lease

## ALTERNATIVES TO STATE HOSPITALS

### PROJECT UPDATE

#### **BACKGROUND**

Since 2015, CalMHSA and the State Hospital Bed Committee have been working with Correct Care Solutions (CCS) and Cannon Design on the development of alternatives to the current state hospital system for delivery of care for Lanterman-Petris-Short patients. During this time, staff has had the opportunity to investigate several locations across the state that have potential for LPS facilities, and in 2016 a viable site was identified in the City of Paso Robles (County of San Luis Obispo).

#### **INITIAL PROJECT PLAN**

The project would adapt the now-defunct El Paso de Robles Youth Correctional Facility located at the former Estrella Army Corps Base, however the facility only occupies a small portion of the 154 acre site. CalMHSA is interested in this site due to its size, coupled with the facts that certain structures can be renovated and that the City of Paso Robles would be the owner. CalMHSA's team has inspected and reviewed the site documents and has prepared an initial Project Plan for potential acquisition. In general, the transaction would include:

1. Issuing a Letter of Intent to the City, to secure the land (approximately 26 acres), with a long-term lease agreement;
2. CalMHSA would enter into a contract with Correct Care Solutions for design, development, and eventual operation of the facility;
3. Participating counties would sign a participation agreement with CalMHSA for procurement of beds, which would include the lease of the land;
4. Participating counties would annually commit to certain bed minimums, as an individual member, and together as a conglomerate;
5. Costs of beds to begin, including land, is unknown at this time, but the intent is to be no more than 10-15% more than current bed costs set by the Department of State Hospitals (please note that current rates have not increased in six years).

The design plan anticipates renovating 68 beds (approximately 3.75 acres) within the existing facility, and CCS has proposed an initial phase of development that would include the creation of six (6) new, twenty-five (25) bed units (approximately 22 acres), for a total of two hundred eighteen (218) beds to start – potentially the acreage could support up to 400 beds. CCS has also allowed for the possibility of future development phases, with additional units of fifty (50) beds each being proposed, in the event that the site can be expanded. Preliminary models provided by Cannon currently identify 85% of each unit as semi-private, with the remaining 15% designated as private spaces.

CalMHSA and CCS have conducted several site visits and meetings with the City of Paso Robles to discuss possible options for the property. Based on these discussions, staff has learned that this project falls in line with the city's vision for the site, and they have indicated an interest in pursuing a mixed use approach that would serve primarily Central Coast and Southern counties, but is also open to utilization by all counties that demonstrate a commitment.

## **COMMITMENT**

At the April CalMHSA Board of Directors Meeting, staff presented a comprehensive update on the status of the project, and upon providing detailed information on the site and Correct Care's draft plan, the Board approved proceeding with the City of Paso Robles in discussion regarding procurement of the site. The city is preparing to take ownership of the property, from the state, by October 2018. As such, the city is interested in obtaining some level of commitment (Letter of Intent) from CalMHSA by July 1, 2018. We have proposed to the City the goal of submitting a conceptual LOI to hold our position for negotiation, with the commitment for final negotiation and submission of a final LOI by November 30, 2018; However, at this time it is unknown if this is acceptable.

## **FISCAL COMMITMENT**

In order to move forward, it's important for counties to understand there is a certain level of commitment that is required in order to successfully implement a project of this magnitude and cost. While it's uncertain what the funding requirements will be (for a deposit on the LOI, development, etc.), planning for this must begin now. No funds will be spent until formal approval by both CalMHSA and individual counties. Since this could occur within the 2018-19 fiscal year, and in order to demonstrate viable interest with a deposit, interested counties should make an initial investment to confirm the seriousness of our desire to procure the site. That investment consists of an initial deposit of \$100,000.00, which will be allocated to interested counties. The allocation will be based on a formula of the total projected number of beds requested by all interested counties, so allocation amounts for individual counties are subject to change dependent upon the total number of counties participating; however CalMHSA has determined that a minimum contribution of \$2,500.00 is required of each county As a deposit, funds will not be used until all necessary approvals are secured.

Counties are encouraged to initiate internal/local discussions related to the need and demand for an LPS facility in this location, followed by the anticipated level of commitment, and provide any relevant information to CalMHSA; this will help guide staff in better determining each county's contribution amount.

Attached please find for your review a packet of information to better understand the status of the project. Staff is happy to answer any questions you may have, and inquiries can be addressed to [Evan.Oliva@calmsha.org](mailto:Evan.Oliva@calmsha.org).

## **CONTENTS**

WHITE PAPER: *State Hospitals LPS Alternative Project*

SURVEY: County Utilization of Alternative Residential Treatment Programs

Survey Responses & Q/A

Paso Robles Initial Deposit County Allocations

Site Map

Correct Care Solutions' Paso Robles Site Overview

Cannon Design Overview

Sample Project Timeline

Overview of Contractual Relationships

Sample Standard Services Agreement

Sample Letter of Intent: *Proposal to Lease*

## EXECUTIVE SUMMARY

The California Mental Health Services Authority (CalMHSA) is an independent administrative and fiscal government agency focused on the efficient delivery of California mental health projects. CalMHSA was established by California counties in July 2009, as a Joint Powers Authority (JPA). CalMHSA's member counties work together (statewide, regionally, or locally) to develop, fund, and implement mental health services, projects, and educational programs; and implement these services at state, regional, and local levels. (See Gov. Code §6500 et seq.)

CalMHSA and its members have produced incredible results since inception. None more than the efforts with one-time statewide funds for Prevention and Early Intervention (PEI), composed of three comprehensive and coordinated initiatives that articulated how the JPA implemented Mental Health Services Act funds to prevent suicides, reduce stigma and discrimination, and improve the mental health of California's students.

CalMHSA was also asked to provide services surrounding the counties use and procurement of patient Lanterman-Petris-Short (LPS) beds from the State of California, including the negotiation of the Memorandum of Understanding (MOU) for such beds. During this process, it became evident that counties would benefit from expanding the pool of providers for these beds.

As a result, CalMHSA was directed to research other possible providers. Upon going through a Request for Interest process, Correct Care Solutions (CCS) was selected as the provider. Since 2014, CalMHSA, in collaboration with its member counties and CCS, has sought to acquire or build a Mental Health Rehabilitation Center (MHRC) facility, for the placement of patients on LPS conservatorship that will serve as an alternative to the services currently provided by California State Hospitals. This collaboration has produced several different potential opportunities and remains hopeful that it will put forth a recommendation as sites are located.

## GOAL

The goal of this project is to increase bed capacity statewide and obtain greater control of care and costs through the acquisition or construction/renovation of a facility that will, at a minimum, provide inpatient services at the same levels of care that currently exist in California State Hospitals or other Institutions for Mental Diseases (IMDs) to persons with mental disorders, in accordance with Welfare and Institutions Code (WIC) Section 4100 et eq..

The project will be developed using either a model of design-build-finance or the renovation of publicly-owned property with a goal to secure placement for patients on LPS conservatorships within 24 months of site identification. The contracted provider, CCS, will serve as developer for the project and arrange for all necessary financing, permitting, architectural design, construction, and licensing requirements. In order to obtain the necessary project financing, counties will be required to enter into contracts with CalMHSA to purchase beds from the newly developed facility.

## **PROPOSED SOLUTION**

### ***Structure, Design and Implementation Goal***

- Bed target – 300
- Location: Paso Robles
- Contract with CCS
- CCS subcontracts with appropriate entities
- Financial Obligations/Structure
  - Contract between CCS and CalMHSA (cancellable)
  - Bed commitments
  - Rates at or below current rates
  - Includes in third party pay reimbursements
- Preferred Location
  - 40+ acre site
    - Modern space planning and design efficiencies
    - Single-story, radial design to ensure safe environment for patients and staff
    - Proximity to electricity, gas, water, and other utilities
  - Larger campuses would provide opportunity to develop a social services campus in collaboration with City, County, and/or private entities
  - State or County-owned property avoids/mitigates zoning issues
  - Compatible adjacencies – undeveloped state-owned land, municipal airport, detention facilities, etc.
  - Existing usable spaces that are not connected to central plant (i.e., maintenance/warehouse, infirmary building, housing, visitation, classrooms, etc.)
  - Locations attractive to professional staff
  - All utilities onsite
  - CEQA compliant
  - Existing properties (200,000+ sf) that can be renovated

## **BENEFITS TO COUNTIES/MEMBERS**

- Greater care and operational responsivity to counties
- Move from no control to total control
- Alleviate census pressure on state-operated facilities
- Anticipated bed rate reduction
- Reduced length of stay – resulting in potential savings
- Create an alternative to DSH for a competitive environment
- Ability to manage third party pay billing and collections
- Managing increased bed need with increased bed availability
- Enhancements of accountability
  - PAMM Tablet Technology
  - Performance Dashboards
  - Video Monitoring

- Key Control System
- Management by Walking Around
- o Increased efficiencies
  - Kronos®
  - Remote Physician Assessments
  - Automated Policy Management
  - Learning Management System (LMS)
  - Online Credentialing Software
  - Electronic Medical Records
  - eCommerce Foodservice Procurement
- o Improvements in quality of care
  - Aftercare Team
  - Recovery Plan Coordinator
  - Employee Assistance Program

### ***Assessment of Potential County Site***

- Benefits to County housing facility
  - o Estimated \$100 - \$150 million capital development
    - Capital development
    - Who pays—participating counties on a tiered use basis
    - How to pay options
      - Up front
      - Amortized
      - Life of project/product
      - Pay as you go—most expensive
  - o Estimated \$50 million annual operations budget
  - o Estimated \$15 - \$20 million increased annual consumer consumption (housing, retail, staples, etc.)
  - o Increased property tax revenue
  - o ~350 construction/trades professionals working for ~18 months
  - o ~400 healthcare professionals as part of ongoing operations
  - o Opportunities for academic partnerships through internships, residency, and other training programs
  - o Relationships to others in the community (e.g., university, dentistry, specialists)

### **CHALLENGES**

#### Locating a Site:

- Existing housing is often not suitable for behavioral health population – may require engineering review to determine feasibility and scope of renovations
- Large campus may require subdividing
- Usable buildings (classroom building, visitation) are sometimes interspersed amongst older buildings

- Older construction often has asbestos and/or lead that makes demolition cost prohibitive
- Many larger campuses are dependent on a central plant, which is labor and cost intensive to maintain and operate
- Surplus real estate may be too far from southern California population centers

Transaction:

- Complexities of transaction
- Numerous participants
- Commitments from members
- Funding structure

Others:

- Community opposition
- Labor force
- Local/state requirements
- Addressing potential concerns
  - Licensed and accredited facility
  - Secure facility with CCTV monitoring, trained security staff, and fenced perimeter
  - Off-site medical appointments accompanied by security staff
  - MOUs established with local hospitals, fire department, law enforcement, etc.
- State response
  - Include in local security
  - Discharge in county – public safety

## ACTIVITIES TO DATE

### **Site Visit History**

- Los Angeles - Lancaster (High Desert Hospital) – February 24, 2016
- Fresno – Fresno Juvenile Detention Center – March –April 2016
- Orange - Norwalk (SCYRCC) – November 15, 2016
- San Bernardino - Chino (Heman G. Stark Facility) – February 28, 2017
- San Luis Obispo - Paso Robles (Estrella Youth Correctional Facility) – March 2, 2017, Second site visit February 21, 2018
- San Joaquin - Stockton Northern CA Women’s Facility – March 3, 2017

## NEXT STEPS

CalMHSA’s highest priority is to seek alternatives and has focused heavily on this mission since 2014. As such, our next steps are as follows:

- Stockton (Northern CA Women’s Facility)- Follow up Site Visit & Webinar for Interested Counties (February – March 2018)
  - NOTE: CalMHSA was informed in March 2018 by the Department of General Services that this site is no longer available.

- Paso Robles – Begin negotiations with City of Paso Robles regarding Letter of Intent (July 1, 2018)
- Paso Robles – City to complete site environmental impact reporting (July - September 2018)
- Paso Robles – Correct Cares Solutions to begin drafting agreements (July - September 2018)
- Paso Robles – CalMHSA to submit draft Letter of Intent to City of Paso Robles (October 1, 2018)
- Paso Robles – Correct Cares Solutions to draft operating agreement (October 1, 2018)
- Paso Robles – CalMHSA to submit FINAL Letter of Intent to City of Paso Robles (November 1, 2018)

## **BACKGROUND/ HISTORY**

### **CalMHSA**

CalMHSA is an independent administrative and fiscal government agency focused on the efficient delivery of California mental health projects. CalMHSA was established by California counties in July 2009, as a JPA. CalMHSA's member counties work together to develop, fund, and implement mental health services, projects, and educational programs; and implement these services at state, regional, and local levels. (See Gov. Code §6500 et seq.)

CalMHSA is governed by a separate Board of Directors composed of representatives of Member Counties and an Executive Committee comprised of officers and Statewide Regional Representatives. CalMHSA operates within the statutes governing JPA entities and complies with the Brown Act open meeting requirements.

California is the most populous state in the United States and third largest state by area, encompassing 163,696 square miles. There are 58 counties and 2 city programs in California, 9 of these 53 counties, one city, and one JPA, are members of CalMHSA.

### **STATE HOSPITALS PROGRAM**

On April 13, 2012 at the CalMHSA Annual Strategic Planning Session, the members directed staff to work in collaboration with the California Behavioral Health Directors Association (CBHDA) in an effort to explore the feasibility of the JPA acting on behalf of member counties (and possibly non-member counties via a contractual agreement) in the development of an annual purchase agreement with the new Department of State Hospitals (DSH) for a statewide utilization of state hospitals beds (as provided under sections 4330 et seq. of WIC). Counties collectively pay between \$90-130 million for the procurement of state hospital beds, and expressed their angst regarding the annual rate increases of 22%, which was imposed by the Department of State Hospitals (DSH) without the ability for counties to negotiate the terms of their contract with the state department.

Since that time, CalMHSA has worked collaboratively with DSH and other state agencies in analyzing issues, such as patient care, wait lists, third-party pay, and compliance with statutes, amongst others. As a result of this work and collaborative efforts, \$20 million in cost savings to counties has been projected since Fiscal Year 2013-14. Contributions for the projected cost savings are as follows:



- Freezing of Rates (*approximately \$6 million cost savings*) – Acknowledging the DSH was unable to provide counties with “actual cost accounting” for each hospital, as required by statute, it was agreed the DSH would freeze the rates until such time they are able to comply with the statute. The estimated cost savings is based on an assumption of the 22% rate increase imposed by DSH each year.
- Blended Rate (*approximately \$2 million cost savings*) - Moved from a three-rate structure (Acute \$646, ICF \$617, SNF \$775), to a two rate (Acute/ICF \$626, SNF \$775 (blended rate)).
- Billing Based on Actual Usage (*approximately \$12 million cost savings*) - Moved from a commitment-based billing to actual use; therefore, counties are no longer paying for beds not used.

### **ALTERNATIVES TO STATE HOSPITALS**

In this process, it was determined that one of the largest issues at state hospitals, was and continues to be, a lack of capacity. Therefore, the State Hospital Committee requested approval by the CalMHSA Board to develop an RFI for the purpose of identifying inpatient alternatives to placing individuals in DSH facilities, which would require a national solicitation of interest.

In September 2014, an RFI was developed and released to elicit responses from interested entities with the experience and capability to provide inpatient services at the same levels of care that currently exist at California State Hospitals or IMDs to persons with mental disorders, in accordance with Welfare & Institutions Code (WIC) Section 4100 et eq.

The selected entity would be required to comply with all applicable federal and state laws, licensing regulations and provide acute/long term inpatient and skilled nursing services, in accordance with generally accepted practices and standards prevailing in the professional community at the time of treatment.

The selected entity would be required to provide core treatment team services that are the core to a patient’s stabilization and recovery. These teams are to provide highly structured treatment for mental rehabilitation and re-socialization in preparation for an open treatment setting or community placement.

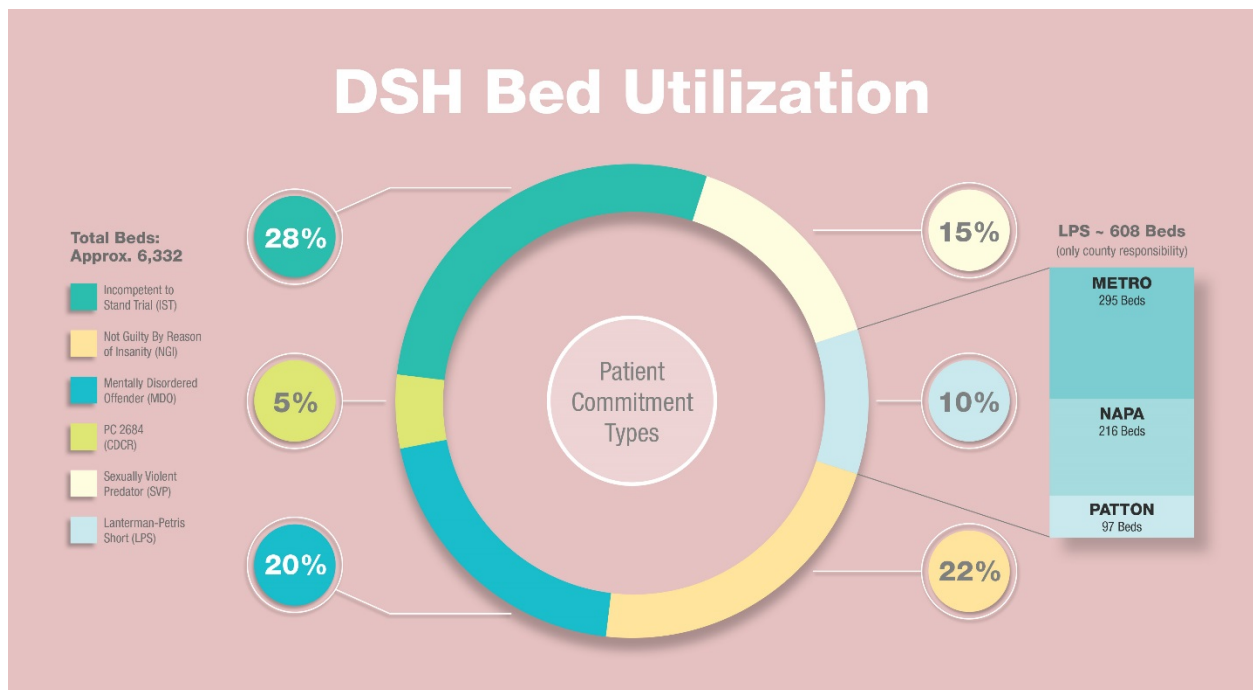
Services would be provided statewide in an effort support the needs of the California’s diverse geographic regions.

As a result of the RFI, there were two proposals and one (1) letter of interest received. The State Hospital Committee held interviews with all three interested entities. The committee was in full agreement that CCS clearly demonstrated to be the most qualified with the experience and expertise required to meet the needs of California Counties. CCS is based out of Nashville, TN and has more than 17 years of experience operating psychiatric facilities in multiple states, including experience with civil, forensic, sex offender, youth, adult, and geriatric populations. CCS specializes in treating high-risk and vulnerable populations, with additional experience delivering behavioral healthcare and other secure treatment services to government agencies.

CalMHSA has entered into an MOU with CCS for the purpose of collaborative efforts in the initial phase of research and development of alternatives to state hospitals. Since this time, CCS has availed itself for site visits to potential sites, presentations to the CalMHSA Board, Committee, and county specific meetings throughout the state.

### Overview of Current DSH Operations

- Approximately **6,300** beds at five DSH-operated facilities (excludes ~1,000 beds at three CDCR facilities)
- Remaining 10% of state-operated beds serve LPS population at three locations:
  - Metropolitan State Hospital
  - Napa State Hospital
  - Patton State Hospital
- ~90% of state-operated beds are utilized by justice-involved patients, *which are not the responsibility of the county*:
  - Incompetent to stand trial (IST): **28%**
  - Not guilty by reason of insanity (NGI): **22%**
  - Mentally disordered offenders (MDO): **20%**
  - Referrals from California Department of Corrections and Rehabilitation (CDCR): **5%**
  - Sexually violent predators (SVP): **15%**
- **910** additional IST patients awaiting hospital bed (Feb. 2018)
- Other step-down services at these facilities
  - Step-down co-located



**COUNTY UTILIZATION OF ALTERNATIVE RESIDENTIAL TREATMENT PROGRAMS SURVEY**

Since August 2015, CalMHSA and the State Hospital Bed Committee have been working with Correct Care Solutions (CCS) on alternatives to State Hospitals. During this time, CalMHSA staff and CCS have conducted two site visits, one in San Luis Obispo County to assess a potential site within the city of Paso Robles, and one in San Joaquin County to assess a site in the city of Stockton. CalMHSA met with representatives from the City of Paso Robles, on February 21, 2018 to discuss project feasibility and development. As a result of this meeting and the initial site visit of the Stockton facility, CalMHSA would like to gather additional information from counties regarding potential utilization of the proposed facilities.

**City of Paso Robles Site**

**1. Would your county be interested in utilizing a facility in this location for LPS beds?**

\_\_\_\_\_ YES

\_\_\_\_\_ NO

**2. If so, how many?** \_\_\_\_\_

**3. Would you be interested in this facility providing services to individuals, in addition to LPS patients?**

\_\_\_\_\_ YES

\_\_\_\_\_ NO

**Please indicate ALL desired patient/service types:**

- \_\_\_\_\_ Enriched Residential Programs
- \_\_\_\_\_ Intensive Outpatient Programs (IOPs)
- \_\_\_\_\_ Mental Health Recovery Centers (MHRCs)
- \_\_\_\_\_ Special Treatment Programs & Skilled Nursing Facilities (SNFs)
- \_\_\_\_\_ Institute for Mental Diseases (IMD)

- \_\_\_\_\_ Other: \_\_\_\_\_
- \_\_\_\_\_ Other: \_\_\_\_\_
- \_\_\_\_\_ Other: \_\_\_\_\_
- \_\_\_\_\_ Other: \_\_\_\_\_

4. Please indicate the number of potential beds for the additional services selected in Question 3:

5. Other comments/feedback:

**City of Stockton Site**

1. Would your county be interested in utilizing a facility in this location for LPS beds?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

2. If so, how many? \_\_\_\_\_

3. Would you be interested in this facility providing services to individuals, in addition to LPS patients?

\_\_\_\_\_ YES

\_\_\_\_\_ NO

**Please indicate ALL desired patient/service types:**

\_\_\_\_\_ Enriched Residential Programs

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ Intensive Outpatient Programs (IOPs)

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ Mental Health Recovery Centers (MHRCs)

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ Special Treatment Programs &  
Skilled Nursing Facilities (SNFs)

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ Institute for Mental Diseases (IMD)

**4. Please indicate the number of potential beds for the additional services selected in Question 3:**

**5. Other comments/feedback:**

COUNTY
Alameda
Alpine
Contra Costa
Kern
Kings
Los Angeles
Madera
Mariposa
Merced
Monterey
Napa
Placer
Riverside
San Diego
San Mateo
Santa Barbara
Shasta
Stanislaus
Tuolumne
Ventura
Yolo

PASO FACILITY				
Interest in LPS Beds?	QTY.	Add'l Services?	Bed Types	QTY.
Yes	10	Yes	ERP, STP/SNF	5 (ERP) 5 (SNF)
No	-	No	-	-
Yes	20	Yes	Psych. Res., MHRC, STP/SNF, IST, NGRI	10
Yes	2	No	-	-
Yes	5	Yes	STP/SNF, IMD	Unknown
Yes	200	Yes	MHRC	140
Yes	2-3	No	-	-
Yes	2-3	Yes	MHRC, STP/SNF, IMD	2-3
Yes	2-3	No	-	-
Yes	4-8	Yes	ERP, MHRC, STP/SNF, IMD	2-4
No	-	No	-	-
No	-	No	-	-
Yes	45	Yes	STP/SNF, IMD, IST, NGI, MDO	10
Yes	10	Yes	STP/SNF, IMD, IST, NGI, MDO, Other	10
No	-	No	-	-
Yes	3	Yes	MHRC, STP/SNF, IMD	10-20
Yes	Unknown	No	-	-
Yes	10	Yes	ERP, IOP, MHRC, STP/SNF, IMD, Other	10-20
No	-	No	-	-
Yes	1-2	Yes	STP/SNF, Other	Unknown
No	-	-	-	-

STOCKTON FACILITY				
Interest in LPS Beds?	QTY.	Add'l Services?	Bed Types	QTY.
Yes	10	Yes	ERP, STP/SNF	5 (ERP) 5 (SNF)
Yes	Unknown	Yes	ERP, STP/SNF, IMD	Unknown
No	-	No	-	-
Yes	2	No	-	-
Yes	2-3	Yes	STP/SNF, IMD	2-3
No	-	No	-	-
Yes	2-3	No	-	-
Yes	2-3	Yes	MHRC, STP/SNF, IMD	2-3
Yes	3-4	No	-	-
Yes	Unknown	Yes	ERP, MHRC, STP/SNF, IMD	Unknown
Yes	3-4	No	-	-
Yes	1-2	Yes	MHRC, STP/SNF, IMD	Unknown
Yes	10	Yes	STP/SNF, IMD, IST, NGI, MDO	5
No	-	No	-	-
Yes	8	Yes	MHRC, STP/SNF	5
No	-	Yes	MHRC, STP/SNF, IMD	2
Yes	Unknown	Yes	MHRC, STP/SNF, IMD	Unknown
Yes	20	Yes	ERP, IOP, MHRC, STP/SNF, IMD, Other	10-20
Yes	1-5	Yes	ERP, IOP, MHRC, STP/SNF, IMD, Other	Unknown
No	-	No	-	-
Yes	3	Yes	MHRC, STP/SNF, IMD	3

## **ADDITIONAL COMMENTS:**

### **Kern:**

We would be interested in Stockton site only if Paso Robles site is not developed.

### **Kings:**

We are a small county with small numbers, but we do have a need. Having space for LPS closer to our county would allow for better care coordination. While we are looking for LPS beds, we'd be interested in some additional local options. In addition to LPS beds, having approx. five beds locally for use of SNF or IMD would enhance care.

Our numbers are lower than other counties, and we also seek to try and keep participants closer to home to allow for more effective care coordination and possible transition and step-down.

### **Madera:**

Usage would depend greatly on costs of services, but we have a significant need.

### **Monterey:**

We would be interested in 2-4 MHRC, SNF, or IMD beds depending on the licensing, costs, and services provided. We would be especially interested in approx. 4-6 Enhanced Residential beds, also depending on services provided and costs.

We are very interested in working assertively with clients in a strength-based manner to stabilize and reintegrate into the community as soon as possible. So we would want to see programs that are oriented towards teaching skills and providing step-down activities reconnecting to the community resources whenever possible. This is especially the case for the Enhanced Residential Care Facilities. Would there be a community resource that clients could access in preparation for returning to the community? Also, would your facility have access to local medical and psychiatric facilities in the eventuality that there is any imminent medical or psychiatric emergencies?

### **Napa:**

Paso Robles site is challenging due to the distance from Napa County.

For Stockton, 3-4 beds would be beneficial for 2018-19. In the future, we may need to look at other opportunities for non-LPS individuals to receive additional services such as enhanced board and care services.

### **Placer:**

This Paso Robles location is a 5-hour drive from our county; it would not be the preferred location. Currently the waitlists for a bed in a MHRC, IMD, or STP/SNF are extremely long. Clients end up waiting months in an acute care facility while waiting for bed. These long waits delay their access to the psychological rehabilitation that will help them regain access to living in the community.

Our last conservatee (Murphy's) that we placed in DSH waiting nine months for a bed at Napa. His behavior was aggressive that he had to be moved to the jail for a majority of his wait.



**San Mateo:**

We would need to understand how services are coordinated with our county programs for discharge planning and returning to their local county with appropriate supports. Also, need to hear how these facilities will work with conservators and family members who may live far away, e.g. will there be telehealth capability?

**Santa Barbara:**

For Paso Robles, a total of 10-12 patients: 4 in skilled nursing, and the other 608 in MHRC or IMD placement. For Stockton, most likely need 2 beds in the STP/SNF setting and 3 in MHRC/IMD setting. Paso Robles location is preferable since it's closer, but we would also consider Stockton facility.

**Shasta:**

Always interested in having a facility that could accept clients that no one else will take. It is unclear what the county's needs would be at any given time, as the IMD placements fluctuate; additionally, there is a plan to create a 16-bed facility here in the county.

**Stanislaus:**

Need beds for sub-acute (between acute and IMD) not meeting medical necessity and waiting for IMD placement.

**Tuolumne:**

Although we are a small county, placements of clients on LPS conservatorship is a major issue due to lack of bed availability, special populations on LPS, and increased costs of placements. We need all the alternatives mentioned to reduce the frequency of clients placed at the highest levels of care:

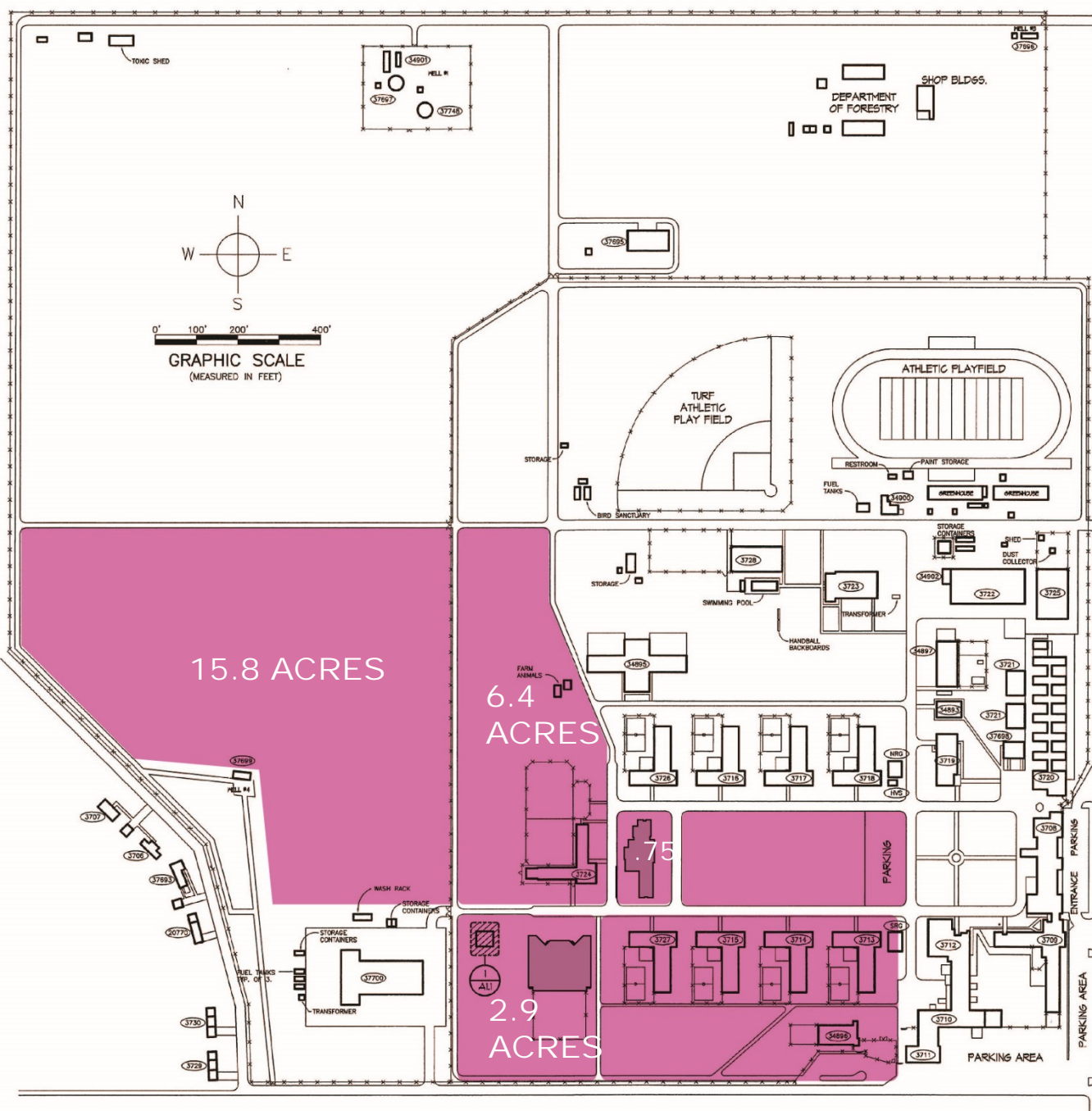
1. Please provide more details on your target population, potential rates, and exclusion from admission. Are you seeking to focus on alternatives to State Hospital civil commitments? Are you seeking to divert people prior to admission to State Hospital who are an IST with felony charges or civil?
2. Recently on a state call, several county directors/ reps indicated that misdemeanor IST is an increasing problem. Would you consider misdemeanor IST?
3. Would all units within the facility be locked or an IOP would have people return home each night?
4. Fiscal rates are a concern for civil commitments. If the daily bed costs is less than State Hospital beds, then this would be a welcome alternative facility.
5. Location: the Stockton location is also ideal moving people closer to their region the same way that the IMDs were designed to do.
6. The survey mentions MHRC/IMD services, and there is a great need for more beds. Currently, problem clients are turned away because MHRC/IMDs are full and can be elective in admission.
7. SNF services for LPS clients is greatly needed, because SNFS don't take people on LPS with mental health symptoms, complex presentation, or any violent history.

**Ventura:**

Distance to Paso Robles (approx. 2.5 hour drive time) would be something of an issue for the county. Closer proximity would increase the utility of this facility.

County	Tentative Bed Count (Survey Responses)	Percentage (of <i>Total Beds</i> )	Actual Beds (of 218)	Deposit Amount* (based on Actual Beds)
Alameda	10	2.770083%	6.04	\$2,770.08
Contra Costa	20	5.540166%	12.08	\$5,540.17
Kern	2	0.554017%	1.21	\$2,500.00
Kings	5	1.385042%	3.02	\$2,500.00
Los Angeles	200	55.401662%	120.78	\$39,265.92
Madera	3	0.831025%	1.81	\$2,500.00
Mariposa	3	0.831025%	1.81	\$2,500.00
Merced	3	0.831025%	1.81	\$2,500.00
Monterey	8	2.216066%	4.83	\$2,500.00
Orange	24	6.648199%	14.49	\$6,648.20
Riverside	45	12.465374%	27.17	\$12,465.37
San Diego	10	2.770083%	6.04	\$2,770.08
San Luis Obispo	1	0.277008%	0.60	\$2,500.00
San Mateo	3	0.831025%	1.81	\$2,500.00
Santa Barbara	2	0.554017%	1.21	\$2,500.00
Shasta	10	2.770083%	6.04	\$2,770.08
Stanislaus	10	2.770083%	6.04	\$2,770.08
Ventura	2	0.554017%	1.21	\$2,500.00
<b>Total</b>	<b>361</b>	<b>100.00000000%</b>	<b>218</b>	<b>\$100,000.00</b>

**\*NOTE:** Allocation amounts for individual counties are subject to change dependent upon the total number of counties participating, however CalMHSA has determined that a **minimum contribution of \$2,500.00** is required of each county.



BUILDING LEGEND	
DSA# (MARK)	USE OR NAME
3706	STAFF RESIDENCE
3707	STAFF RESIDENCE
3708	ADMINISTRATION BUILDING
3709	ADMISSIONS & NACIEMENTO COTTAGE
3710	COMMISSARY/LAUNDRY
3711	BOILER PLANT
3712	KITCHEN/BAKERY COMPLEX
3713	AVENAL COTTAGE
3714	LOS OSOS-WEST COTTAGE
3715	CAYUCOS COTTAGE
3716	LOS OSOS-EAST COTTAGE
3717	NIPOMO COTTAGE
3718	MORRO COTTAGE
3719	AUDITORIUM
3720	ACADEMIC SCHOOL
3721	SCHOOL MODULAR BUILDINGS (2)
3722	VOCATIONAL SHOPS
3723	GYMNASIUM (OLD)
3724	CAMBRIA COTTAGE
3725	LIBRARY & VOCATIONAL SCHOOL
3726	CHALOME COTTAGE
3727	SAN SIMEON COTTAGE
3728	GYMNASIUM
3729	STAFF RESIDENCE
3730	STAFF RESIDENCE
20770	STAFF RESIDENCE
34893	CANTEEN BUILDING
34894	LIVING/EDUCATION UNIT (ARROYO/PISMO)
34895	CDF BARRACKS/100-MAN (LOS ROBLES)
34896	VISITOR'S BUILDING
34897	NEW EDUCATION BLDG.
34900	ELECT. SUBSTATION
34901	BOOSTER PUMP PLANT
34902	COV. AUTO HOIST
37693	SUPT'S RESIDENCE
37695	MAINTENANCE WAREHOUSE
37696	WELL #3
37697	WELL #1
37698	SCHOOL CONTROL CENTER
37699	WELL #4
37700	MAINTENANCE BUILDING
(SRG)	SOUTH ROW GEN. HOUSE
(NRG)	NORTH ROW GEN. HOUSE
(HVS)	HIGH VOLTAGE SWITCH & TRANSFORMER

AIRPORT ROAD



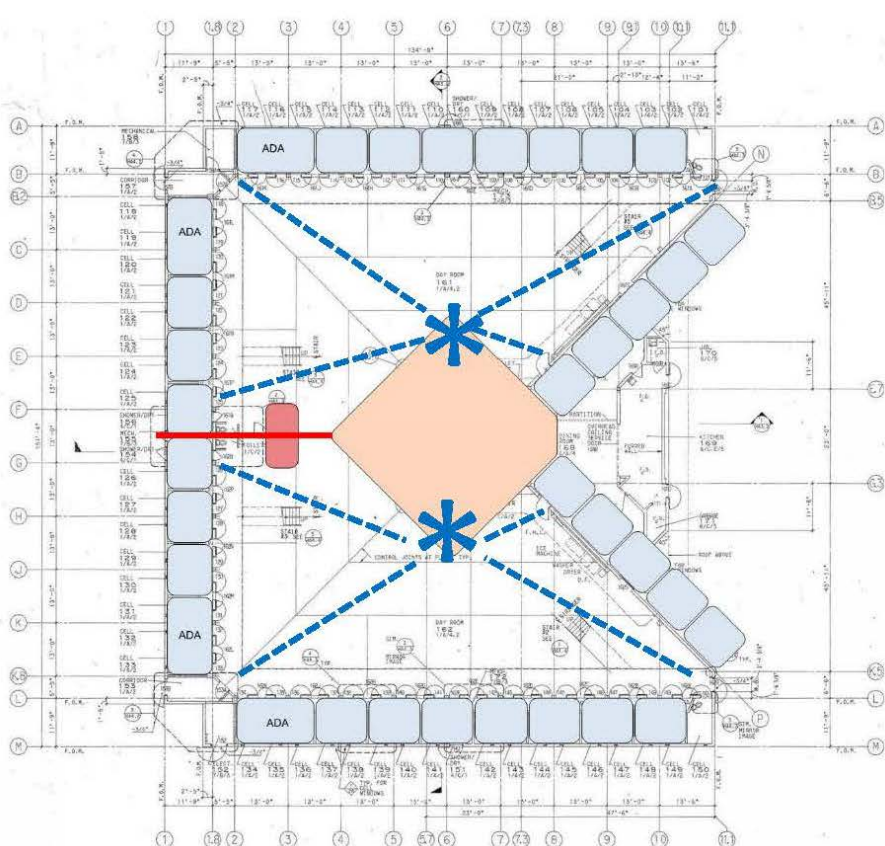
## SITE OVERVIEW Paso Robles

# Project Background

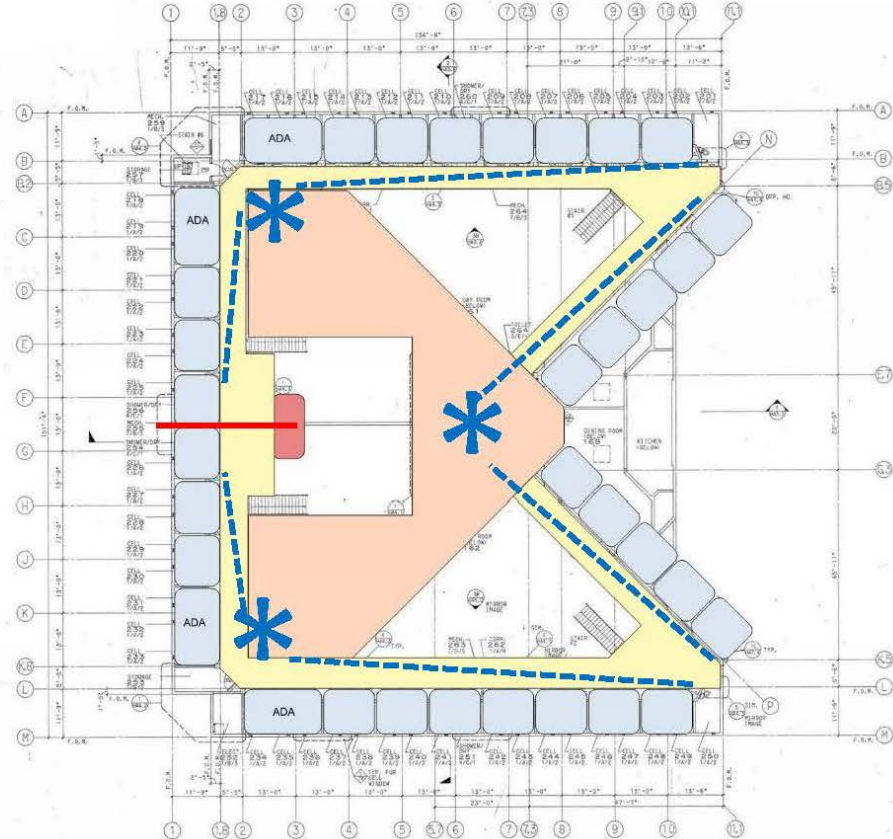
- ▲ Forensic patients at state hospitals account for ~95% of all patients
- ▲ Civil patients served at Metropolitan and Napa State Hospital exhibit high levels of aggression and violence, which has prevented placement with current network of LPS providers
- ▲ Cost at state-operated hospitals exceeds \$225k per bed per year
- ▲ Many patients have criminal courts involvement, with a significant portion initially committed as incompetent to stand trial or other penal code commitment orders
- ▲ These factors have resulted in a lack of placement options, and growing expenditures for placements at Metropolitan and Napa State Hospital, which now exceeds \$55,000,000 annually



# Pismo/Arroyo - Sample Design



Level One – 34 Rooms

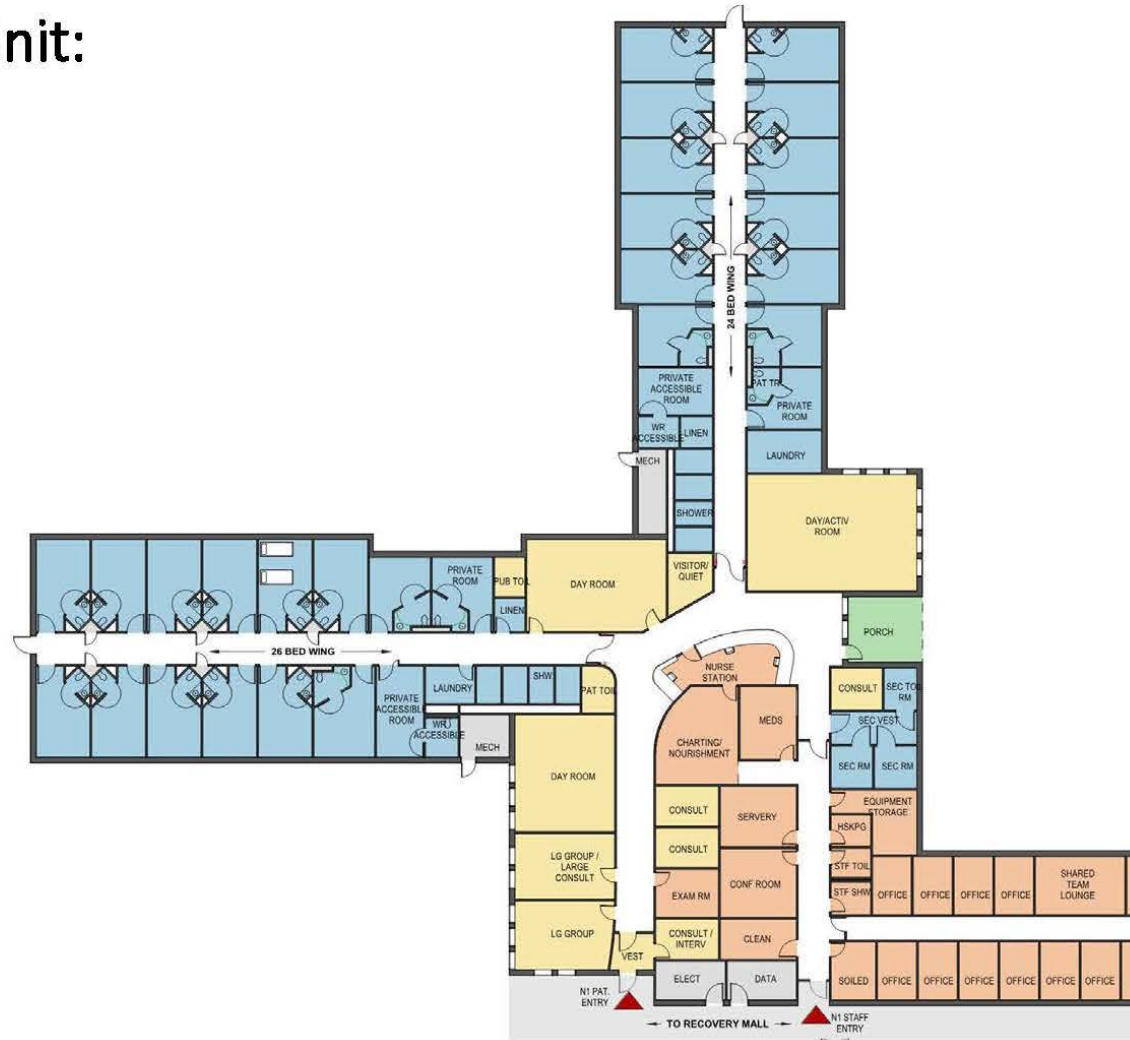


Level Two – 34 Rooms

# New Units - Sample Design

## Sample 50 Bed Unit:

- 85% SEMI-PRIVATE
- 15% PRIVATE





# New Hospital - Alternative Design

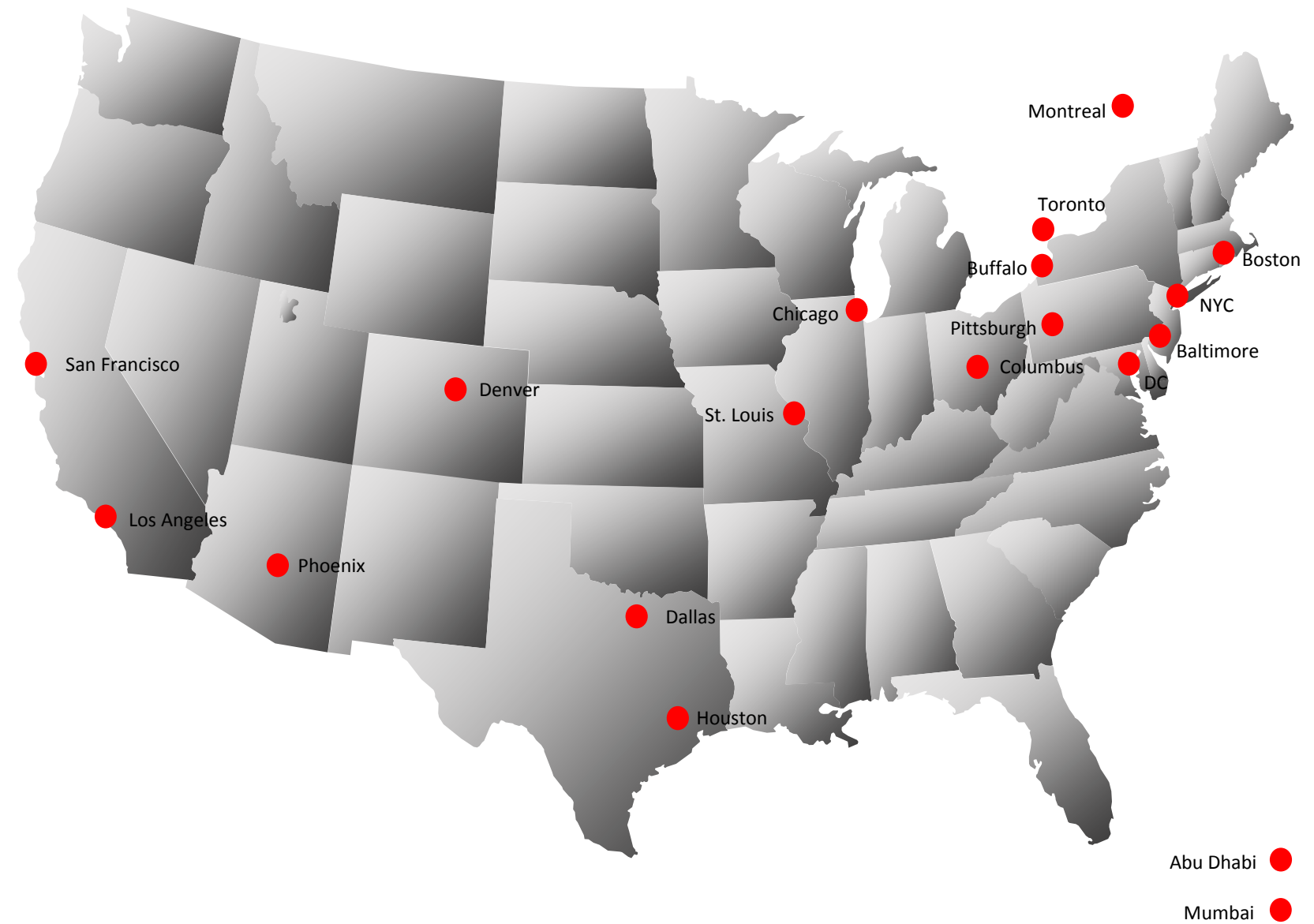


- ▲ Radial design with central support area
- ▲ Designed to provide efficient delivery of service
- ▲ Features consistent with best practices in inpatient service delivery
- ▲ Secure perimeter, cameras, and other safety features

**CANNONDESIGN**

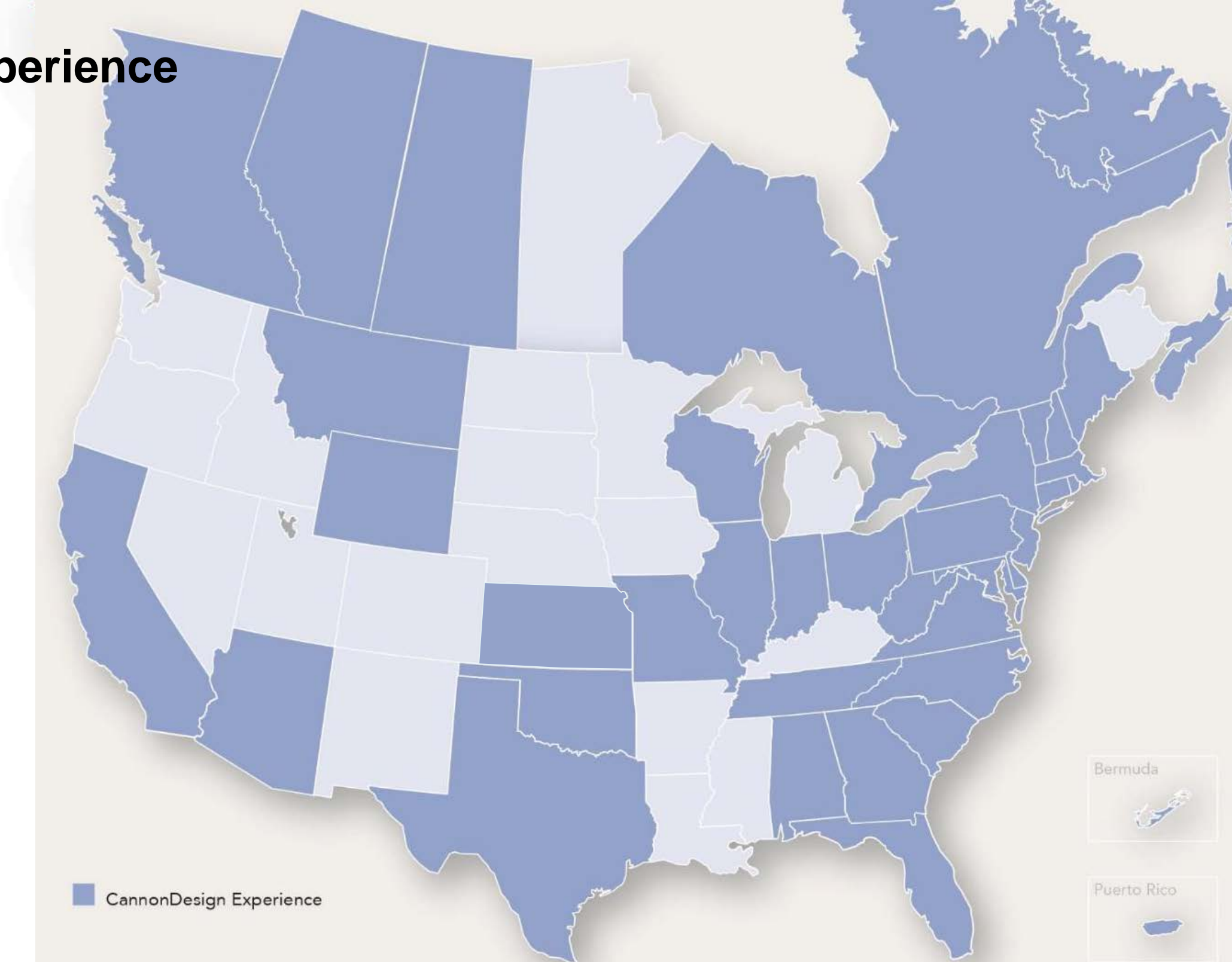
# overview

- Founded over 100 yrs ago
- 3rd Largest Practice in Volume in the World
- Over 900 professionals in 19 Offices and growing



# Behavioral Healthcare Experience

- Over 30 States & 6 Canadian Provinces
- Dedicated Mental Health Planning & Design Team – from programming to detail design
- Mental Health Facility based Research
- Planning & Design Excellence
- Experience with Behavioral Healthcare Projects



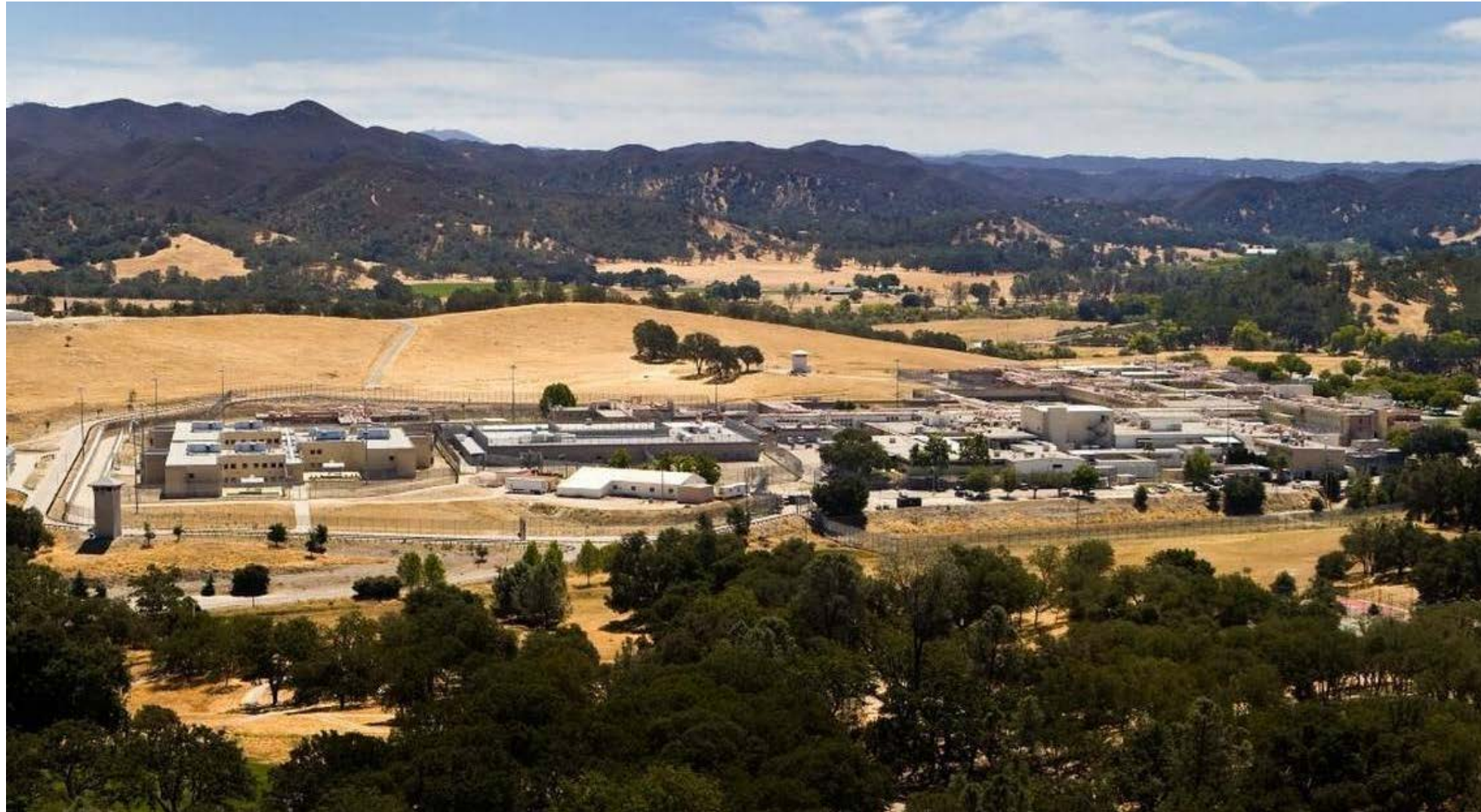


# Cordilleras Mental Health Center Replacement Project

San Mateo County – CA

- 137 Beds
- 105,000 SF

Transforming Cordilleras into a new center for consumer wellness, rehabilitation and recovery; as well as mitigating environmental concerns and achieving net zero



# Atascadero State Hospital

Atascadero, CA

Cannon Design was commissioned to design a single-story, 45,000 gsf building within a secured environment.

The project includes:

- a new multipurpose building
- academic education space
- vocational education space
- patient and employee libraries
- office areas
- storage areas
- forensics

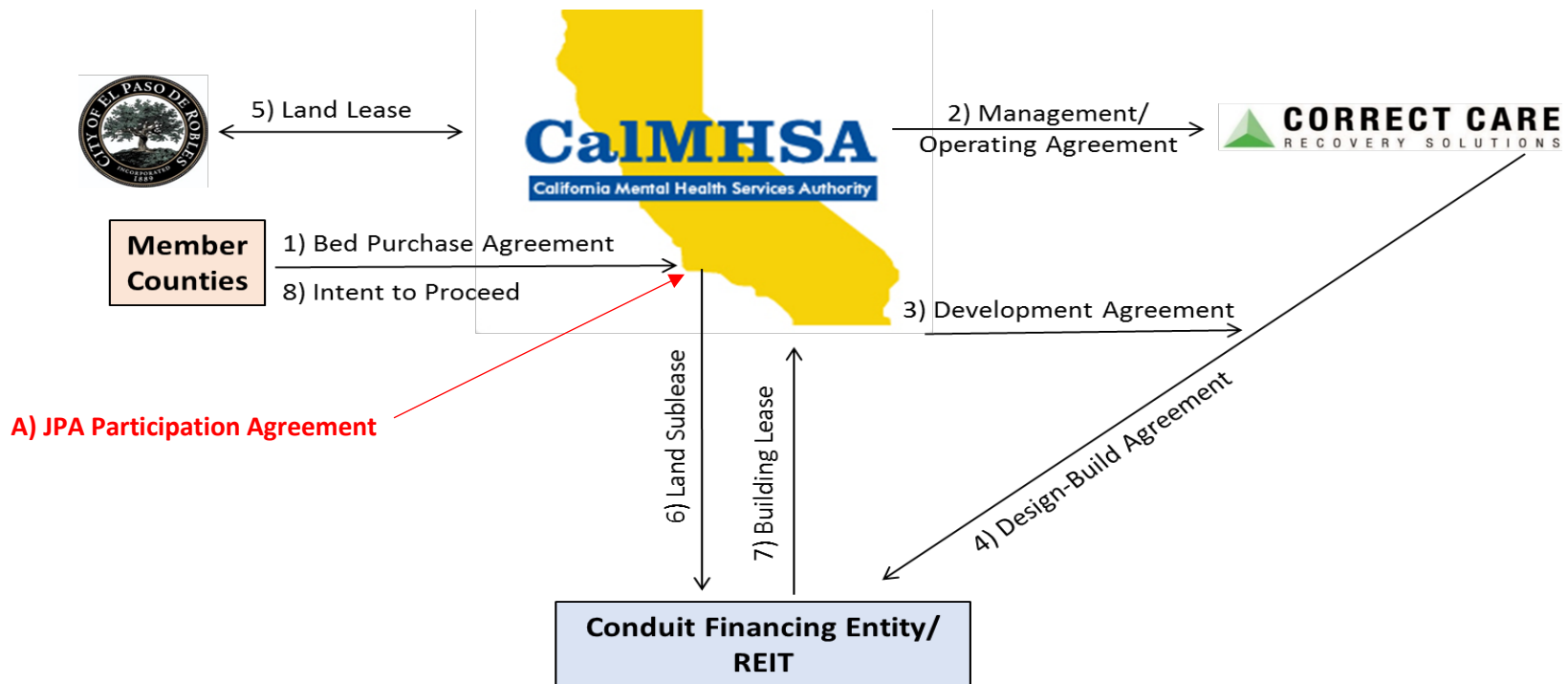
The project includes design of all exterior and interior portions of the building, space planning and interior design, and telecommunications and data, as well as security design.

## Sample Timeline

<i>Due Date</i>	<i>Activity</i>	<i>Responsible Party</i>
April 11	CalMHSA Board Meeting 1. Draft Timeline 2. Draft Contractual Doc(s) 3. Draft Letter of Interest (LOI)	CalMHSA
May 1 – June 1	Counties review and gain approvals for LOI	Counties
June 13	CalMHSA Board Meeting	CalMHSA
July 1	LOI submission (negotiation)	CalMHSA
Jul 1 – Oct 1	Site environmental completed	City of Paso Robles
Jul 1 – Oct 1	Begin Drafting of Agreements	Correct Care
Oct 1	Draft LOI submission to City of Paso Robles	CalMHSA – City of Paso Robles
Oct 1	Draft Operating Agreement	Correct Care
Sept. & Nov.	CalMHSA Board Meetings	CalMHSA
Nov 30	Submit Final LOI	CalMHSA – City of Paso Robles

## Overview of Contractual Relationships

	Contract/MOU	Parties	Description	Duration
<b>A</b>	<b>County Participation Agreement with CalMHSA</b>	<b>Counties-CalMHSA</b>	<b>Counties agree to join the JPA</b>	<b>Perpetual</b>
1	Bed Purchase Agreement	Counties-CalMHSA	Counties purchase beds at capitated per diem rate per available (/occupied) bed.	Annually
2	Management/Operating Agreement	CalMHSA-Correct Care	CalMHSA contracts with Correct Care to manage and operate hospital at a capitated per diem rate per available bed.	5-year base with 3x5-year renewals
3	Development Agreement	CalMHSA-Correct Care	CalMHSA contracts with Correct Care to develop facility.	~3 years
4	Design-Build Agreement	Correct Care-Owner	Correct Care contracts with Owner (TBD) to finance and construct new facility.	~3 years
5	Land Lease (Letter of Intent)	City of Paso Robles-CalMHSA	City of Paso Robles leases land to CalMHSA at a nominal annual rate.	20-40 years
6	Land Sublease	CalMHSA-Owner	CalMHSA subleases land to owner.	20-40 years
7	Building Lease	Owner-CalMHSA	CalMHSA makes annual lease payments to owner.	20-40 years
8	Intent to Proceed	Counties-CalMHSA	Counties commit to funding necessary to proceed with development of new facility.	TBD





**STANDARD SERVICES AGREEMENT  
FOR PROCUREMENT OF BEDS  
COVER SHEET**

This Agreement is a contract by and between the California Mental Health Services Authority ("CalMHSA") and \_\_\_\_\_ ("County") to provide services to persons with mental disorders, in accordance with Welfare and Institutions Code Section 4100 et seq.

- Exhibit A Recitals
- Exhibit B Scope of Services
  - County Referred Patient(s)
  - Description of Provided Hospital Services (Levels of Care)
  - Admission and Discharge Procedures
  - Bed Types, Usage and Availability
- Exhibit C Reporting
- Exhibit D Bed Commitment and Payment Provisions
- Exhibit E Records and HIPAA
- Exhibit F General Terms and Conditions
- Exhibit G Special Terms and Conditions (optional)

1. The term of the Program is through . \_\_\_\_\_

2. Authorized Signatures:

**CalMHSA**

Signed: Name (Printed): \_\_\_\_\_

Title: Date: \_\_\_\_\_

**Participant**

Signed: Name (Printed): \_\_\_\_\_

Title: Date: \_\_\_\_\_

## EXHIBIT A – RECITALS

### I. Recitals

Government Code section 6500 et seq. allows California public entities to form separate entities to exercise powers held by its members. California Counties have under the authority of the Government Code formed the California Mental Health Services Authority (CalMHSA). CalMHSA is authorized by its Joint Exercise of Powers Act to jointly develop, and fund mental health services under, among other things, Division 5 of the California Welfare and Institutions Code, including the provision of necessary administrative services.

Sections 4330 through 4335 of the Welfare and Institutions Code provide for Counties, including Counties acting jointly, to contract with the State Department of State Hospitals for use of State Hospital facilities for their civil commitments under Division 5 of the California Welfare and Institutions Code. CalMHSA has negotiated with the State Department of State Hospitals for such services.

Members of CalMHSA asked CalMHSA to jointly negotiate and contract for related, alternative, or replacement services. CalMHSA researched possible providers and conducted a Request for Interest process, selecting Correct Care Solutions (CCS) as the provider. Since 2014, CalMHSA, in collaboration with its member counties and CCS, has sought to acquire or build a Mental Health Rehabilitation Center (MHRC) facility, for the placement of patients on LPS conservatorship that will serve as an alternative to the services currently provided by California State Hospitals.

CalMHSA's goal is to increase bed capacity statewide and obtain greater control of care and costs through the acquisition or construction/renovation of a facility that will, at a minimum, provide inpatient services at the same levels of care that currently exist in California State Hospitals or other Institutions for Mental Diseases (IMDs) to persons with mental disorders, in accordance with Welfare and Institutions Code (WIC) Section 4100 et seq.

The project will be developed using either design-build-finance or the renovation of publicly-owned property with a goal to secure placement for patients on LPS conservatorships within 24 months of site identification. Contracted provider CCS will serve as developer for the project and arrange for all necessary financing, permitting, architectural design, construction, and licensing requirements.

In order to obtain the necessary project financing, counties will be required to enter into contracts with CalMHSA to purchase beds from the newly developed facility, referred to hereafter as "Hospital." CalMHSA will contract with CCS for management and operation of Hospital to provide the services described in this Agreement.

## **EXHIBIT B – SCOPE OF SERVICES**

### **I. COUNTY REFERRED PATIENT(S)**

A. County shall screen, determine the appropriateness of, and authorize all referrals for admission of Patients to the Hospital. The County shall, at the time of admission, provide admission authorization and identify the bed type to which a Patient is being referred, and identify the estimated length of stay for each Patient. However, the Hospital's Medical Director or designee shall make the determination of the appropriateness of a Patient for admission to the Hospital and assign the Patient to the appropriate level of care and treatment unit.

B. If Hospital Medical Director or designee's assessment determines the Patient shall not be admitted to the Hospital, Hospital will notify the County for review and consideration of placement within an alternative appropriate facility.

C. The County shall name a point-of-contact and provide assistance to the Hospital treatment staff in the screening of Patients to initiate, develop and finalize discharge planning and necessary follow-up services for the Patients. Either party may initiate this process by contacting the other party.

### **II. DESCRIPTION OF PROVIDED HOSPITAL SERVICES (LEVELS OF CARE)**

Acute Psychiatric Hospital (APH): Acute psychiatric hospital means a hospital having a duly constituted governing body with overall administrative and professional responsibility and an organized medical staff which provides 24-hour inpatient care for mentally disordered, incompetent or other Patients referred to in Division 5 (commencing with section 5000) or Division 6 (commencing with section 6000) of the Welfare and Institutions Code, including the following basic services: medical, nursing, rehabilitative, pharmacy and dietary services. An acute psychiatric hospital shall not include separate buildings which are used exclusively to house personnel or provide activities not related to hospital patients.

Intermediate Care Facility (ICF): Intermediate care facility is a health facility, or a distinct part of a hospital or skilled nursing facility which provides inpatient care to patients who have need for skilled nursing supervision and need supportive care, but do not require continuous nursing care.

Skilled Nursing Facility (SNF): Skilled nursing facility is a health facility or a distinct part of a hospital which provides continuous skilled nursing care and supportive care to patients whose primary need is for availability of skilled nursing care on an extended basis. A skilled nursing facility provides 24-hours inpatient care and, as a minimum, includes physician, skilled nursing, dietary, pharmaceutical services and an activity program.

As the Hospital's bed capacity permits, Hospital shall provide inpatient psychiatric health care and treatment, including outside medical health care and treatment, ancillary care and treatment, and/or support services, to those Patients referred by the County for LPS services, including those admitted pursuant to Penal Code Section 1370.01 and Welfare and Institutions Code Section 5008, subdivision

(h)(1)(B) (Murphy Conservatorships). A summary of services provided to LPS Patients and the definition of care is detailed in Exhibit \_\_\_.

Hospital staff shall be culturally-competent (including sign-language) to meet the needs of Patients treated pursuant to this Agreement

### **III. ADMISSIONS AND DISCHARGE PROCEDURES**

A. Hospital admissions, intra-hospital transfers, referrals to outside medical care, and discharges shall be in accordance with the admission and discharge criteria established by Hospital, statute, and/or court order. A complete admission package must be submitted with each referral, including all assessments available.

B. All denials of admission shall be in writing with an explanation for the denial. Any denial of admission shall be based on the lack of the Patient's admission criteria, the Hospital's lack of bed capacity, or an inability to provide appropriate treatment based on patient-specific treatment needs. A denial of admission may be appealed as provided in the next paragraph.

C. Appeal Process for Admissions. When agreement cannot be reached between the County staff and the Hospital admitting staff regarding whether a Patient meets or does not meet the admission criteria for the bed(s) available, the following appeal process shall be followed; the case may be referred to the Hospital Medical Director and the County Medical Director, or designee, within two (2) working days. Such appeals may be made by telephone, and shall be followed up in writing; email being an acceptable option. If the Hospital Medical Director and the County Medical Director, or designee, are unable to achieve agreement, the case may be referred to the Hospital Executive Director and the County Mental Health Director, or designee, within two (2) working days. If the Hospital Executive Director and the County Mental Health Director, or designee, are unable to achieve agreement, the case may be referred to the \_\_\_\_\_ within two (2) working days. The \_\_\_\_\_ shall discuss the case with the Hospital Medical Director, or designee, and Executive Director and shall obtain additional consultation from the County Mental Health Director, or designee. The \_\_\_\_\_ shall render a final decision within two (2) working days after receiving the documented basis on which the appeal is based. Appeal resolution for cases involving complex factors may exceed the timelines referenced above.

D. Discharge planning shall begin at admission. The Hospital shall discharge a Patient at the County's request, or in accordance with the approved discharge plan except: (1) if at the time the discharge is to occur, the Hospital's Medical Director, or designee, determines that the Patient's condition and the circumstances of the discharge would pose an imminent danger to the safety of the Patient or others; or, (2) when a duly appointed conservator refuses to approve the Patient's discharge or placement. A denial of discharge may be appealed as provided the next paragraph.

E. Appeals of Discharges. When the Hospital Medical Director determines that a discharge cannot occur in accordance with the approved plan or upon the request of the County, the Hospital Medical Director will contact the County Medical Director, or designee, immediately to review the case and shall

make every effort to resolve the issues preventing the discharge. If this process does not result in agreement, the case may be referred to the Hospital Executive Director and the County Mental Health Director, or designee, by either the Hospital Medical Director, or designee, or the County Medical Director, or designee, within two (2) working days of the Hospital's denial. Such appeals may be made by telephone and shall be followed up in writing; email being an acceptable option. If the Hospital Executive Director and the County Mental Health Director, or designee, are unable to achieve agreement, the case may be referred to \_\_\_\_\_ within two (2) working days. The \_\_\_\_\_ shall discuss the case with the Hospital Medical Director and Executive Director and shall obtain additional consultation from the County Mental Health Director, or designee. The \_\_\_\_\_ shall make the final decision within two (2) working days of receiving the documentation of the basis of the disagreement regarding the discharge, and communicate this decision to the County Mental Health Director, or designee, and the Hospital Executive Director. Appeal resolution for cases involving complex factors may exceed the timelines referenced above.

#### **IV. BED USAGE AND AVAILABILITY**

- A. Based on the contractual commitments made by County in this Agreement, CalMHSA will contract with CCS to provide specific numbers of beds at the Hospital dedicated to the care of those patients referred by Counties.
- B. So that no Participant shall be obligated beyond its commitment, no one Participant's minimum obligation shall be reduced below the contract amount set forth in this Agreement.
- C. The County is required to execute this Agreement in order to obtain beds. A County that has not previously executed this Agreement shall, upon application for admission of a Patient from the County, commit to executing this Agreement by providing a signed "Purchase Agreement of CalMHSA Hospital Beds" to demonstrate the County's intent to execute this Agreement, within 120 days of submitting the bed Purchase Agreement of State Hospital Beds.
- D. Patients under the care of the Hospital, referred to outside medical facilities, will remain the responsibility of Hospital unless the County initiates discharge, at which time the Patient and all costs become the responsibility of the County. During any offsite placement by Hospital, Counties will continue to be charged at the daily bed rate. For all offsite leave of greater than 30 days, Hospital and the County may, at the request of either party, discuss appropriate care options for Patients.

**EXHIBIT C – REPORTING**

**I. REPORTING**

**EXHIBIT D – BED COMMITMENT AND PAYMENT PROVISIONS**

**I. CONTRACT AMOUNT AND PAYMENT PROVISIONS**

A. The amount payable by County to CalMHSA concerning this Agreement shall be \$\_\_\_\_\_ per bed, per fiscal year, for a total of \$\_\_\_\_\_, for FY \_\_\_\_\_.

B. The bed rates in this Agreement represent the total amount due from the County for services provided by Hospital. These rates do not represent the total claimable amount for services provided to the patient. Patient will be responsible for any costs exceeding the bed rates described in this Agreement.

C. The County shall provide to CalMHSA the number of beds they want to obligate to, by December 31<sup>st</sup>, six months prior to the end of the fiscal year. CalMHSA shall make the necessary computation based on the obligation by bed type and rate, to determine the County's funding obligation. It is necessary to maintain a total of \_\_\_\_\_ number of bed commitments annually, in order to maintain cost efficiencies.

## **EXHIBIT E – RECORDS AND HIPAA**

### **I. RECORDS**

A. The parties to this Agreement shall comply with the Health Insurance Portability and Accountability Act (HIPAA) and all applicable state laws, regulations, and policies relating to the Patient's rights and confidentiality.



## EXHIBIT F – GENERAL TERMS AND CONDITIONS

- A. This Agreement is subject to and is superseded by, any restrictions, limitations, or conditions imposed by any statute or regulations which may affect the provisions, terms, or funding of this Agreement. If statutory, regulatory, bed rate, or billing process changes occur during the term of this Agreement, the parties may renegotiate the terms of this Agreement affected by the statutory, regulatory, bed rate or billing process changes.
- B. Should Hospital's ability to meet its obligations be substantially impaired due to loss of a license, damage or malfunction of the Hospital, labor union strikes, or other cause beyond the control of the Hospital or CalMHSA, the parties may negotiate modifications to the terms of this Agreement.
- C. Any County may withdraw from this Agreement effective at the end of a fiscal year, upon six months' prior written notice. Notice shall be deemed served on the date of mailing.
- D. The withdrawal of a County from the Agreement shall not automatically terminate its responsibility for its share of the expenses and liabilities of the Hospital. The contributions of current and past Participants are chargeable for their respective share of unavoidable expenses and liabilities arising during the period of their participation
- E. Upon cancellation, termination or other conclusion of the Program, any funds remaining undisbursed after CalMHSA satisfies all obligations arising from the operation of the Program shall be distributed and apportioned among the Participants in proportion to their contributions.
- F. County agrees that bed costs include CalMHSA's costs of planning, contracting, administration, reporting, and evaluation.
- G. The signatories below represent that they have the authority to sign this Agreement on behalf of their respective principals. Execution by a participating County confirms the participating County agrees to the terms of this Agreement. This Agreement may be executed in counterparts.
- H. This Agreement, which includes any attached exhibits, comprises the entire agreement and understanding of the parties and supersedes any prior agreement or understanding.
- I. This Agreement may be amended or modified only by a written amendment signed by the parties.

June 30, 2018

Mr. Marty Indvik  
Lee & Associates | Central Coast  
1230 Higuera Street  
San Luis Obispo, CA 93401

**RE: Proposal to Lease Approximately 26 Acres at CDCR Estrella Correctional Facility  
4545 Airport Road, Paso Robles, CA 93447**

Dear Marty:

On behalf of the California Mental Health Services Authority (CalMHSA), I am pleased to present the following proposal to lease a portion of the aforementioned property.

- 1. Lessee:** California Mental Health Services Authority (CalMHSA)

Company Information: CalMHSA is a California Joint Powers Authority composed of Counties, JPAs and Cities that operate mental health programs

Financial Information: To be provided by August 15, 2018
- 2. Lessor:** City of Paso Robles.
- 3. Premises:** Approximately 26 acres total as shown on Exhibit A: with the 2.9- and 0.75-acre parcels for 50-68 beds in renovated existing structures and then 6.4 and 15.8-acre parcels for at least 200+ additional beds in new construction.

NOTE: We will need the site/utility plans to determine if site is clean and that there are no utilities and/or easements.
- 4. Term:** 99 years
- 5. Possession Date:** 01-15-2019

6. **Rent Commencement:** 07-01-2019, with deposit upon signing LOI by 11-30-2018 (See Item #12)
7. **Base Rent:** TBD NNN per month. CalMHSA shall discuss and negotiate with final LOI by November 30, 2018.
8. **NNN Expenses:** TBD
9. **Utilities:** TBD
10. **Option to Extend:** N/A
11. **Rent Increases:** N/A
12. **Advance Rent:** TBD
13. **Security Deposit:** TBD
14. **Use:** Mental Health Facility
15. **Property Condition:** Delivered as-is.
16. **Tenant Improvements:** Tenant to make improvements at tenant's expense.
17. **Assignment / Subleasing:** Lessee shall have the right to assign and sublease, subject to Lessor's reasonable consent.
18. **Expiration of Proposal:** This Proposal shall remain in force until 12-03-2018.

All parties acknowledge that this Proposal is not a Lease, and that it is intended as the basis for the preparation of a Lease by Lessor. In addition to the items set forth above, the Lease shall include customary provisions, shall be subject to Lessor's and Lessee's approval, and only a fully executed Lease shall constitute a Lease for the Premises.

**CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY**

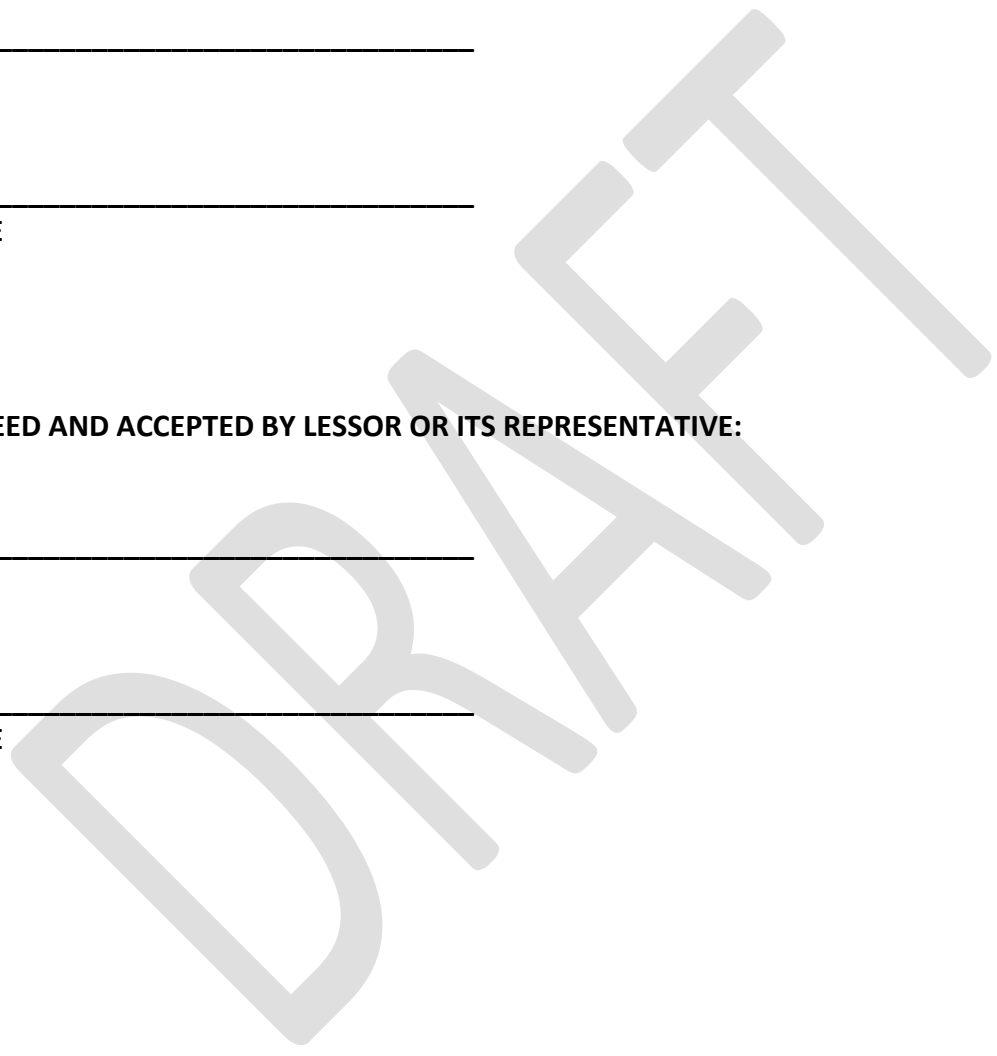
\_\_\_\_\_  
**BY**

\_\_\_\_\_  
**DATE**

**AGREED AND ACCEPTED BY LESSOR OR ITS REPRESENTATIVE:**

\_\_\_\_\_  
**BY**

\_\_\_\_\_  
**DATE**



**PROGRAM MATTERS**  
**Agenda Item 6.D**

**SUBJECT: PRESUMPTIVE TRANSFER – CALMHSA WEBSITE SECURE MEMBER PORTAL DEMONSTRATION**

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**ACTION FOR CONSIDERATION:**

None, information only.

**BACKGROUND AND STATUS:**

Welfare and Institutions Code section 14717.1 is intended to allow foster children who are placed outside of their county of original jurisdiction to access specialty mental health services in a timely manner. Implementation of the statute requires a system for counties to make payments bilaterally, and CalMHSA has been suggested as a solution, through a banking pool.

In order to comply with the new statute and secure information CalMHSA is in development of a secured portal within the CalMHSA new website for each participating County member. The portal will allow both receiving and sending counties the capability to query their claims based on individual records, review and approve claims for payment, etc. The portal will also provide important information for all CalMHSA programs to include back up materials, invoices, contracts, templates and downloadable resources.

Behavioral Health Directors (BHD) will be required to provide staff with a list of staff they would want to have limited access/full access to their secure portal. The following options and recommendations are as follows:

1. **Limited Access** – This level of access is recommended for MHSA Coordinators, where they can obtain resources/information on any one of our programs to include the various contract templates. We recommend no more than 2 people from the county have this level of access.
2. **Full Access** – This level of access is recommended for individuals submitting or approving Presumptive Transfer claims to include generating related reports, access to all contract records and invoices with CalMHSA. We recommend the BHD and no more than two other staff have this level of access. This level is subject to HIPAA Act/PHI .

It is our intent to provide an overview of the secure site today with the following next steps.

1. **Beta Testing/Training with Counties Having an Existing Approved and Executed Participation Agreement-** June 15, 2018 – June 30, 2018
2. **Launch** - July 1, 2018
3. **Webinar for End Users to Walk Through Portal Functionality** – Ongoing as counties obtain an approved and executed Participation Agreement.

Adjustments will continue until such time we feel comfortable with the end product.

**FISCAL IMPACT:**

None.

**RECOMMENDATION:**

None, information only.

**REFERENCE MATERIAL(S) ATTACHED:**

CalMHSA Presumptive Transfer – Request for Payment

CALMHSA PRESUMPTIVE TRANSFER - REQUEST FOR PAYMENT

COUNTY REQUESTING REIMBURSEMENT:	<input type="text"/>	INVOICE NO.:	<input type="text"/>
ADDRESS:	<input type="text"/>	DUE DATE:	<input type="text"/>
SUBMITTED BY:	<input type="text"/>	SERVICE PERIOD:	<input type="text"/>
		FISCAL YEAR:	<input type="text"/>

CIN# (Client Index Number)	CLN (CLIENT LAST NAME)	CFN (CLIENT FIRST NAME)	SENDING COUNTY CODE	RECEIVING COUNTY CODE	PCCN	MPI#	TOTAL AMOUNT	FED SHARE	AMOUNT DUE FROM SENDING COUNTY	NOTES/COMMENTS

Sending County – Originating County sends youth to another jurisdiction for mental health services.

Receiving County – County receives youth from another jurisdiction to provide mental health services.

**PROGRAM MATTERS**  
**Agenda Item 6.E**

**SUBJECT: TRANSLATION PROJECT UPDATE**

---

**ACTION FOR CONSIDERATION:**

Approve Fresno County to act as lead and apply for reimbursement as appropriate and for CalMHSA to execute contracts for the translation of the DMC-ODS and MHP Beneficiary Handbook.

**BACKGROUND AND STATUS:**

At the April CalMHSA Board meeting, the Executive Director gave an update to the Board on the soon to be released Mental Health Plan (MHP) and Drug Med-Cal Organized Delivery Systems (DMC-ODS) Handbook Translation Project. CalMHSA staff had received preliminary project costs of the translation. The estimate was prior to DHCS releasing information on the length or word and character count of the MHP and ODS Handbooks.

CalMHSA Staff asked County Ethnic Services Managers if it would be helpful for CalMHSA to coordinate the translation of the DMC-ODS documents, and the MHP Handbook and accompanying documents. Counties responded that having CalMHSA coordinate the translation and distribution of the documents would be helpful, be a cost savings, and create uniformity across counties. The translated documents would be provided to Counties in a Word document to allow for County specific information to be added.

DHCS did provide draft copies of the MHP and ODS Handbooks. CalMHSA Staff have obtained quotes on the cost of the draft copies. CalMHSA provided an update to the CBHDA MediCal Policy Subcommittee. It was suggested that the MHP and ODS Handbooks be translated into all 16 prevalent languages identified by DHCS (there is a total of 17 including English); adding 3 additional languages beyond the 13 identified Threshold Languages. It was also suggested the MHP and ODS Handbooks be made available in Braille. Adding the 3 additional languages and Braille will increase the cost from the original estimates.

The Triennial Protocol (Section B 5f) requires counties have “a mechanism for ensuring accuracy of translated materials in terms of both language and culture (e.g., back translation and/or culturally appropriate field testing)”.

CalMHSA is precluded from claiming MediCal and the One-Time County Translation Cost state funds that are available. Fresno County has agreed to serve as the primary fiscal agent to draw down the MediCal and One-Time County Translation funds to offset the cost of the translation.

CalMHSA will coordinate the first translation and back translation and/or culturally appropriate field testing (using a community review process) of the MHP and ODS Handbook into the 16 prevalent languages and Braille; this follows best practices for linguistic translation and cultural



adaptation of printed materials. The first translation would be available in three to eight days of the release of the final handbook versions with the back translation and/or culturally appropriate field testing taking three to four months. The estimated cost would include compensation for individuals participating in the community review.

Estimated Cost: \$125,000

**FISCAL IMPACT:**

CalMHSA will pre-pay and work with Fresno County on reimbursement.

**RECOMMENDATION:**

Approve Fresno County to act as lead and apply for reimbursement as appropriate and for CalMHSA to execute contracts for the translation of the DMC-ODS and MHP Beneficiary Handbook.

**TYPE OF VOTE REQUIRED:**

Majority vote.

**REFERENCE MATERIAL(S) ATTACHED:**

- None

**PROGRAM MATTERS**  
**Agenda Item 6.F**

**SUBJECT: GRANT PROPOSAL TO BLUE SHIELD CALIFORNIA FOUNDATION**

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**ACTION FOR CONSIDERATION:**

Approval to submit proposal to Blue Shield California Foundation.

**BACKGROUND AND STATUS:**

CalMHSA regularly submits grant proposals to private and public entities for possible program funding. CalMHSA attempts to identify potential funding sources that appeal to larger regional and statewide programming. Historically, CalMHSA notifies board members upon submission of a proposal for funding. This notification is presented so that CalMHSA members that are also submitting a proposal can determine whether the proposals overlap. Furthermore, CalMHSA policies require Board approval for accepting funds for establishment of new programming.

CalMHSA is submitting a proposal in response to a recent request for proposals (RFP) from Blue Shield California Foundation entitled, Exploring the Value of Prevention. This proposal is still in development, will be for up to \$250,000, must be submitted by June 28<sup>th</sup> and will further CalMHSA's statewide prevention efforts.

**FISCAL IMPACT:**

None.

**RECOMMENDATION:**

Approval to submit proposal to Blue Shield California Foundation.

**TYPE OF VOTE REQUIRED:**

Majority vote.

**REFERENCE MATERIAL(S) ATTACHED:**

- Blue Shield Foundation RFP: Exploring the Value of Prevention

# request for proposals

## exploring the value of prevention

### Important Dates

Informational Call:

Thursday, May 31, 2018

1:00-2:00pm (PST)

Click to: [Join WebEx meeting](#)

Dial-in #: 1 800.948.1333

Access Code: 928 760 537

Proposals Due:

By 5:00pm (PST), Thursday,  
June 28, 2018

Notification of Grant Awards:

September 2018

Grant Start Date:

October 2018

### Contact Information

For Content Questions:

Rachel Wick

[rachel.wick@blueshieldcafoundation.org](mailto:rachel.wick@blueshieldcafoundation.org)

For Technical Assistance:

Grants Team

[grants@blueshieldcafoundation.org](mailto:grants@blueshieldcafoundation.org)

## 1. Background

**Blue Shield of California Foundation's Mission:** To build lasting and equitable solutions that make California the healthiest state and end domestic violence.

Today, many of the strategies and investments that seek to improve health and end family violence are not designed to reflect the complexity of families' and communities' needs or experiences. They often narrowly focus on single conditions or single interventions, and over-rely on changing knowledge, attitudes, behaviors, and skills, while ignoring root causes and the systemic changes needed to address them. Few approaches are implemented at

scale, and many are subject to disinvestment when public budgets become constrained or when narrow definitions and measures of value are applied.

In the future, greater investment is needed in strategies that promote strong families, healthy relationships, and community health and well-being, and those that intervene on risk factors that could lead to poor health and family violence. Greater investment is also needed in strategies that address the root causes of poor health and family violence, reflect individual and cultural identities, and recognize the dynamic interactions that occur between individuals, families, peer networks, and community environments.

As part of our *Designing the Future of Health Initiative*, Blue Shield of California Foundation is soliciting proposals that will seek to answer the question: ***What will it take to generate sustainable investments in strategies that produce health and well-being and end violence?*** The desired outcomes of this work are to demonstrate the value of these investments and to grow the amount, sources and consistency of funding dedicated to them. This could be achieved through using existing resources more creatively, developing innovations in financing, and engaging new investors across the nonprofit, business, and government sector.

Proposals should seek to address one or more of the key challenges and questions below (or set forth an alternative challenge or question related to this broad theme) and a proposed method for addressing it:

- 1) Families' and communities' needs and experiences related to health and violence are complex, yet defining and measuring value often narrowly focuses on the impact of single interventions using economic methods like cost-benefit or cost-effectiveness analysis.
  - *What are ways of defining and/or measuring value that reflect the more complex and interrelated set of investments, interventions, and outcomes needed to achieve change?*
  - *What are ways of measuring value that go beyond "dollars and cents" to capture broader social benefits such as human capital, fairness, social connection, and community well-being?*
- 2) Addressing the social determinants of health is critical to producing health and well-being and ending violence, yet sector-based funding silos and categorical funding structures inhibit use of existing dollars for people and community-centered strategies.

- *How should value be defined and measured in multi-sector strategies, particularly if investments made in one sector produce positive benefits for another sector (i.e. wrong pockets problem)?*
  - *Are there new financial structures or policies that could help braid or blend resources, either across sectors in local or state government or between government and the private sector?*
  - *Are there new financial structures or policies that would distribute resources and measure value with a focus on populations or communities demonstrating the greatest need?*
- 3) The outcomes of investments in producing health and well-being and ending violence are often realized over a longer time horizon—ranging from 5-20 years—yet many public and private investors and the constituents they serve are seeking outcomes in time horizons of 1-3 years. Annual budget cycles and contracting processes reinforce this expectation.
- *How do we generate belief or will to invest in these strategies given this longer time horizon for outcomes?*
  - *How do we overcome “present bias” and the trade-offs people and policymakers make between the present and future? How does inequity or vulnerability influence or get reinforced by this kind of decision-making?*

## 2. Use of Funds

Applicants should propose use of funds that is best suited to the challenge they are trying to address. Potential activities could include but are not limited to:

- Research on new definitions, methods, and models for articulating, creating, and demonstrating value
- Design and/or testing of new models
- Convenings that reflect on the “state of the field” and chart future directions
- Community engagement
- Policy research and development
- Message development and testing

- Other

*Note: Projects that focus on demonstrating the value of single interventions will not be considered for funding.*

**For more information about what the Foundation does not fund, please visit our FAQs page:** <https://www.blueshieldcafoundation.org/grants/faqs>

### 3. Grant Size and Term

**Grant Size:** Average grant size could range from \$50,000-\$250,000, depending on the project scope. The proposed budget should correspond to the proposed activities and outcomes. Proposals that represent the first phase or planning phase of a larger project could be considered; funding for subsequent phases is possible but not guaranteed.

**Grant Term:** 12 to 24 months, starting 10/01/18

### 4. Proposal Evaluation

Strong proposals will:

- Articulate a critical question or challenge related to the value of prevention and a clear strategy for addressing it
- Generate will, evidence, and/or innovations that will advance prevention practice and policy change
- Focus on strategies that promote strong families, healthy relationships, and community well-being and/or strategies that intervene on risk factors that could lead to poor health and family violence
- Focus on strategies that address the root causes of poor health and family violence, reflect individual and cultural identities, and/or recognize the dynamic interactions that occur between individuals, families, peer networks, and community environments

- Focus on the needs, experiences, assets, and aspirations of vulnerable communities and lead to improved outcomes in their health, well-being, safety, and equity
- Build upon the best of what we know today, challenge conventional wisdom, and contribute to new knowledge, thinking, and practice that can shape future directions
- Engage a range of perspectives, including interdisciplinary thinking and partnerships

## 5. How to Apply

1. **If you or someone in your organization **have** previously applied for funding in our Fluxx system, follow the instructions below using your existing login credentials.**
  - o Click [here](#) using **Google Chrome** internet browser (download Chrome [here](#))
  - o Login using your existing user name and password
  - o Click [here](#) to reset your password **only if needed**
  - o Click [here](#) to download grantee portal instructions on how to apply – once you are in the grantee portal you will select **“Respond to RFP”** under “Apply”
2. **If you **have not** previously applied for funding with the Foundation in our Fluxx system, follow the instructions below to register and receive login credentials.**
  - o Click [here](#) using **Google Chrome** internet browser (download Chrome [here](#))
  - o Click on the button **“Exploring the Value of Prevention”** on the right side of the page
  - o Complete registration
  - o You will receive a “New User Information” email with login credentials within 24 to 48 hours;
  - o Follow email instructions to access the grantee portal; once you are in the portal, click on “Drafts” and select the proposal template that is visible

For technical assistance contact: [grants@blueshieldcafoundation.org](mailto:grants@blueshieldcafoundation.org)

## **FINANCIAL MATTERS**

### **Agenda Item 7.A**

**SUBJECT: PRESENTATION BY CSAC EIA – CALMHSA AND MEMBER COUNTIES INSURANCE PROVIDER, RICK BRUSH, CHIEF MEMBER SERVICES OFFICER**

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#### **ACTION FOR CONSIDERATION:**

None, information only.

#### **BACKGROUND AND STATUS:**

The CSAC Excess Insurance Authority (EIA) is a member directed insurance risk sharing pool. In 1979, 29 California counties formed CSAC EIA, a Joint Powers Authority, pursuant to Article 1, Chapter 5, Division 7, Title 1, of the California Government Code (Section 6500 et seq.). The sole purpose of this new JPA is finding cost effective insurance solutions and risk management services for members. Membership includes 95% of California counties, 60% of California cities. CalMHSA has been a member since inception in 2009.

Services currently being provided to CalMHSA include Primary General Liability, Excess General Liability, Auto Liability and Errors and Omissions. Mr. Brush will briefly discuss the CalMHSA Insurance renewal.

At the April Strategic Planning Session's visioning exercise, members expressed interest in items such as disaster response, crisis management, and related media. Some of these areas CSAC EIA does provide services directly to CalMHSA, however most of the CalMHSA member counties are also direct members of this JPA as well. Currently 55 of the 58 counties of are members of CSAC EIA (San Francisco, San Mateo and Los Angeles are not members) and can access these benefits directly.

CSAC EIA is a leader in member-direct services to include claims, loss prevention and risk management, more specifically:

- Contracts Review /Risk Management
- Crisis Incident Counseling
- Crisis Incident Management Services
- Employment/Labor Law Legal Services
- Risk Management Training
- Subsidy Funds
- Claims System

Rick Brush, Chief Member Services Officer of CSAC EIA, will provide an overview of services available to its member counties. Mr. Brush, in his role as Chief Member Services Officer, is responsible for the delivery of professional, reliable risk management services to EIA members, as well as identifying and creating future program enhancements. He is also responsible for strategic initiatives for both the EIA and its captive insurance company, the Excess Insurance Organization.



**FISCAL IMPACT:**

None.

**RECOMMENDATION:**

None, information only.

**REFERENCE MATERIAL(S) ATTACHED:**

- CSAC EIA Menu of Services

## CLAIMS SERVICES BY PROGRAM

Program	Primary General Liability	General Liability 1	General Liability 2	EIAHealth/Dental	Medical Malpractice	Property	Primary Workers' Compensation	Excess Workers' Compensation	MR OCIP
24/7 Nurse Triage	◇	◇	◇	◇	◇	◇	◇	◇	◇
Catastrophic Claims Management							◇	◇	
Claims Audits	●	●	●				●	●	
Claims Index Reporting	●	●	●				●	●	
Claims System	◇	◇	◇		◇	◇	◇	◇	
Data Analytics & System Conversion	◇	◇	◇				◇	◇	
Managed Care Consulting							◇	◇	
Medical Provider Network	◇	◇	◇	◇	◇	◇	◇	◇	◇
Medicare Reporting							◇	◇	
Return-to-Work Program							◇	◇	
Subrogation Recovery	◇	◇	◇						
TPA RFP Assistance	●	●	●				●	●	

SYMBOL	DEFINITION
●	Included
□	Hybrid Pricing Options
◇	Negotiated Rates

The EIA offers a wide array of coverage programs. For a complete listing, check out our website below.

## LOSS PREVENTION & EDUCATION MEMBER SERVICES BY PROGRAM

Program	Primary General Liability	General Liability 1	General Liability 2	EIAHealth/Dental	Medical Malpractice	Property	Primary Workers' Compensation	Excess Workers' Compensation	MR OCIP
Background Check Services	◇	◇	◇	◇	◇	◇	◇	◇	◇
Cyber Security Services	◇	◇	◇	◇	◇	◇	◇	◇	◇
Guard1 - Checkpoint System	◇	◇	◇	◇	◇	◇	◇	◇	◇
Direct Consultation	●	●	●	●	●	●	●	●	●
DMV Employer Pull Notice	●	●	●	●	●	●	●	●	●
Drug & Alcohol Consortium	◇	◇	◇	◇	◇	◇	◇	◇	◇
Incident Reporting System	◇	◇	◇	◇	◇	◇	◇	◇	◇
Learning Management System (LMS)	●	●	●	●	●	●	●	●	●
Protective Footwear	◇	◇	◇	◇	◇	◇	◇	◇	◇
Safe School Ambassadors	◇	◇	◇	◇	◇	◇	◇	◇	◇
Safety Data Sheet (SDS) Management	◇	◇	◇	◇	◇	◇	◇	◇	◇
School Liability Handbook	●	●	●	●	●	●	●	●	●
Soft Tissue Injury Prevention	◇	◇	◇	◇	◇	◇	◇	◇	◇
Subsidy Funds	●	●	●	●	●	●	●	●	●
Toolbox	●	●	●	●	●	●	●	●	●

## RISK MANAGEMENT SERVICES BY PROGRAM

Program	Primary General Liability	General Liability 1	General Liability 2	EIAHealth/Dental	Medical Malpractice	Property	Primary Workers' Compensation	Excess Workers' Compensation	MR OCIP
Body-Worn Cameras	◇	◇	◇	◇	◇	◇	◇	◇	◇
Certificates of Insurance Management	◇	◇	◇	◇	◇	◇	◇	◇	◇
Contracts Review/ Legal Advice	●	●	●	●	●	●	●	●	●
Crisis Incident Counseling Services								●	
Crisis Incident Management	□	□	□	□	□	□	□	□	□
Employment/ Labor Law Legal Services	●	●					●		
Enterprise Risk Consultants	◇	◇	◇	◇	◇	◇	◇	◇	◇
Property Schedule Maintenance						●			
Risk Assessment Tool	●	●	●	●	●	●	●	●	●
Risk Management 101 Training	◇	◇	◇	◇	◇	◇	◇	◇	◇



# Menu of Services & Partner Programs

*Leader in Member-Directed Risk Management*

For more information, contact:  
Member Services Department  
916.850.7300  
[MemberServices@csac-eia.org](mailto:MemberServices@csac-eia.org)

## Claims

### 24/7 Nurse Triage

Members receive round the clock access to a first call/first reporting system from Company Nurse that provides both a medical needs triage at the time of injury and a means of completing the first report documents. ◇

### Catastrophic Claims Management

Paradigm Outcomes assists when a catastrophic claim occurs by providing access to claims professionals whose sole purpose and expertise is to manage the claim. ◇

### Claims Audits

In accordance with the EIA's Claims Guidelines, contracted independent claims auditors review your book of claims to help increase TPA performance in accordance with EIA best practices and contracted administrative standards. ●

### Claims Index Reporting

For the major programs of which you are a member, the EIA contracts with the ISO to cover all index reporting and inquiries for your claims. ●

### Claims System

A comprehensive claims system at a substantial discount through Systema. We can also assist members with implementation. ◇

### Data Analytics & System Conversion

EIA staff are available to assist with claims system conversions and analyzing member data. ◇

### Managed Care Consulting

Members of the PWC and EWC programs have access to preferential rates from Donn & Company to provide oversight of your managed care program. The goal is to optimize programs through restructuring existing programs and, if needed or required, through a competitive bid or RFP process. ◇

### Medical Provider Network (MPN)

Our proprietary MPN provides employer control over the injured worker's medical care throughout the life of the claim. ◇

### Medicare Reporting

Significant reporting requirements exist and penalties can be assessed for failing to comply with the Medicare Secondary Payer (MSP) Act, so the EIA has contracted with ExamWorks to provide CMS (Center for Medicare/ Medicaid Services) query and reporting services. ◇

### Return-to-Work Program

Pre-identified temporary work assignments from Norman Peterson and Associates' OUR System help employers return employees to work, increasing employee satisfaction and decreasing claim costs. ◇

### Subrogation Recovery

Recover claims dollars from losses caused by the negligent act of a third-party with assistance from George Hills Company. ◇

### Third Party Administrator (TPA) RFP Assistance

Workers' Compensation and Liability staff are available to help with drafting a Request for Proposal (RFP), reviewing proposals, and interviewing assistance. ●

## Loss Prevention

### Background Check Services

Plexus Global provides EIA members preferred pricing and value-added packages for your Employee Background Screening needs. ◇

### Cyber Security Services

Synoptek offers a broad suite of the state-of-the-art cybersecurity services, from the initial Risk Assessment, to Virtual Chief Information Security Officers (CISOs), Vulnerability Scans, and Managed Security Services! ◇

### Direct Consultation

Our experienced team of consultants are familiar with regulatory requirements by Cal/OSHA and can help identify your organization's risks and provide customized, cost-efficient solutions. ●

### DMV Employer Pull Notice (EPN)

Allows members to monitor employee driving records using a DMV approved EPN Agent, A-Check Global, all with just a few clicks of your mouse. ●

### Drug & Alcohol Testing Consortium

In-network pricing for drug and alcohol tests through E-screen and Alere Toxicology for both DOT regulated and non-DOT drivers. Includes Medical Review Officer (MRO) and Substance Abuse Professional (SAP) access. ◇

### Guard1 - Checkpoint System

This system allows members to electronically log check-in points with timestamps on their routes, to provide documented proof that routes were completed. This system can also be used for safety inspections and patrols in both corrections and non-corrections environments. ◇

### Incident Reporting System

A comprehensive incident reporting platform available at a discounted rate through our partnership with STOPit. ◇

### Protective Footwear

The EIA has partnered with Shoes for Crews (SFC) to offer an option for protective and slip resistant footwear at discounted rates. ◇

### Safety Data Sheet (SDS) Management

Efficiently customize and automate Safety Data Sheet libraries across your entire organization. Users have access to a comprehensive database of SDS documents to assist in library creation through EIA's partnership with SafeTec. ◇

### Soft Tissue Injury Prevention

Our partnership with Savvy Health Solutions can help reduce sprains, strains, tears and repetitive motion injuries, which is a crucial component of an integrated occupational health & safety strategy. ◇

### Subsidy Funds

Voluntary Risk Management Subsidy for EIA members who participate in a major program. Funds can be used for any risk management or loss prevention expense (such as participation in any of the EIA Partner Programs), other than payment of premiums. ●

### Toolbox

A compendium of risk control best practices, sample policies and presentations on over 100 areas of risk management. **New in 2018** to the Toolbox are the "Safety Talks: A Tailgate/Toolbox Resource." This complimentary selection of over 100 safety meeting topics are a great resource and may be used to help plan your next safety meeting. ●

## Risk Management

### Body-Worn Cameras

Access to turn-key body-worn cameras, software, and secure cloud services, which include everything to get your agency up and running, provided through our partnership with LensLock. ◇

### Certificates of Insurance Management

The EIA has contracted with Exigis LLC, an online certificate of insurance tracking and management company to obtain and record proper evidence of insurance coverage from each organization with whom the members contract. ◇

### Contracts Review/Risk Management Legal Advice

Alliant Insurance Services offers contract review services in conjunction with the [Insurance Requirements in Contracts \(IRIC\) Manual](#) to assist members with questions related to professional service providers, tenants, contractors and vendor contracts. Additionally, the EIA's General Counsel, Steve Underwood, Esq. is available to members for assistance and/or consultation on a variety of legal matters, such as: contracts, Brown Act, Public Records Act, litigated matters, and other general governmental issues. ●

### Crisis Incident Counseling (CIC) Services

Through our partnership with MHN, EIA Excess Workers' Compensation members have access to CIC Services for employees following an unexpected work-related death of a co-worker. ●

### Crisis Incident Management (CIM) Services

Pre- and post-crisis incident services including webinars, situation assessment, media consulting, as well as communications and message management through Mainstream Unlimited. □

### Employment/Labor Law Legal Services

Members of the Primary Workers' Compensation and General Liability 1 programs receive access to EIA's contracted attorney, Patricia Eyres of the Eyres Law Group, while all members are able to benefit from the library of webinars recorded and housed on EIA TV. ●

### Enterprise Risk Consultants (ERC)

Members have access to a pool of highly experienced risk management professionals in several areas of expertise, such as of Accounting/Finance, Claims Management, Human Resources, Information Technology, Risk Control, and Risk Management for various staff transitions, special project work, and many other scenarios. Each Consultant has undergone a comprehensive application process and Background Check. ◇

### Property Schedule Maintenance

Members access property schedules, vendor certificate tracking, and request certificates of insurance via an online portal called AlliantConnect. ●

### Risk Assessment Tool

Allows members to evaluate their risk with a series of online self-assessment questionnaires, created in partnership with in2vate. ●

### Risk Management 101 Training

A series of 5, one-day in-person training sessions has been developed in partnership with CPS HR Consulting and is specifically designed for risk management assistants, workers' compensation specialists, human resource analysts/assistants, and frontline supervisors who are responsible for practical, cost-effective risk management. ◇

## Training

**Classroom/On-site** - Instructor led training on health and safety topics. ●

**EIA TV** - 24/7 member exclusive access to hundreds of webinars and training programs on-demand. ●

**Learning Management System (LMS)** - TargetSolutions allows easy access to a comprehensive catalog of web-based training. ●

**Regional** - Seminars held state-wide on various risk management topics. ●

**Streaming Library** - Online repository of safety and training videos through our contract with iTrainStation. ●

## Educational Members'

## Resources

### Incident Reporting System

A comprehensive anonymous incident reporting platform available at a discounted rate through our partnership with STOPit. ◇

### Safe School Ambassadors (SSA)

Empower natural student leaders with non-violent communication and intervention skills to create a safer environment provided by Community Matters. ◇

### School Liability Handbook:

#### Student Activities & Employment Issues

A 5 module handbook including: 1: School Activities and the Law, 2. Protecting and Supervising Students, 3. Additional Risk Management Concerns, 4. Employment Issues for School Districts, and 5. Forms and Templates; created in coordination with Lozano Smith. ●

## Governance

*As a member-driven organization, member involvement is critical to the EIA's success. As a member you can be a part of the decision-making process and have your voice heard.*

*The EIA is governed by a 62 member Board of Directors, composed of one representative from each member county and seven members elected by the public entity membership. Contact us to learn more about any of the following committees.*

- [Claims Review](#)
- [EAGLE Awards](#)
- [EIAHealth](#)
- [Employee Benefits](#)
- [Executive](#)
- [Finance](#)
- [General Liability 2](#)
- [Governance Sub-Committee](#)
- [Legislative](#)
- [Loss Prevention](#)
- [Medical Malpractice](#)
- [Member Services](#)
- [Personnel Sub-Committee](#)
- [Primary General Liability](#)
- [Primary Workers' Compensation](#)
- [Property](#)
- [Technology](#)
- [Underwriting](#)

**Revision: 1/2018**

**FINANCIAL MATTERS**  
**Agenda Item 7.B.**

**SUBJECT: CALMHSA ANNUAL PROPOSED REVENUE AND EXPENDITURE REPORT – JUNE 30, 2019**

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**ACTION FOR CONSIDERATION:**

Approval of the CalMHSA Proposed Revenue and Expenditure Report – June 30, 2019

**BACKGROUND AND STATUS:**

The CalMHSA Bylaws provide for a fiscal year of July 1 to June 30, and require the Board of Directors to adopt the annual budget by July 1 of the new fiscal year. The draft budget is to be presented to the Board at least 45 days prior. (Bylaws, §§ 4.1.3, 8.1, and 9.1.). The draft was distributed to the Board on May 15, 2018.

Bill Walker, CalMHSA Treasurer, will provide an oral overview of the timeline for compilation of the Annual Revenue and Expenditure Report – Proposed Budget June 30, 2019, distributed as discussed above.

The direction received from the visioning session at the CalMHSA Strategic Planning Session, as it relates to the visions for fiscal year 2018/19 have been incorporated. Revenue projections have been made based upon current estimate of funds to be received and program administrative requirements/expenses have been shaped based on size and source of funds expected for each revenue stream.

*General Budget Assumptions and Criteria Applied*

1. This budget has been compiled based on the program and administration needed to manage the programs, run the organization and manage the activities requested.
2. We have presented Column B as the proposed operating budget, with Column C as our contingency budget for the 18/19 year. The contingency budget reports known possibilities, that at some point in time of the year may become reality. Some funds require an expedited response with significant preparation work. The expenses associated with the contingency funds will not be spent until the contingent funds have been approved by the respective Board of Supervisor(s).
3. FTE for the 17/18 fiscal year has been 13.15. The proposed 18/19 Operating Budget proposes an increase to 16.70. The increase for additional FTE is for the known and approved Innovation Funds, managing the Leadership Council and potential Non-Profit, State Hospital Alternative, AB 1299, greater capacity for research of potential projects (visioning exercise) and Member Services.

The Contingency Budget, if achieved, would add three more FTE. This growth would be to manage the additional Innovation Funds, full funding of 1299, potential expansion of the fund development activities, and preparation work for any other contingency funds.

4. This budget reflects managing the programs requested and meeting member expectations of having the staff expertise to research potential projects for CalMHSA.
5. Ensuring member services is a priority. Meeting and recognizing that the membership is large/vast/varying/geographically spread out and evolving, that requires staff resources and subject matter expertise to succeed in making this relationship solid and beneficial to achieving CalMHSA's mission.
6. Ongoing efforts to enhance working with associated agencies CBHDA, CIBHS, OAC, and DHCS.
7. Resources for Fund Raising to continue with the work we do to break down the stigma and connect people to mental health support.
8. Meeting member interest in CalMHSA being efficient to assist in regional or joint member projects.
9. Continual response to the MHAC audit
10. Planning and preparing for continued and changing interest in AB 1299
11. The budgeted Direct Staffing and Indirect Costs are 11% of Revenue and 8% for the contingency Budget.

**FISCAL IMPACT:**

Budget document.

**RECOMMENDATION:**

Approval of the CalMHSA Proposed Revenue and Expenditure Report – June 30, 2019

**TYPE OF VOTE REQUIRED:**

Majority vote.

**REFERENCE MATERIALS ATTACHED:**

- CalMHSA Annual Revenue and Expenditure Report – Proposed Budget June 30, 2019

# Annual Revenue and Expenditure Report – Proposed Budget June 30, 2019



- Budget Narrative & Notes•

## **Budget Notes**

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The CalMHSA staff has reviewed the direction received from the strategic planning session as it relates to the visions for fiscal year 2018/19. Revenue projections have been made based upon current estimate of funds to be received and program administrative requirements/expenses have been shaped based on size and source of funds expected for each revenue stream.

### **A. General Budget Assumptions and Criteria Applied**

1. This budget has been compiled based on the program and administration needed to manage the programs, run the organization and manage the activities requested.
2. We have presented Column B as the proposed operating budget, with Column C as our contingency budget for the 18/19 year. The contingency budget reports known possibilities, that at some point in time of the year may become reality. Some funds require an expedited response with significant preparation work. The expenses associated with the contingency funds will not be spent until the contingent funds have been approved by the respective Board of Supervisor(s).
3. FTE for the 17/18 fiscal year has been 13.15. The proposed 18/19 Operating Budget proposes an increase to 16.70. The increase for additional FTE is for the known and approved Innovation Funds, managing the Leadership Council and potential Non-Profit, State Hospital Alternative, AB 1299, greater capacity for research of potential projects (visioning exercise) and Member Services.

The Contingency Budget, if achieved, would add three more FTE. This growth would be to manage the additional Innovation Funds, full funding of 1299, potential expansion of the fund development activities, and preparation work for any other contingency funds.

4. This budget reflects managing the programs requested and meeting member expectations of having the staff expertise to research potential projects for CalMHSA.
5. Ensuring member services is a priority. Meeting and recognizing that the membership is large/vast/varying/geographically spread out and evolving, that requires staff resources and subject matter expertise to succeed in making this relationship solid and beneficial to achieving CalMHSA's mission.
6. Ongoing efforts to enhance working with associated agencies CBHDA, CIBHS, OAC, and DHCS.
7. Resources for Fund Raising to continue with the work we do to break down the stigma and connect people to mental health support.
8. Meeting member interest in CalMHSA being efficient to assist in regional or joint member projects.
9. Continual response to the MHAC audit
10. Planning and preparing for continued and changing interest in AB 1299
11. The budgeted Direct Staffing and Indirect Costs are 11% of Revenue and 8% for the contingency Budget.

### **B. Revenue – Fiscal year 18/19 budget is estimated as:**

1. Operating Budget:
  - a. **PEI Sustainability** is budgeted based on prior year experience and anticipated to remain stable in 18/19
  - b. **Innovations Technology Suite** revenue is projected on Participation by Counties either already approved or significantly in the Pipeline for approval and expected to participate in 18/19. The amount of the funding is to represent one year of the multi-years of funding.

These members included in the projected \$25 million are

- i. Approved Counties--Los Angeles, Kern, Orange, Modoc, and Mono;
  - ii. In the pipeline the counties of--Tehama, San Mateo, Fresno, Riverside, Santa Clara, and Tri Cities, City of Berkeley
- c. **Private Fund Development** is based on prior year actual county participation and the target reach is based on estimated private fund contributions
  - d. **State Hospital Beds**--includes the annual participation contribution and an estimated additional \$100,000 that may be needed to be collected from counties for the deposit on the Paso Robles Project
  - e. **Suicide Prevention Program**--is based upon current participation agreements.
  - f. **Transfers In/Out**—represents the estimated pass through of deposits related to the AB 1299 that are needed to start the program with critical mass
  - g. **AB 1299 Admin Fee**--is based on 5% of the AB 1299 deposits
2. Contingency Budget:
- a. **PEI Sustainability** does not have a contingency budget.
  - b. **Innovations Technology Suite**--The contingency amounts is based on other member county participation not currently identified in the pipeline, and allows for counties that may become interested during the year.
  - c. **Private Fund Development**—an estimate of potential private funds currently being sought.
  - d. **State Hospital Beds**—does not have a contingency budget.
  - e. **Suicide Prevention Program**—does not have a contingency budget.
  - f. **Transfers In/Out**—represents a conservative estimate of the potential of further deposits received for AB 1299.
  - g. **AB 1299 Admin Fee**----is based on 5% of the AB 1299 deposits.
  - h. **Other Programs** have been targeted at \$5 million, estimate based on Counties asking CalMHSA to perform fiscal intermediary activities and grant submissions.

### **C. Expenditures**

#### **1. Program Expenses (Direct)--Operating**

- a. Program Partners/Contracts have been budgeted at a percentage of Revenues for applicable programs—PEI Sustainability (80%), Innovations Technology Suite (80%), Private Funding Development (50%), and Suicide Prevention (80%). The expense line item will agree to actual contracts approved by the board and executed by CalMHSA staff.
- b. Program Management is based on the FTE necessary to manage the specific programs—all FTE are provided through the contract with GHC
- c. Other Contracts—reflects consulting contracts for Subject Matter Expertise as needed.
- d. Legal Expenses represent legal fees of Doug Alliston related to the specific programs and an estimated amount related to the DHCS audit of CalMHSA contractor MHAC.
- e. Transfers out—will always correspond with the related transfers in, to track AB 1299 participation
- f. Travel and meetings—represents costs related to the specific programs and management.

2. **Program Expenses (Direct)—Contingency**—the expenses for the above listed expenses correlate to any revenue increases in contingency funds

#### **3. General and Administrative Expenses (Indirect)**

- a. General and Administrative Staffing – Staffing services to manage the general and fiscal operations of CalMHSA. This includes all of the legal mandated activities and filings



required of the JPA. It also includes the new position of Manager of Member Services. The staffing contract, approved last year, had a cost of living increase of two percent, which increases the rate from \$99 per FTE to \$101 per FTE for 18/19. A condensed list of services includes:

1. JPA Management—filing of legal documents, agenda/minutes, Insurance, Board Governance, etc.
  2. Accounting and finance
  3. Program and Contract Management
  4. Fund Development
  5. Procurement and contracting
  6. Member services
  7. Support services
  8. Exploration of assigned project ideas
- b. Legal Expenses – CalMHSA has retained Doug Alliston for legal services to provide counsel to the board and support of the governing documents, contracts, closed session, and manage all pending and threatened litigation.
  - c. Travel and Meeting Expenses – CalMHSA is governed by a Board of Directors and has established standing committees and Ad Hoc committees, which must comply with the Brown Act to conduct public meetings for JPA business.
  - d. Other Contracts – CalMHSA has entered into contracts for general information dissemination and information technology.
  - e. Insurance – CalMHSA procures its general liability insurance from CSAC-EIA on a policy term of July 1 to June 30. Insurance has been increased to prepare for Cyber and HIPPA coverage for 18/19.
  - f. Annual Audit—the government code and CalMHSA Bylaws require a financial audit be performed annually, the represents the annual contract cost—but not the resources to prepare and manage the process.

#### **4. Cost Allocation of General and Administrative Expenses**

CalMHSA historically has not operated with an Operating Fund or General Fund that is separately funded. As such costs of operating the JPA must be allocated and spread to all programs. This allocation is based primarily on the Participation Agreements of each program and ratably thereafter.

California Mental Health Services Authority

**DRAFT**

**2018/2019 Operating Budget  
Combined Totals**

	(A)	(B)	(C)
	Approved Budget 2017/2018	Proposed Budget 2018/2019	Proposed Target Budget 2018/2019
<b>Revenues:</b>			
PEI Sustainability	7,730,037	7,700,000	7,700,000
Innovations Technology Suite	50,000,000	25,000,000	37,500,000
Private Fund Development Fees	435,209	400,000	1,000,000
State Hospital Bed Program	627,912	727,912	877,912
Suicide Prevention Program	543,834	590,872	590,872
Tranfers In - AB 1299		4,000,000	10,000,000
AB 1299 - Admin Fee		200,000	500,000
Other Programs	300,000		5,000,000
<b>Total Revenues</b>	<b>59,636,992</b>	<b>38,618,784</b>	<b>63,168,784</b>
<b>Program Expenses (Direct):</b>			
Program Contracts	14,733,586	27,695,027	38,535,027
Program Management	1,577,347	2,519,976	2,973,749
Other Contracts	56,000	50,000	75,000
Legal	34,952	183,801	185,000
Transfers Out - AB 1299		4,000,000	10,000,000
Travel & Meetings	104,900	110,000	150,000
<b>Total Program Expenses</b>	<b>16,506,785</b>	<b>34,558,804</b>	<b>51,918,776</b>
<b>General &amp; Administrative Expenses (Indirect):</b>			
General & Administrative			
Staffing	842,213	988,360	1,164,827
Legal	10,000	60,000	75,000
Travel & Meetings	16,000	30,000	75,000
Other Contracts	10,000	25,000	25,000
Insurance	39,500	43,000	43,000
Financial Audit	17,500	15,000	15,000
<b>Total General &amp; Administrative Expenses</b>	<b>935,213</b>	<b>1,161,360</b>	<b>1,397,827</b>
<b>Total Expenditures</b>	<b>17,441,998</b>	<b>35,720,164</b>	<b>53,316,603</b>
<b>Net Increase/(Decrease) Unexpended Funds</b>	<b>42,194,994</b>	<b>2,898,620</b>	<b>9,852,181</b>
Prior Year Reserves	5,421,953	2,648,099	2,648,099
Projected Reserves as of June 30	47,616,947	5,546,719	12,500,280
<b>Less: Obligated Reserves</b>	<b>(47,564,954)</b>	<b>(4,437,375)</b>	<b>(10,000,224)</b>
<b>Total Available Reserves at June 30, 2018</b>	<b>51,993</b>	<b>1,109,344</b>	<b>2,500,056</b>

**California Mental Health Services Authority  
Administrative Expense Allocation  
2018/2019 Fiscal year  
DRAFT Budget**

	General & Administrative	Private Fund Development	Tech Asst/Capacity Building	WET Program Funding	Fiscal Modernization	State Hospital Bed Program	Suicide Prevention - Regional Program	LA Media Campaign	AB 1299	PEI Sustainability Projects	Innovations Tech Suite	Totals	Percent of Total Expenses
<b>Revenue:</b>													
Transfers In	0	400,000				727,912	590,872		200,000	7,700,000	25,000,000	\$ 34,618,784	
									4,000,000			\$ 4,000,000	
<b>Direct Expenses (Direct):</b>													
	0	400,000	-	-	-	727,912	590,872	-	4,200,000	7,700,000	25,000,000	38,618,784	
Program Contracts		\$ 200,000	\$ 145,227	\$ 134,773	\$ -	\$ 582,330	\$ 472,698			\$ 6,160,000	20,000,000	\$ 27,695,027	87.31%
Program Management - Direct		333,258	36,521		50,217	381,192	27,391	118,695	365,214	659,668	547,821	2,519,976	7.94%
Other Contracts		5,000								9,000	36,000	50,000	0.16%
Legal		1,800			600	5,001			6,000	164,400	6,000	183,801	0.58%
Tansfers Out									4,000,000			4,000,000	12.61%
Travel & Meetings		27,500				7,000	500			30,000	45,000	110,000	0.35%
<b>Total Direct Expenses</b>	-	567,558	181,748	134,773	50,817	975,523	500,589	118,695	4,371,214	7,023,068	20,634,821	34,558,804	96.75%
<b>General &amp; Administrative (Indirect):</b>													
General & Administrative													
Staffing	988,360	-	-	-	-	-	-	-	-	-	-	988,360	3.12%
Legal	60,000	-	-	-	-	-	-	-	-	-	-	60,000	0.19%
Travel & Meetings	30,000	-	-	-	-	-	-	-	-	-	-	30,000	0.09%
Other Contracts	25,000	-	-	-	-	-	-	-	-	-	-	25,000	0.08%
Insurance	43,000	-	-	-	-	-	-	-	-	-	-	43,000	0.14%
Financial Audit	15,000	-	-	-	-	-	-	-	-	-	-	15,000	0.05%
General & Admin Allocation to Programs	(1,161,360)	20,000	5,000	-	5,000	36,396	29,544	15,000	29,374	393,750	627,297	0	0.00%
<b>Total Indirect Expenses</b>	-	20,000	5,000	-	5,000	36,396	29,544	15,000	29,374	393,750	627,297	1,161,360	3.25%
<b>Total Expenditures</b>	-	\$ 587,558	\$ 186,748	\$ 134,773	\$ 55,817	\$ 1,011,918	\$ 530,132	\$ 133,695	\$ 4,400,588	\$ 7,416,818	\$ 21,262,118	\$ 35,720,164	100.00%
<b>Net Increase/(Decrease) Unexpended Funds</b>		\$ (187,558)	\$ (186,748)	\$ (134,773)	\$ (55,817)	\$ (284,006)	\$ 60,740	\$ (133,695)	\$ (200,588)	\$ 283,182	\$ 3,737,882	\$ 2,898,620	

**FINANCIAL MATTERS**  
**Agenda Item 7.C**

**SUBJECT: CALMHSA SUBMISSION OF APPLICATION FOR 501(C)(3) TO THE INTERNAL REVENUE SERVICE**

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**ACTION FOR CONSIDERATION:**

1. Authorize CalMHSA staff with spending authority not to exceed \$15,000 for specialized services related to formation of a nonprofit entity.
2. Authorize CalMHSA to submit application for formation of private non-profit under IRS code, 501(c)(3), utilizing assistance of Doug Alliston and law firm he consults with for specialized assistance
3. Delegate authority to CalMHSA Officers to determine specific requirements as related to the submission of application.

**BACKGROUND AND STATUS:**

The Private Fund Development Project has progressed and is at the critical juncture where it is imperative for CalMHSA to form a non-profit entity. The purpose of the non-profit entity is to solicit, receive and disburse funds to support behavioral health activities in California. The new entity 501(c)(3) will fund programs directed by the JPA. To ensure the expertise necessary to apply, CalMHSA has contracted with Gilbert Associates, Inc. (current contract limited to \$5,000) to guide CalMHSA in submission of the application to the Internal Revenue Service and the State Board that govern non-profits under the federal IRS code 501(c)(3). For fund development there are distinct advantages to having CalMHSA form a non-profit. CalMHSA will be guided by Doug Alliston, Counsel for CalMHSA, as well as a law firm that specializes in non-profits for drafting of the Articles of Incorporation and Bylaws. Some advantages and disadvantages of forming a non-profit organization exempt under code section 501(c)(3) are below:

**Advantages:**

- Deductibility of Charitable Contributions (although CalMHSA may receive contributions which are considered deductible by donors for tax purposes, many donors are reluctant to donate to government entities),
- Grants from Private Foundations – due to misunderstanding about restrictions on private foundations, government entities often have difficulty obtaining foundation grants,
- United Way/Combined Federal Campaign – the 501(c)(3) exemption allows non-profit organizations to be included in Federated Fundraising campaigns such as United Way.

**Disadvantages:**

- To obtain 501(c)(3) exemption CalMHSA would need to incorporate as a non-profit organization in California and would have to have bylaws written for the non-profit organization.

- Filing of Annual Returns with the Internal Revenue Service and California Franchise Tax Board.
- Nonprofit's board may not always have same priorities as county behavioral health directors

The formation of a new non-profit takes approximately five to seven months and entails numerous steps which would need to be guided by the CalMHSA Board or delegated to the Officers of the CalMHSA Board.

Key Steps include:

1. Determine Exempt Purpose and Programs to be conducted by the new entity
2. Draft and file the articles of incorporation – to be filed with the Secretary of State
3. Appoint the board of directors - this will need further discussion regarding size and composition of members
4. Draft the by-laws and conflict of interest policy
5. Budget – as part of the exempt application, two years of project income and expenses must be provided
6. Take the initial board actions – once the bylaws and conflict of interest policy are drafted a meeting of the nonprofit corporation's board should be held to take the following actions:
  - a. Adopt the bylaws and conflict of interest policy
  - b. Elect officers
  - c. Adopt a fiscal year
  - d. Approve a budget
  - e. Approve establishment of a bank account
  - f. Approve applying for federal and state tax-exempt status
7. Obtain an employer identification number
8. Apply for federal tax exemption with the IRS
9. Respond to any IRS follow up questions or requests, if applicable
10. Apply for California tax exemption with the California Franchise Tax Board (FTB).

**FISCAL IMPACT:**

Estimated cost of \$10,000 - \$15,000 for preparation of application and associated legal consulting.

**RECOMMENDATION:**

1. Authorize CalMHSA staff with spending authority not to exceed \$15,000 for specialized services related to formation of a nonprofit entity.
2. Authorize CalMHSA to submit application for formation of private non-profit under IRS code, 501(c)(3), utilizing assistance of Doug Alliston and law firm he consults with for specialized assistance
3. Delegate authority to CalMHSA Officers to determine specific requirements as related to the submission of application.

**TYPE OF VOTE REQUIRED:**

Majority vote.

**REFERENCE MATERIAL(S) ATTACHED:**

None.

**FINANCIAL MATTERS**  
**Agenda Item 7.D**

**SUBJECT: BOARD COUNSEL RATE INCREASE**

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**ACTION FOR CONSIDERATION:**

Approval of board counsel's rate increase request.

**BACKGROUND AND STATUS:**

CalMHSA's board has legal counsel to draft bylaws and other governing documents, draft and advise concerning contracts, advise with regard to compliance with the Brown Act and other statutes applicable to CalMHSA, advise regarding compliance with the Bylaws, Procurement Policy and other directives of the Board, etc.

Doug Alliston has been counsel to CalMHSA since shortly after its formation in 2009, and has charged the same rate (\$185 per hour) without increase for nearly 9 years. He has now requested an increase to \$215 per hour. The increased rate is less than the rate that would apply if there had been a 2% increase each year for 9 years.

**FISCAL IMPACT:**

Approximately a 17% increase to legal expenses compared with the original 2009 rate.

**RECOMMENDATION:**

Approval of board counsel's rate increase request.

**TYPE OF VOTE REQUIRED:**

Majority vote.

**REFERENCE MATERIAL(S) ATTACHED:**

- Letter from Counsel

Douglas R. Alliston  
DAlliston@murphycampbell.com  
(916) 400-2300 x 207

June 4, 2018

Board of Directors  
California Mental Health Services Authority  
3034 Gold Canal Drive, Suite 200  
Rancho Cordova, CA 95670

Re: Rates for Legal Services

I have had the good fortune to be counsel to CalMHSA's Board since 2009. In 2009 we agreed to work for \$185 per hour, and I have never asked for an increase. However, nine years is a long time and my firm's expenses have continued to go up.

We now generally quote \$225 to \$250 an hour to new public entity clients, but to keep CalMHSA's costs as low as possible, I propose to increase our rate to \$215 per hour. Your approval of this request would be greatly appreciated.

Although I have typically performed all CalMHSA work that comes to the firm, we will designate backup counsel to make sure there is no interruption in service when I am unavailable.

Very truly yours,

MURPHY CAMPBELL ALLISTON & QUINN



Douglas R. Alliston



**GENERAL DISCUSSION**  
**Agenda Item 8.A**

**SUBJECT: REPORT FROM CALMHSA PRESIDENT – TERENCE M. ROONEY**

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**ACTION FOR CONSIDERATION:**

Discussion and/or action as deemed appropriate.

**BACKGROUND AND STATUS:**

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

- Strategic Planning Session Follow-up meeting with Executive Committee planned for July 11, 2018
- General

**FISCAL IMPACT:**

None.

**RECOMMENDATION:**

Discussion and/or action as deemed appropriate.

**TYPE OF VOTE REQUIRED:**

Majority vote.

**REFERENCE MATERIAL(S) ATTACHED:**

- None.

**GENERAL DISCUSSION**  
**Agenda Item 8.B**

**SUBJECT: REPORT FROM CALMHSA EXECUTIVE DIRECTOR - WAYNE CLARK**

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**ACTION FOR CONSIDERATION:**

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

**BACKGROUND AND STATUS:**

CalMHSA Executive Director, Wayne Clark, will be reporting on the status of CalMHSA projects.

**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.

**INFORMATIONAL ITEMS**  
**Agenda Item 11. A**

**SUBJECT: WE RISE**

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**ACTION FOR CONSIDERATION:**

None, information only.

**BACKGROUND AND STATUS:**

As part of Los Angeles County Media Campaign and May is Mental Health Month, “WE RISE” is a call to action to manifest new systems of care that support the empowerment of health and wellbeing as a civil right.

WE RISE was a pop-up festival of art and community building that came to downtown Los Angeles between May 19<sup>th</sup> and June 10<sup>th</sup>. Over the course of the show, the following occurred: 150+ artists presented original artworks in a world class exhibition designed to inspire action; 50+ hours of creative programming and workshops were offered with some of the biggest names in pop culture; activists and artists issued specific direct calls to action; and the art lab had fun activities designed at improving our communities overall understanding of mental health and the care all youth deserve.

As part of the WE RISE campaign, up to 600 students from LAUSD schools and others were transported to the site to sit in on the panels, partake in the art lab, and experience the powerful messaging of the incredible art gallery. They also had the opportunity to meet some of the guest speakers such as former Los Angeles Laker, Kobe Bryant.

In addition to the WE RISE Campaign, \$1 million in mini grants was awarded to area individuals and organizations to further enhance efforts of May is Mental Health Month. This included a special recognition reception to awardees at the WE RISE site.

These are just a few of the many events/efforts led by the Los Angeles Department of Mental Health in collaboration with many other partners.

**FISCAL IMPACT:**

None.

**RECOMMENDATION:**

None, information only.

**TYPE OF VOTE REQUIRED:**

Majority vote.

**REFERENCE MATERIAL(S) ATTACHED:**

- [WE RISE](#) Web Calendar of Events