

Board of Directors Meeting

AGENDA

February 13, 2014

2:45 p.m. – 5:00 p.m.



Call-In Information: 1-877-230-9053

(listen in only)

Meeting Locations:

Marriott

Courtyard Sacramento Cal Expo

1782 Tribute Road

Sacramento, CA 95815

(916) 929-7900

Fresno County

Department of Behavioral Health

3133 N. Millbrook Avenue (Youth Link entrance)

Fresno, CA 93703

(559) 600-8918

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

Thursday, February 13, 2014

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

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

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 twenty minutes total.

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

4. CMHDA STANDING REPORT	6
A. CMHDA Standing Report	
Recommendation: None, information only.	
5. STATEWIDE PEI PROGRAMS	7
A. Program Partner Presentation – Disability Rights California –Stigma and Discrimination Reduction Program Four: Advancing Policy to Eliminate Discrimination Program (APED)	
Recommendation: None, information only.	
6. CONSENT CALENDAR - If the Board would like to discuss any item listed, it may be pulled from the Consent Calendar.	
A. Routine Matters	
1. Minutes from the December 12, 2013 Board of Directors Meeting	31
B. Reports/ Corresponding	
1. Treasurer’s Report as of December 31, 2013	42
Recommendation: Staff recommends approval of the Consent Calendar.	
7. FINANCIAL MATTERS	
A. Unaudited Financial Statements as of September 30, 2013 and December 31, 2013	46
Recommendation: None, information only	
8. MEMBERSHIP	12
A. County Outreach Report – Allan Rawland, Associate Administrator – Government Relations	
Recommendation: None, information only.	

9. ADMINISTRATIVE MATTERS

13

A. Sustainability Funding Plan

Recommendation: The Executive Committee recommends that the Board approve the following funding plan for Phase One of Sustaining Prevention and Early Intervention (PEI) Statewide Projects:

1. One-time funds (contingency, unspent and interest) to be fully utilized in the first three year plan and split equally over the three years
2. Matching funds required from program partners ranging from 10-50% match, with emphasis on education
3. Private/ other and alternate funding to include all other funding beyond State and County—i.e. private, foundation, endowment, grant, federal, other
4. State funding sought annually ranging from \$5-10M (if none attained the first year due to time or other constraints, funds from current program partner contracts with unexpended funds shall be inserted)
5. Local Funding
 - a. All members to annually fund PEI Statewide Plans within the target range of 4-7% of local annual PEI funds.
 - b. For Phase 1, counties shall have the option of selecting which initiative(s) to support
6. Minimum annual local funding shall be established at 1%
7. Counties to submit a Letter of Intent to commit funding by May 1st, and in accordance with regulations and statutes that govern the Mental Health Services Act. Letters of Intent to commit funding shall be reviewed by the Finance Committee, in conjunction with CalMHSA annual budget development, with a recommendation to the CalMHSA Board each June

10. PROGRAM MATTERS

- | | |
|--|----|
| A. Report from CalMHSA Program Director – Ann Collentine | 18 |
| Recommendation: None, information only. | |
| B. Department of State Hospitals Update | 19 |
| Recommendation: Discussion and/or action as deemed appropriate. | |
| C. Alternatives to Short-Doyle 2 | 21 |
| Recommendation: None; information only. | |

11. GENERAL DISCUSSION

- | | |
|--|----|
| A. Report from CalMHSA President – Wayne Clark | 24 |
| Recommendation: Discussion and/or action as deemed appropriate. | |

B. Report from CalMHSA Executive Director – John Chaquica 25

- Executive Committee: Superior Regional Representative Vacancy
- World Psychiatric Association’s “Together Against Stigma” Conference (International Stigma and Discrimination Reduction Conference)
- Quorum
- Strategic Planning

Recommendation: Discussion and/or action as deemed appropriate.

12. PUBLIC COMMENTS - 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 twenty minutes in total. The Board may also limit public comment time regarding agenda items, if necessary, due to a lengthy agenda.

13. NEW BUSINESS - General Discussion Regarding any New Business Topics for Future Meetings

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

- A. Board
- B. Staff

15. ADJOURNMENT

CMHDA STANDING REPORT

Agenda Item 4

SUBJECT: CMHDA Standing Report

ACTION FOR CONSIDERATION:

None, information only.

BACKGROUND AND STATUS:

In discussions amongst CalMHSA and CMHDA staff, and later proposed to CalMHSA officers, there will be a standing agenda item for CMHDA staff to present items that are relevant to be discussed at CalMHSA Board meetings. To the extent there are such items, CMHDA will address CalMHSA at each Board meeting. Such discussions, unless otherwise known, are intended to be informational only and not subject to action.

FISCAL IMPACT:

None

RECOMMENDATION:

None, information only.

TYPE OF VOTE REQUIRED:

None

REFERENCE MATERIAL(S) ATTACHED:

- None

STATEWIDE PEI PROGRAMS

Agenda Item 5

SUBJECT: Program Partner Presentation – Disability Rights California - Stigma and Discrimination Reduction Program Four: Advancing Policy to Eliminate Discrimination Program (APEDP)

ACTION FOR CONSIDERATION:

None, information only.

BACKGROUND AND STATUS:

Disability Rights California (DRC) has over 20 years of experience in analyzing and developing policy papers, fact sheets, training and pursuing public policy initiatives. They have worked in the area of mental health and discrimination law in all areas that people with mental health challenges participate in, such as employment, housing and general community life.

As a CalMHSA Program Partner, DRC addresses systemic and institutionalized stigma and discrimination statewide by examining laws, policies, and practices; training community members on existing rights; and recommending needed policy changes. Specifically, DRC does the following:

- Increase awareness of laws, policies and practices that address discrimination and support mental health services in non-traditional settings;
- Identify laws, policies and practices that contribute to stigma and discrimination and recommends changes;
- Disseminate culturally-relevant and age appropriate best practice policies; and
- Build capacity to continue the work after the CalMHSA funding term.

Accomplishments through December 2013:

Material Development

DRC has developed a number of materials, including “You Have the Power to Empower” poster, “Definitions of Stigma and Discrimination,” “Stereotypes that Harm People with Mental Health Challenges,” “Tips Towards Plain Language” and “People First Language in Mental Health,” as well as fact sheets on employment and housing rights, reducing restraints, peer support services, spirituality, and interpreter and translation rights.

Materials are translated into different languages, posted on our website and distributed through training and outreach.

Materials can be found

here: <http://www.disabilityrightsca.org/CalMHSA/CalMHSAfactsheets.html>

Training

DRC provides training on a variety of issues. Training is geared towards gatekeepers, including attorneys, mental health providers, professionals, the business community and others who interact with people with mental health disabilities. Examples of trainings include: employment rights of people with mental health disabilities, ethical obligations of attorneys representing people with mental health disabilities and rights under the Lanterman Petris Short Act. Newly developed trainings include: supporting rights of tenants with mental health disabilities/landlord and tenant obligations, strengthening learning environment in school settings and addressing challenges for youth with mental health disabilities transitioning from high school to college.

See here for training

materials: <http://www.disabilityrightsca.org/CalMHSA/CalMHSAtrainings.html>

Policy Papers

DRC has identified the following issues to address in policy papers which include recommended actions to reduce stigma and resulting discrimination. The following are in development: 1) recovery focused hospital diversion and aftercare, 2) NIMBY and supportive housing, 3) training for first responders, 4) supporting positive educational environments, 5) serving people in jails who are incompetent to stand trial, 6) supporting youth with mental health disabilities as they transition to post-secondary school, and 7) improvements for youth with mental health challenges in the juvenile justice system.

Mental Health Parity

DRC is developing a series of tools to support the meaningful implementation and expansion of parity. There is a need to ensure that current and future enrollees know about the effective behavioral health services for which they may qualify and the complaint procedures and other recourse available to ensure receipt of this necessary assistance. DRC is providing outreach, education and advocacy to ensure that people have information and assistance to exercise their rights and reduce discrimination under state and federal parity laws. DRC has released a new publication — **“What is Mental Health Parity?”** — to help consumers understand that health insurance must provide equal coverage for physical and

mental health conditions. The resource is available in English, Spanish, Vietnamese, Tagalog and Arabic.

See here for parity

materials: <http://www.disabilityrightsca.org/CalMHSA/CalMHSAParity.html>

Program Impact to Date:

- 31 fact sheets of which 21 are translated into various languages, including Arabic, Armenian, Cambodian, Chinese, Hmong, Korean, Russian, Spanish, Tagalog and Vietnamese.
- Nearly 50 trainings have taken place, directly training roughly 1,750 individuals such as public defenders.
- 8 different training modules with materials have been developed on the following topics: stigma and discrimination in employment; supportive educational environments; Lanterman Petris Short Act for public defenders; discrimination in school against students with mental health needs; educationally related mental health services; protecting the fair housing rights of tenants with disabilities; and mental health parity, the Affordable Care Act and Californians with mental health challenges under Health Care Reform.
- Developing seven different policy papers with action recommendations in consultation with the SDR Consortium.

FISCAL IMPACT:

None

RECOMMENDATION:

None, information only.

TYPE OF VOTE REQUIRED:

None

REFERENCE MATERIAL(S) ATTACHED:

- Disability Rights California and CalMHSA Stigma and Discrimination Reduction PowerPoint

CONSENT CALENDAR
Agenda Item 6

SUBJECT: Consent Calendar

ACTION FOR CONSIDERATION:

Approval of the Consent Calendar.

BACKGROUND AND STATUS:

The Consent Calendar consists of items that require approval or acceptance but are self-explanatory and require no discussion. If the Board would like to discuss any item listed, it may be pulled from the Consent Calendar.

A. Routine Matters

1. Minutes from the December 12, 2013 Board of Directors Meeting

B. Reports/ Corresponding

1. Treasurer's Report as of December 31, 2013

FISCAL IMPACT:

None

RECOMMENDATION:

Staff recommends approval of the Consent Calendar.

TYPE OF VOTE REQUIRED:

Majority of the Board of Directors.

REFERENCE MATERIAL(S) ATTACHED:

- Minutes from the December 12, 2013 Board of Directors Meeting
- Treasurer's Report as of December 31, 2013

FINANCIAL MATTERS
Agenda Item 7.A

SUBJECT: Unaudited Financial Statements as of September 30, 2013 and December 31, 2013

BACKGROUND:

CalMHSA staff is providing the Board with the unaudited financial statements as of September 30, 2013 and December 31, 2013.

RECOMMENDATION:

None, information only

REFERENCE MATERIAL(S) ATTACHED:

- Unaudited Financial Statements as of September 30, 2013 and December 31, 2013

MEMBERSHIP
Agenda Item 8

**SUBJECT: County Outreach Report – Allan Rawland, Associate Administrator –
Government Relations**

ACTION FOR CONSIDERATION:

None, information only.

BACKGROUND AND STATUS:

During each Board of Directors meeting, Allan Rawland, Associate Administrator – Government Relations, will update the Board on the status of prospective new members.

FISCAL IMPACT:

None.

RECOMMENDATION:

None, information only.

TYPE OF VOTE REQUIRED:

None

REFERENCE MATERIAL(S) ATTACHED:

- County Outreach by Region
- CalMHSA Membership Roster

ADMINISTRATIVE MATTERS

Agenda 9.A

SUBJECT: Sustainability Funding Plan

ACTION FOR CONSIDERATION:

The CalMHSA Sustainability Funding Task Force met on January 9, 2014 and the CalMHSA Executive Committee met on January 30, 2014 to form a funding recommendation for Sustaining Prevention and Early Intervention (PEI) Statewide Projects. The following is recommended for consideration by the CalMHSA Board.

1. One-time funds (contingency, unspent and interest) to be fully utilized in the first three year plan and split equally over the three years.
2. Matching funds required from program partners ranging from 10-50% match, with emphasis on education.
3. Private/other and alternate funding to include all other funding beyond State and County—i.e., private/other, foundation, endowment, grant, federal
4. State funding sought annually ranging from \$5–10M (if none attained the first year due to time or other constraints, funds from current program partner contracts with unexpended funds shall be inserted).
5. Local Funding
 - a. All members to annually fund PEI Statewide Plans within the target range of 4-7% of local annual PEI funds.
 - b. For Phase 1, counties shall have the option of selecting which initiative(s) to support.
6. Minimum annual local funding shall be established at 1%.
7. Counties to submit a Letter of Intent to commit funding by May 1st, and in accordance with regulations and statutes that govern the Mental Health Services Act. Letters of Intent to commit funding shall be reviewed by the Finance Committee, in conjunction with CalMHSA annual budget development, with a recommendation to the CalMHSA Board each June.

BACKGROUND AND STATUS:

The recommendation of the Funding Task Force and Executive Committee is the most recent step in the effort to continue PEI Statewide Projects. Since the adoption and implementation of the existing CalMHSA PEI Statewide Implementation Plan in 2011, the investment by counties and the impact of the projects resulted in Board actions to continue to find a funding solution for continuing PEI Statewide Projects.

Summary of CalMHSA Board Actions:

April 2013 – Board validates the continuation of Statewide PEI Projects past June 2014, at its Strategic Planning meeting.

June 2013 – CalMHSA Board forms a Sustainability Task Force to make programmatic recommendation to the Board on PEI Statewide projects. This Task Force meets monthly, is chaired by Alfredo Aguirre, and has county representation from each CMHDA region. Recommendations from the Task Force are vetted (as possible) with CalMHSA Advisory Committee and then presented to the Board.

August 2013 – Board adopts Task Force recommendation on Criteria and Rating for Current and Future PEI projects.

October 2013 – Board adopts Task Force recommendation for development of a Phase One Plan for FY 14/15 and development of a Phase Two Plan to be implemented beginning in FY 15/16.

– Board approves the use of up to \$250,000 in planning funds for development of a draft Phase Two plan by July 2014 for presentation to the Board at the August Board meeting.

December 2013 - Board approves the Phase One Plan without a funding recommendation and forms the Sustainability Funding Task Force. The goal of the Task Force is to: determine a county funding model for PEI Statewide Initiatives and address FY 2014-2015 funding solution.

Current Activity:

January 9, 2014 - On January 9, 2014, the following board members, attended of the Funding Task Force meeting:

- Maureen Bauman , Placer County, chair
- Wayne Clark, Monterey County
- CaSonya Thomas, San Bernardino County
- Scott Gruendl, Glenn County
- Jerry Wengerd, Riverside County
- Tom Sherry, Sutter/Yuba County
- Donnell Ewert, Shasta County
- Dean True, Shasta County
- Asha George, Humboldt County

The members discussed a funding framework and three different funding levels prepared by CalMHSA staff. Each model included the same proposed funding framework but showed a varying funding level for FY14/15 and beyond. The framework and funding framework were developed from prior feedback received from Board members through prior meetings and discussions. The funding framework:

1. Utilizes carryover, unspent, and interest earned funds,
2. Initializes the need for partnering which requires match contributions from program partners,
3. Recognizes and establishes the need for private/federal/foundation/other funds and builds toward a diverse funding stream to sustain future projects,
4. Creates direct funding relationship between State and JPA—similar to CiMH, and
5. Aligns CalMHSA JPA PEI funding with local funding by:
 - a. Establishing three year plans
 - b. Establishing minimum member funding participation
 - c. Allowing for county flexibility and choice
 - d. Continuing stakeholder involvement

Following discussion by Task Force members, additional parameters of the final recommendation include:

1. One-time funds (contingency, unspent and interest) to be fully utilized in the first three year plan and split equally over the three years.
2. Matching funds required from program partners ranging from 10-50% match, with emphasis on education.
3. Private/other funding to include all other funding beyond State and County—i.e. private/other, foundation, endowment, grant, federal
4. State funding sought annually ranging from \$5 - 10M (if none attained the first year due to time or other constraints, current program partner contracts with unexpended funds shall be inserted).
5. Local Funding
 - a. All members to annually fund PEI Statewide Plans within the target range of 4-7% of local annual PEI funds.
 - b. Minimum annual funding shall be established at 1%.
 - c. Exception requests below 4% or above 7% shall be submitted to CalMHSA by May 1, 2014 and reviewed by the Finance Committee with recommendations to the CalMHSA Board each June with the approval of the annual budget.

The Task Force agreed to recommend the following:

- The local (county) annual funding will have a flat rate range of 4-7% for each county from FY 14/15 through FY 16/17, with exceptions for both lower than 4% and higher than 7%. All exception requests will be made by May 1, 2014 submitted to the Finance Committee for approval.

January 30, 2014 - The Executive Committee meeting was attended by the following board members:

- Wayne Clark, Monterey County
- Maureen Bauman, Placer County

- Karen Stockton, Modoc County
- Rita Austin, Tuolumne County
- CaSonya Thomas, San Bernardino County
- William Arroyo, Los Angeles County
- Alfredo Aguirre, San Diego County

Members discussed the recommendation made by the Sustainability Funding Task Force. As a result of issues raised during the discussion, the Executive Committee made revisions which further defined and clarified the Task Force recommendation. The recommendation of the Executive Committee was unanimously endorsed to be submitted to the CalMHSA Board for consideration and discussion at the February meeting.

FISCAL IMPACT:

Funding for Phase One Plan – FY 2014-2015

RECOMMENDATION:

Staff recommends that the Board approve the following funding plan for Phase One of Sustaining PEI Statewide Projects:

1. One-time funds (contingency, unspent and interest) to be fully utilized in the first three year plan and split equally over the three years.
2. Matching funds required from program partners ranging from 10-50% match, with emphasis on education.
3. Private/other funding to include all other funding beyond State and County—i.e. private/other, foundation, endowment, grant, federal.
4. State funding sought annually ranging from \$5–10M (if none attained the first year due to time or other constraints, current program partner contracts with unexpended funds shall be inserted).
5. Local Funding
 - a. All members to annually fund PEI Statewide Plans within the target range of 4-7% of local annual PEI funds.
 - b. For Phase 1, counties shall have the option of selecting which initiative(s) to support.
6. Minimum annual funding shall be established at 1%.
7. Counties shall submit a Letter of Intent to commit funding by May 1,2014 and in accordance with regulations and statutes that govern the Mental Health Services Act. Letters of Intent to commit funding shall be reviewed by the Finance Committee, in conjunction with CalMHSA annual budget development, with a recommendation to the CalMHSA Board each June.

TYPE OF VOTE REQUIRED:

Majority vote of the CalMHSA Board of Directors.

REFERENCE MATERIAL(S) ATTACHED:

- Model 2 – Funding Components
- Model 2 – Source of Funds
- Model 2 – Local Annual Funding
- Model 2 – Appendix 1
- Rating Criteria for Prioritizing Projects

PROGRAM MATTERS

Agenda Item 10.A

SUBJECT: Report from CalMHSA Program Director – Ann Collentine

ACTION FOR CONSIDERATION:

None, information only.

BACKGROUND AND STATUS:

CalMHSA Program Director, Ann Collentine, will provide general information and updates regarding the Statewide Prevention and Early Intervention Projects.

Implementation Status Evaluation

- Student Mental Health
- Stigma and Discrimination Reduction
- Suicide Prevention
- Phase One and Phase Two Planning
- CalMHSA Express Refocused in Response to Survey
- Training/ Technical Assistance and Capacity Building (TTACB)
- California County Superintendents Educational Services Association (CCSESA) 2013 Reach and Impact Numbers

FISCAL IMPACT:

None

RECOMMENDATION:

None, information only.

TYPE OF VOTE REQUIRED:

None

REFERENCE MATERIAL(S) ATTACHED:

- CalMHSA Program Director's Update Report
- California County Superintendents Educational Services Association (CCSESA) 2013 Reach and Impact Numbers

PROGRAM MATTERS
Agenda Item 10.B

SUBJECT: Department of State Hospitals Update

ACTION FOR CONSIDERATION:

None

BACKGROUND AND STATUS:

2013-2014 MOU—has been distributed to all participating members for BOS approval and signature.

Participation Agreements—have been distributed to all participating members for review and approval. Several counties have indicated they are in various stages of completion.

NEXT STEPS:

The State Hospital Bed Work Group met on January 30th to discuss the following next steps:

- a. Formalize the Work Group as a formal committee of CalMHSA
- b. Begin negotiating terms for 2014-15—meet with DSH on February 26th
- c. Review of alternatives — Committee would like CalMHSA to support submission of a Letter of Interest.
- d. Pursue WIC 17601 election with DOF—to schedule a meeting with DOF
- e. Pursue State Hospital Medicare reimbursement with DOF — to schedule a meeting with DOF
- f. Contract Management (Compliance/Conflict Resolution w/terms of MOU)
- g. Database (*need to balance this with what DSH Portal now has populated*)
 - i. Creation based on benefit—as alternative considered control and custody of joint data will be critical
 - ii. Bed usage—type, length of stay, hospital
 - iii. Records of services
 - iv. Repository and hub for information sharing

Request for Interest (RFI)— In order to potentially identify inpatient alternatives to placing individuals in DSH facilities it was discussed that a national solicitation of interest

be sought. If supported, staff will develop background and criteria for response and formulate a list of potential providers.

The purpose of the RFI is to elicit responses from interested entities who have the experience and capability to provide inpatient services at the same levels of care as existing State Hospitals to persons with mental disorders, in accordance with Welfare & Institutions Code (WIC) Section 4100 et seq.

Entities must 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.

Entities must 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 to be provided statewide in an effort support the needs of the California's diverse geographic regions.

NEXT MEETING(s):

The work group has a scheduled in-person meeting for February 20, 2014, followed by a meeting with DSH on February 26, 2014.

FISCAL IMPACT:

None

RECOMMENDATION:

Discussion and/or action as deemed appropriate.

TYPE OF VOTE REQUIRED:

None

REFERENCE MATERIAL(S) ATTACHED:

None

PROGRAM MATTERS

Agenda Item 10.C

SUBJECT: Alternatives to Short-Doyle 2

ACTION FOR CONSIDERATION:

None

BACKGROUND AND STATUS:

The Department of Health Care Services (DHCS) has indicated the need to explore options to transition from Short-Doyle 2 to a new billing system. In response, the CMHDA Financial Services and Information Technology (IT) Committee members and staff proposed a migration from the state-operated Short-Doyle 2 system to HIPAA-compliant, county-based encounter data systems that use certified vendors/systems to collect and store encounter information in a HIPAA-compliant format locally. This solution is intended to simplify the federal reimbursement process for the state and counties, and allow counties and their vendors to fully implement the federal information coding and exchange requirements.

Counties have taken action on this topic through both CMHDA and CalMHSA: At the May 9, 2013 CMHDA All Directors Meeting, members voted to approve the IT Committee's CMHDA/DHCS Short-Doyle 3 Feasibility Study Partnership Proposal. At the July 25, 2013 CalMHSA Executive Committee Meeting, staff was authorized to work with CMHDA and DHCS on this project. At the August 15, 2013 CalMHSA Board Meeting, the allocation methodology outlined in MHSD Information Notice 13-15 was approved as the methodology to be used in determining each county's share of the estimated \$300,000 cost for these quality improvement efforts. CalMHSA invoiced counties for their estimated share of cost, should they wish to participate. Financial participation is not mandatory; however, if full participation is not achieved, counties may need to increase their level of funding. Staff calculated a possible range for the share of cost.

To date, 28 counties have contributed to fund this quality improvement effort. An additional 18 counties have expressed that they intend to contribute and are working through their local approval process. The status of the remaining counties is unknown.

CMHDA and CalMHSA staff are available to discuss any questions or concerns regarding this effort. Please contact Sarah Brichler if you have questions or are in need of additional supporting documents for your local approval process (sarah.brichler@calmhsa.org, 602-501-8696).

NEXT STEPS:

Beginning in October 2013, Governance Council meetings have been convened with leadership from DHCS and counties. These meetings are intended to allow the parties involved to articulate goals, outline state and federal billing requirements, and obtain consensus on the direction of the study. The goal of the Governance Council meetings is to reach consensus on the direction of the claims system improvement efforts. Currently,

CMHDA, CalMHSA and DHCS are working together to develop a detailed implementation plan for short and long term solutions to Short Doyle 2. This plan is intended to include:

- Short term adjustments to Short Doyle 2 that support the continued operation and processing of claims in anticipation of a longer term transition to a Medicaid Information Technology Architecture (MITA) compliant system.
- Development of a pilot program to test solutions within sample counties prior to implementing system wide changes in the Medi-Cal claims reimbursement and cost settlement systems.
- Longer term solutions, such as participation in the federally required Medicaid Information Technology Architecture (MITA) process to ensure that behavioral healthcare and county specific needs are documented, and technical requirements captured.

FISCAL IMPACT:

County resources are being gathered in anticipation of agreements that would improve information technology exchange and financial reimbursement structure. The total cost of implementing these system improvements is estimated to be up to \$300,000. It is anticipated that CalMHSA will assume a substantial administrative and fiscal role in:

- Contracting with counties to participate in and fund these efforts,
- Planning and development of a proposed project management plan and any services needing procurement along with Steering Committee partners including DHCS and CMHDA,
- Procuring, executing and managing any needed contracts to implement the project management plan with Steering Committee input, and,
- Obtaining the advice of legal counsel in County participation agreements, Memorandums of Understanding with partners, procurement and contract documents.

As such, CalMHSA staff time, legal counsel and administrative expenses would need to be allocated across participating counties and align with the indirect and indirect cost guidelines determined by the CalMHSA Finance Committee. Any unused funds would be allocated to future program expenses.

RECOMMENDATIONS:

None, information only.

TYPE OF VOTE REQUIRED:

None

REFERENCE MATERIAL(S) ATTACHED:

- None

GENERAL DISCUSSION
Agenda Item 11.A

SUBJECT: Report from CalMHSA President – Wayne Clark

ACTION FOR CONSIDERATION:

Discussion and/or action as deemed appropriate.

BACKGROUND AND STATUS:

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

FISCAL IMPACT:

None

RECOMMENDATION:

Discussion and/or action as deemed appropriate.

TYPE OF VOTE REQUIRED:

Majority vote of the Board of Directors.

REFERENCE MATERIALS ATTACHED:

- None

GENERAL DISCUSSION

Agenda Item 11.B

SUBJECT: Report from CalMHSA Executive Director – John Chaquica

ACTION FOR CONSIDERATION:

Discussion and/or action as deemed appropriate.

BACKGROUND AND STATUS:

CalMHSA Executive Director, John Chaquica, will provide general information and updates regarding the JPA.

- Executive Committee— Superior Regional Representative Vacancy
- World Psychiatric Association’s “Together Against Stigma” Conference (International Stigma and Discrimination Reduction Conference)
- Quorum
- Strategic Planning Session

FISCAL IMPACT:

None

RECOMMENDATION:

Discussion and/or action as deemed appropriate.

TYPE OF VOTE REQUIRED:

Majority vote of the Board of Directors.

REFERENCE MATERIALS ATTACHED:

- 2015 International “ Together Against Stigma” Conference – Advisory/ Program Committee Invitations

Disability Rights California CaIMHSA SDR Work

Margaret Johnson
Advocacy Director

Enhancing Local PEI Efforts

- ▶ Training and fact sheet distribution, which educate about stigma & discrimination reduction
- ▶ As counties work on PEI activities, DRC materials & training enhance education, provide opportunities for discussion about issues raised & further training
- ▶ Policy papers identify where enforcement or change is needed & recommend next steps
- ▶ Mental health parity work ensures private health insurance covers mental health services to the same extent as physical health benefits
- ▶ This benefits county PEI efforts; for example: policy papers may make recommendations that lead to more affordable supported housing or identify best practices in first responder training
- ▶ Ultimately: decreased stigma & discrimination so people lead productive quality lives in communities of their choice

Examining Challenges in Transitioning from High School to Post-Secondary School Paper

- ▶ Moving from high school to a post-secondary education setting brings with it additional unique demands when the student has mental health disabilities. This was of particular concern for members of the Youth Advisory Group that subcontractor Mental Health Advocacy Services convened leading to development of a policy paper on the subject.
- ▶ Preliminary recommendations for changes:
 - Train Disabled Student Program Services staff on mental health disabilities
 - Provide accommodations for seeking accommodations or simplify the process
 - Develop peer counseling and mentoring programs to empower student with mental health disabilities

Officer Training in Responding to People Experiencing a Mental Health Crisis Paper

- ▶ State law doesn't require specialized officer training to respond to people experiencing a mental health crisis. Several police agencies have specialized training programs or "Crisis Intervention Team" (CIT) training.
- ▶ We are part of San Francisco's CIT training curriculum development & implementation. As a steering committee member, we are developing a mapping system of mental health resources for San Francisco CIT officers.
- ▶ We surveyed law enforcement agencies to determine the scope & content of their training. We interviewed mental health clients, mental health providers, experts, & law enforcement officers regarding their perspectives on "best practices" for training resources.
- ▶ Our policy paper will identify essential elements of law enforcement training, barriers to training, & the benefits & limitations of various training models.

Mental Health Parity Work

- ▶ Past and Current activities:
 - Identify laws mandating parity in health care coverage for people with mental health disabilities and substance use disorder
 - Develop reference & training materials to educate about parity rights
 - Provide technical assistance & in select cases raising systemic issues provide legal representation to people denied parity in health care coverage
 - Participate in stakeholder forums, develop issue statements and make recommendations for system changes to encourage parity in health care coverage
- ▶ Upcoming activities
 - Continue to provide trainings and present at several conferences
 - Use social media such as Facebook and Twitter



"A George Hill: Company Administered JPA"

**CalMHSA Board of Directors
Meeting Minutes from December 12, 2013**

BOARD MEMBERS PRESENT

Wayne Clark, PhD, CalMHSA President, Monterey County
Maureen F. Bauman, LCSW, CalMHSA Vice President, Placer County
CaSonya Thomas, MPA, CHC, CalMHSA Secretary, San Bernardino County
Scott Gruendl, MPA, CalMHSA Treasurer, Glenn County
Rita Austin, LCSW, Central Region Representative, Tuolumne County
William Arroyo, MD, Los Angeles Region Representative, Los Angeles County
Karen Stockton, PhD, MSW, Superior Region Representative, Modoc County
Terence M. Rooney, PhD, Colusa County
Don Ashton, El Dorado County
Asha George, Humboldt County
Andrea Kuhlen, MPA, Imperial County (alternate)
Kristy Kelly, MFT, Lake County
Suzanne Tavano, PHN, PhD, Marin County
John Lawless, Mariposa County
Tom Pinizzotto, Mendocino County
Jaye Vanderhurst, LCSW, Napa County
Michael Heggarty, MFT, Nevada County
Jenny Qian, MA, Orange County (alternate)
Jerry Wengerd, LCSW, Riverside County
Dorian Kittrell, Sacramento County
Jane Ann LeBlanc, Sacramento County (alternate)
Vic Singh, San Joaquin County
Jean Anderson, MFT, San Joaquin County
Anne Robin, MFT, San Luis Obispo County
Stephen Kaplan, San Mateo County
Donnell Ewert, MPH, Shasta County
Madelyn Schlaepfer, PhD, Stanislaus County
Brad Luz, PhD, Central Region Representative, Sutter/Yuba Counties
Noel J. O'Neill, MFT, Trinity County
Mark Bryan, MSW Yolo County

MEMBERS/ALTERNATES LISTENING IN

Susan Kelly, Ventura County

Alfredo Aguirre, Southern Region Representative, San Diego County

BOARD MEMBERS ABSENT

Aaron Chapman, Alameda County

Karyn Tribble, PsyD, LCSW, City of Berkeley

Warren Hays, Contra Costa County (alternate)

Gary R. Blatnick, Del Norte County

Donna Taylor, RN, Fresno County

Gail Zwier, PhD, Inyo County

James Waterman, PhD, Kern County

Mary Ann Ford Sherman, MA, Kings County

Melody Brawley, Lassen County

Van Do-Reynoso, MPH, Madera County

Robin Roberts, MFT, Mono County

Alan Yamamoto, LCSW, San Benito County

Jo Robinson, San Francisco City and County

Frank Warren, San Luis Obispo County (alternate)

Nancy Pena, PhD, Santa Clara County

Erik Riera, Med, CAS, MBA, Santa Cruz County

Terry Barber, Siskiyou County

Halsey Simmons, MFT, Solano County

Michael Kennedy, Bay Area Region Representative, Sonoma County

Jesse Duff, Tri-City Mental Health Center

Timothy Durick, PsyD, Tulare County

STAFF PRESENT

John Chaquica, CPA, MBA, ARM, CalMHSA Executive Director

Doug Alliston, CalMHSA Legal Counsel, Murphy Campbell Alliston & Quinn

Allan Rawland, MSW, ACSW, Associate Administrator – Government Relations

Ann Collentine, MPPA, CalMHSA Program Director

Stephanie Welch, MSW, CalMHSA Senior Program Manager

Sarah Brichler, MEd, CalMHSA Program Manager

Laura Li, CalMHSA JPA Administrative Manager

Kim Santin, CPA, CalMHSA Finance Director

Michelle Yang, CalMHSA Executive Assistant

Bianca Vidales, CalMHSA Administrative Assistant

MEMBERS OF THE PUBLIC PRESENT

Robert Oakes, California Mental Health Directors Association (CMHDA)
Theresa Ly, Education Development Center – Know the Signs Campaign
Doretha Williams-Flournoy, California Institute for Mental Health (CiMH)
Michael Manduca, James Marta & Company
Eduardo Vega, Mental Health Association of San Francisco
Peter Livingston, Plumas County Mental Health Director
Sally Spencer-Thomas, the Carson J. Spencer Foundation
Paul Muller, Muller and Smith

1. CALL TO ORDER

The Board of Directors of the California Mental Health Services Authority (CalMHSA) was called to order by President Wayne Clark, PhD, Monterey County, at 2:48 p.m. on December 12, 2013, at the Doubletree Hotel Sacramento, located at 2001 Point West Way, Sacramento, California. President Clark welcomed those in attendance as well as those listening in on the phone.

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

2. ROLL CALL AND INTRODUCTIONS

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

3. INSTRUCTIONS FOR PUBLIC COMMENT AND STAKEHOLDER INPUT

Doug Alliston, CalMHSA Legal Counsel, Murphy Campbell Alliston & Quinn, reviewed the instructions for public comment, including the process of public comment cards, and noted items not on the agenda would be reserved for public comment at the end of the agenda. President Clark then asked for members of the public to introduce themselves.

4. CMHDA STANDING REPORT

In discussions amongst CalMHSA and CMHDA staff, and later proposed to CalMHSA officers, there will be a standing agenda item for CMHDA staff to present items that are relevant to be discussed at CalMHSA Board meetings. To the extent there are such items; CMHDA will address CalMHSA at each Board meeting. Such discussions, unless otherwise known, are intended to be informational only and not subject to action.

Action: *None, information only.*

5. STATEWIDE PEI PROGRAMS

A. Program Partner Presentation – Disability Right California – SDR Program Four: Advancing Policy to Eliminate Discrimination Program

Due to time constraints and more pressing matters, President Clark requested Disability Rights California present at the next CalMHSA Board of Directors Meeting.

Action: *None, information only.*

6. APPROVAL OF AGENDA AS POSTED (OR AMENDED)

President Clark called for approval of the agenda as posted and asked for comment from the Executive Committee members. Hearing none, President Clark entertained a motion to approve the agenda as posted.

Action: *Approval of the agenda as posted.*

Motion: *Anne Robin, San Luis Obispo County*

Second: *William Arroyo, Los Angeles County*

Motion passed unanimously.

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

None

7. CONSENT CALENDAR

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

Action: *Staff recommends approval of the consent calendar.*

Motion: *Andrea Kuhlen, Imperial County*

Second: *Jaye Vanderhurst, Napa County*

Motion passed unanimously.

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

None

8. MEMBERSHIP

A. County Outreach Report – Allan Rawland, Associate Administrator – Government Relations

Allan Rawland, CalMHSA Associate Administrator – Government Relations, deferred to a brief report within the board packet outlining current outreach activity.

Action: *None, information only.*

9. ADMINISTRATIVE MATTERS

A. Statewide Prevention and Early Intervention (PEI) Sustainability Taskforce

Alfredo Aguirre, Southern Region Representative, San Diego County, led a brief discussion on the CalMHSA Sustainability Task Force. Mr. Aguirre gave recognition to those on the Task Force who have provided guidance on the programmatic elements of

the PEI Statewide Project Sustainability Plan and vetted milestones related to this plan prior to presenting to the full Board. Mr. Aguirre called on William Arroyo, Los Angeles County, to give the Board a brief update on Task Force activities and milestones to include a review of documents included in the agenda packet.

Ann Collentine, CalMHSA Program Director, gave an in-depth explanation regarding the recommendation of extending the programs for an additional year. Ms. Collentine explained each program in brief detail, and recommended the Phase One Plan continue the current CalMHSA Statewide PEI Implementation Work Plan for one additional fiscal year, from July 1, 2014–June 30, 2015, with a reduced annual budget. After discussion, the Board approved the Phase One Plan without a funding recommendation and formed the Sustainability Funding Task Force. The goal of the Funding Task Force is to determine a county funding model for PEI Statewide Initiatives and determine a FY 2014–2015 funding solution.

Action: ***1) To adopt a one year continuation of the current CalMHSA Statewide PEI Implementation Workplan from July 1, 2014 – June 30, 2015 (also referred to as Phase One) without a funding recommendation.***
2) Requested that staff prioritize current workplan activities based on criteria previously adopted by the Board and present this information to the Sustainability Taskforce for discussion and action.

Motion: ***Karen Stockton, Modoc County***
Second: ***Jerry Wengerd, Riverside County***

Motion passed unanimously.

Public comment was heard from the following individual(s):
Eduardo Vega, Mental Health Association of San Francisco

B. Quorum Options for Board and Executive Committee

John Chaquica, CalMHSA Executive Director, briefly discussed how reaching a quorum of the Board of Directors and the Executive Committee has continued to be difficult. In addition, he reminded the Board that staff had recommended various options for consideration at the October Board Meeting. Proposed changes to the bylaws have been indicated with track changes, for board review and approval.

Mr. Chaquica reviewed the proposed changes, which would revert the Executive Committee back to nine (9) members (not counting the tenth slot for Past President, which currently is not applicable). In addition, there would be a tenth at-large member

drawn from the roster of CMHDA officers. Maintaining ten members will prevent Friday agenda review calls from involving a quorum of the Executive Committee.

Modoc County had concerns with the reduced number of Executive Committee members making decisions on behalf of the Board, as it would not be a full representation of the members.

Board Members directed CalMHSA staff to reach out to CMHDA in an effort to reduce the meeting day by cutting small portions of earlier meetings, in an effort for CalMHSA Board of Directors Meetings to begin sooner.

Action: *Approve proposed amendment of bylaws.*

Motion: *William Arroyo, Los Angeles County*

Second: *Jaye Vanderhurst, Napa County*

Motion passed with twenty-nine ayes, one objection (Humboldt County), and zero abstentions.

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

None

10. FINANCIAL MATTERS

A. Report from the CalMHSA Finance Committee – Scott Gruendl

Scott Gruendl, Treasurer, Glenn County, provided an update on the Finance Committee's November 26, 2013 teleconference and reviewed the documents included in the agenda packet. Mr. Gruendl reviewed the financial statements date and up to September 2014.

Action: *None, information only.*

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

None

B. Financial Audit, June 30, 2013

Kim Santin, CalMHSA Finance Director, introduced Michael Manduca, James Marta & Company, to give a detailed presentation on the financial audit. Mr. Manduca explained any issues found would have been noted in the Internal Control Review and Communication with Those Charged with Governance and noted they did not find any deficiencies or weaknesses and were giving CalMHSA an unqualified unmodified

opinion. President Clark asked the Board if they had any questions for Mr. Maduca. Donnell Ewert, Shasta County, questioned how much unobligated PEI funding would be remaining into the next fiscal year. President Clark replied the Sustainability Committee has been working with an estimate of \$5 million, not including the interest funds. Not hearing any other additional questions from the Board, President Clark asked for the Board to approve the annual audit for the period ending June 30, 2013.

Action: ***The Board to approve the annual audit for the period ending June 30, 2013.***

Motion: ***Karen Stockton, Modoc County***

Second: ***Dorian Kittrell, Sacramento County***

Motion passed unanimously.

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

Robert Oakes, California Mental Health Directors Association (CMHDA)

C. George Hills Company Contract With CalMHSA

Mr. Gruendl stated the current agreement with George Hills Company (GHC) will expire June 30, 2014. The Finance Committee made two recommendations which would be considered for contract extension and action at a later date. The first would be dependent on CalMHSA's administrative and indirect costs staying below 7.5% (currently at 4.1% for FY 2013–2014). The second would be based on performance. Because both conditions were met, GHC was asked to present a proposed extension of contract terms, focusing on three areas: continuing the operations of the JPA through the conclusion of the PEI Statewide projects, closing of all contracts, and a trigger of further work in the event new funds are provided for Statewide PEI Projects. Mr. Gruendl reassured the Board there were no foreseen issues with extending the contract.

Karen Stockton, Modoc County, supported continuing the JPA but had some concerns with how it would develop since she felt uncomfortable with the length of the proposed three-year contract with the option of winding up or fully funding the JPA.

Ms. Stockton, Noel J. O'Neill, MFT, Trinity County, and other Board members discussed the various options for renewal, to include a yearly and six month contract period. Mr. Chaquica referred to materials attached to the agenda and reviewed the various scenarios in an effort to provide clarity to the proposal.

CaSonya Thomas, CalMHSA Secretary, San Bernardino County, and other members gave their support for the three-year contract, stating staff retention and stability was vital

for the programs to continue smoothly. Ms. Thomas recommended adding language allowing for re-negotiations once more information is available. An annual review of the contract was recommended by Mr. Gruendl, with a proposal for the coming year. Mr. Gruendl stated the Finance Committee would measure the administrative costs against the current limit, 7.5%, which would be a trigger for informing the Board. Board members decided to move forward with the action, after agreeing to delete column five of the exhibit, which was a flat-fee proposal for continued work in the event PEI projects received additional funding to sustain them. The Board approved extending the contract by three more years, with the first year funded, and CalMHSA (c/o George Hills Company) coming back every year to receive approval of funds to continue.

Action: *Approval of the George Hills Contract extension to be effective from July 1, 2014 to June 30, 2017; with a caveat that column 5 would be removed.*

Motion: *Jerry Wengerd, Riverside County*
Second: *William Arroyo, Los Angeles County*

Motion passed with twenty-nine ayes and one objection from (Humboldt County), and zero abstentions

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

11. PROGRAMS MATTERS

A. Report from CalMHSA Program Director – Ann Collentine

President Clark called on Ms. Collentine to give a report to the Board. Ms. Collentine referred the Board to pages 150–159 of their Board packet, due to time constraints.

Action: *None, information only.*

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

B. Report from the CalMHSA Advisory Committee – Maureen Bauman

President Clark called on Maureen F. Bauman, CalMHSA Vice President, Placer County, for an update from the Advisory Committee. Ms. Bauman referred the Board to the report from the Advisory Committee included in the meeting packet, as she had no further comments at the time.

Action: *None, information only.*

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

None

C. New Behavioral Health Billing System Feasibility Study Update

Sarah Brichler, CalMHSA Program Manager, had no further comments at the time.

Action: *None, information only.*

D. Department of State Hospitals Updates

Mr. Chaquica announced the Department of State Hospitals (DSH) MOU has been finalized and is to be sent out to participating counties for execution. It was also stated that CalMHSA Participation Agreements had already gone out and many members were in process of obtaining board of supervisor approval. The workgroup continues to work productively with the Department of State Hospitals, but notes rate reduction remains a main focus.

Action: *None, information only.*

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

None

E. World Psychiatric Association's "Together Against Stigma" Conference (International Stigma and Discrimination Reduction Conference)

Stephanie Welch, CalMHSA Senior Program Manager, briefly discussed CalMHSA intentions to co-host the 2015 International Stigma and Discrimination Reduction (SDR) Conference with the World Psychiatric Association (WPA) and the California Institute of Mental Health (CiMH). Ms. Welch requested the Board to delegate authority to the Executive Committee in considering funding appropriation to support the conference. Staff is working with CiMH to develop a conference budget and timeline.

- Action:**
- 1. Board approval for CalMHSA to access up to \$150,000 in planning funds in the event of revenue shortfall from the World Psychiatric Association (WPA) the 2015 International Stigma and Discrimination Reduction Conference.**
 - 2. Board approval for CalMHSA to enter into a contract with CiMH as the co-host and conference planner.**

Motion: *William Arroyo, Los Angeles County*

Second: *Michael Heggarty, Nevada County*

Motion passed unanimously.

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

Eduardo Vega, Mental Health Association of San Francisco

F. Each Mind Matters (EMM) Enhancement For Local Impact

The EMM campaign has been receiving increasing attention, including increased number of website visits. Feedback and impact has been used throughout counties and Higher Education partners to integrate EMM into state, regional, and local level efforts in order to unify structure for California's mental health movement and stigma reduction activities. The Stigma and Discrimination Reduction (SDR) Consortium, in collaboration with the SDR social marketing team of Runyon Saltzman & Einhorn (RSE), have developed an EMM enhancement plan which would serve to fill the gap in technical assistance for localization of campaign strategies, as well as, provide an investment in sustaining the EMM campaign on the local, statewide, and possibly national levels. The plan activities include advancing resources that assist counties, offering training assistance, strengthening the dissemination efforts for all PEI statewide projects, and refining the EMM messaging platform to resonate with the general public.

The Executive Committee members supported the enhancement of and additional funding for EMM. The enhancement will be funded with already approved funds. Due to time constraints this item was not discussed at the Board or Directors Meeting.

Action: *None, information only.*

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

None

12. GENERAL DISCUSSION

A. Report from CalMHSA President – Wayne Clark

President Clark shared that the agreement between CalMHSA and Department of Health Care (DHC) is still in progress and moving forward. There are plans in continuing of programs funded by unspent funds for future purposes. There is not any concern of whether contracts are able to be extended, however member Karen Baylor, Deputy Director, DHC, requested language that stated programs were to be continued with unspent funds.

B. Report from CalMHSA Executive Director – John Chaquica

Mr. Chaquica stated, currently, there is a vacancy on the Executive Committee for a Superior Region Representative. Recommendations for interested candidates are sought.

Action: *None, information only.*

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

None

13. PUBLIC COMMENTS

A. Public Comments Non- Agenda Items

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

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

None

14. NEW BUSINESS AND CLOSING COMMENTS

President Clark asked the Board if there was any new business or closing comments.

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

Sally Spencer-Thomas, The Carson J. Spencer Foundation

15. ADJOURNMENT

Hearing no further comments, the meeting was adjourned at 5:15 p.m.

Action: A motion was made to adjourn the meeting.

Motion: William Arroyo, Los Angeles County

Second: Michael Heggarty, Nevada County

Motion passed unanimously.



"A George Hills Company Administered JPA"

Treasurer's Report

As of December 31, 2013

	Book Balance	Market Value	Effective Yield
Local Agency Investment Fund	\$8,635,075	\$8,635,075	.26%
Morgan Stanley Smith Barney	63,078,743	61,757,934	1.12%
Cash with California Bank & Trust	54,001	54,001	0.00%
Total Cash and Investments	\$71,767,818	\$70,447,009	

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

The LAIF market value was derived by applying the September fair value factor of 1.00056732 to the book balance.

I certify that this report reflects all cash and investments and is in conformance with the Authority's Investment Policy. The investment program herein shown provides sufficient cash flow liquidity to meet the Authority's expenditures for the next six (6) months.

Respectfully submitted,

Accepted,



 Kim Santin, Finance Director

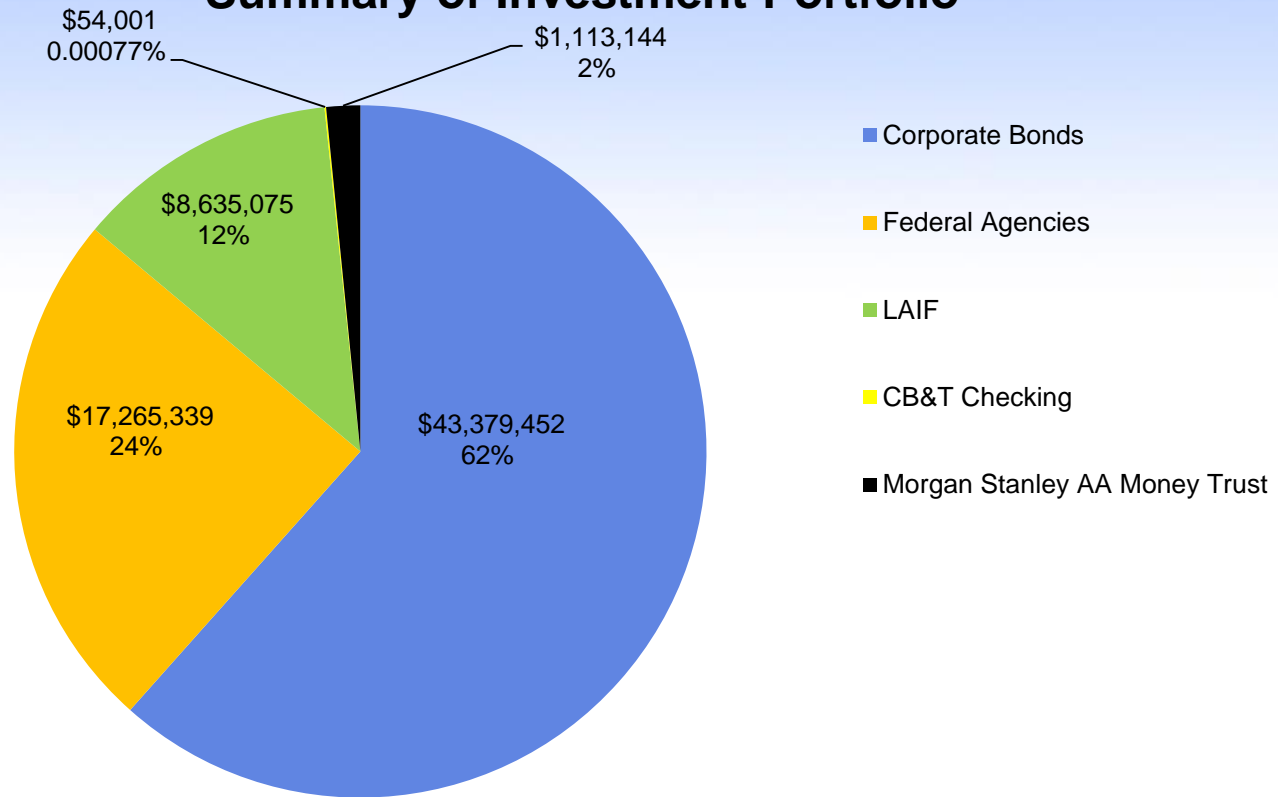
 Scott Gruendl, Treasurer

Total Cash Portfolio Dollars – December 31, 2013

Investment Policy Objectives

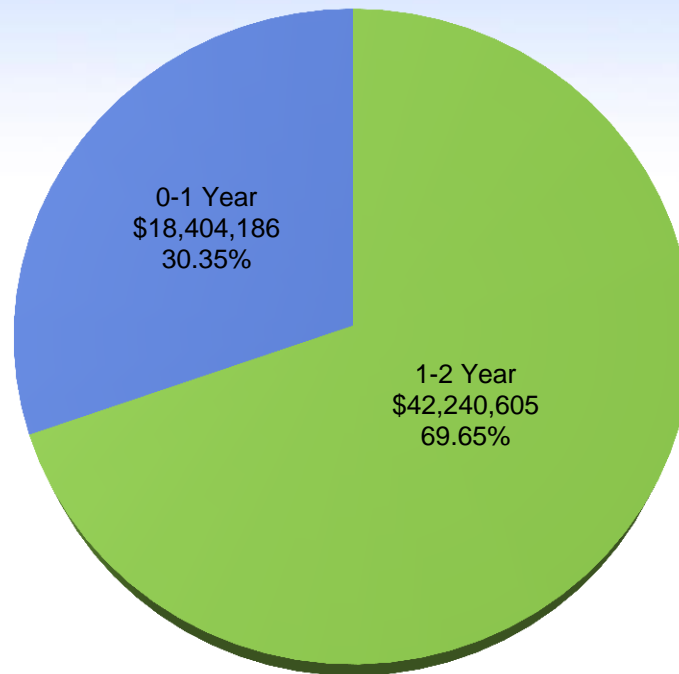
- Safety of Principal
- Meeting Liquidity Needs
- Rate of Return

Summary of Investment Portfolio



Total Cash and Investments \$70,447,001

Total Cash Portfolio Dollars – December 31, 2013



Total Investments \$60,644,791

**CALMHSA'S QUARTERLY TREASURER'S REPORT
AS OF DECEMBER 31, 2013**

	Date of Purchase	Date of Maturity	Par Value	Adjusted Cost	Market Value	YTM (at Cost)	YTM (at Market)	YTD Unrealized Gains/(Losses)
INVESTMENTS								
Corporate Bonds:								
Westpac Bking Corp NY	12/3/2012	12/3/2013	5,000,000	-	-			(150)
John Deere Capital Corp	1/20/2012	3/3/2014	2,275,000	-	-			(2,172)
Royal Bank of Canada NY	4/19/2013	4/17/2014	5,000,000	5,000,000	5,002,650	0.28%	0.28%	100
Bank of New York Mellon	1/20/2012	5/15/2014	2,760,000	2,973,624	2,799,965	3.99%	4.24%	(1,270)
JPMorgan Chase & Co	1/20/2012	6/1/2014	2,795,000	-	-			(18,069)
General Electric Capital Corp	3/14/2013	9/15/2014	2,820,000	2,992,330	2,908,379	4.48%	4.61%	(197)
Walt Disney Company	5/17/2013	12/1/2014	4,000,000	4,034,240	4,018,200	0.87%	0.87%	(1,969)
Credit Suisse New York	12/18/2013	12/18/2014	5,000,000	5,000,000	4,999,000	0.51%	0.51%	(1,000)
Wells Fargo Company	5/17/2013	2/13/2015	4,000,000	4,046,280	4,033,040	1.24%	1.24%	551
Pepsico Inc	12/9/2013	3/5/2015	2,485,000	2,500,627	2,491,262	0.75%	0.75%	(8,594)
Coca-Cola Co	12/13/2012	3/13/2015	4,667,000	4,986,729	4,681,748	0.70%	0.75%	(5,149)
Toyota Motor	12/4/2013	6/17/2015	2,365,000	2,500,748	2,459,458	3.03%	3.08%	(1,142)
BNP Paribas Finance Inc C/P	9/3/2013	3/3/2014	5,000,000	4,991,500	4,998,500	0.00%	0.00%	1,200
JPMorgan Securities, LLC C/P	12/4/2013	8/29/2014	5,000,000	4,985,167	4,987,250	0.00%	0.00%	2,083
Total corporate bonds			53,167,000	44,011,245	43,379,452	1.15%	1.17%	(35,778)
Federal Agencies								
FNMA .75%	1/20/2012	12/18/2013	4,960,000	-	-			(579)
FNMA MED 2.75%	6/6/2012	12/18/2013	650,000	-	-			(62)
FNMA 2.75%	1/20/2012	2/5/2014	2,825,000	2,957,888	2,831,780	2.63%	2.74%	(808)
FNMA DEBS 4.125%	1/20/2012	4/15/2014	2,740,000	2,963,694	2,771,291	3.81%	4.08%	(917)
FHLMC 5%	1/20/2012	7/15/2014	2,695,000	2,994,037	2,765,016	4.50%	4.87%	(699)
FHLMC 1%	1/20/2012	7/30/2014	2,940,000	2,977,250	2,954,759	0.99%	1.00%	(705)
FNMA 3%	1/20/2012	9/16/2014	2,785,000	2,965,050	2,841,842	2.82%	2.94%	(804)
FHLB Notes .25%	6/10/2013	2/20/2015	3,100,000	3,096,435	3,100,651	0.25%	0.25%	(620)
Total government & GSE bonds			22,695,000	17,954,354	17,265,339	2.48%	2.58%	(5,194)
Total Portfolio Investments			75,862,000	61,965,599	60,644,790			(40,972)
Local Agency Investment Fund (LAIF)			-	8,635,075	8,635,075			-
Morgan Stanley AA Money Trust			-	1,113,144	1,113,144			-
Checking Account			-	54,001	54,001			-
Total Cash and Investments			75,862,000	71,767,818	70,447,009			(40,972)

*Government Sponsored Entity

Summary of Portfolio Investments		Year to Date Activity of		NOTES:
Corporate Bonds	43,379,452	Fair Market Value 7/1/12	90,699,394	Market Value is an approximation of the total worth of the asset, and fluctuates on a daily basis depending on market factors. YTM at Cost is the constant interest rate that makes the net present value of future principals & interest cash flows equal the purchase price of the security on the acquisition date. YTM at Market is the constant interest rate that makes the net present value of future principal & interest cash flows equal the current market price of the security. Market values and Yields are from the following sources: Morgan Stanley Smith Barney Financial Management Account Summaries; all investments are in compliance with CalMHSA's current investment policy. CalMHSA has sufficient funds to meet its expenditure requirements for the next six months.
Federal Agencies	17,265,339	Purchases	74,237,075	
		Sales/Maturities	(102,730,314)	
	60,644,790	Net Unrealized Gains(Losses)	(1,561,365)	
		Fair Market Value 12/31/13	60,644,790	
1-2 year	\$ 42,240,605			
0-1 year	18,404,186			
	<u>\$ 60,644,790</u>			

**SUMMARY OF SIGNIFICANT CHANGES IN FINANCIAL STATEMENTS
FOR THE SIX MONTHS ENDED DECEMBER 31, 2013**

BALANCE SHEET:

Cash and Investment – Overall cash and investments are \$70.5 million as of December 31, 2013. This is a decrease of \$25 million compared to the \$95.6 million in cash as of June 30, 2013. The decrease in cash relates to increasing activities in the implementation of statewide programs.

Investments – Current Portion – See Treasurer’s Report

Contractor prepayments – The contractor prepaid balance is significantly drawn down as requested of the Program Partners.

Receivables – \$482,062

- | | |
|-------------------------------|------------------|
| • State Hospital Beds Program | \$272,950 |
| • Feasibility Study | <u>\$209,112</u> |
| | \$482,062 |

Interest receivable – Total interest receivable of \$255,957 is for accrued bond interest.

Noncurrent Investments – See Treasurer’s Report

Accounts Payable – The balance in account payable as of December 31, 2013 is \$4.6 million. The vendors with the most significant balances are:

- | | |
|-----------------------------|--------------------|
| • Runyon Saltzman & Einhorn | \$925,892 |
| • RAND Corporation | <u>\$1,473,139</u> |
| | \$2,399,031 |

STATEMENT OF REVENUE AND CHANGES IN NET ASSETS:

Operating Revenue – Total revenue for the six months ended December 31, 2013 was \$793,355. This relates to the revenue for Feasibility Study, State Hospital Beds Program, and PEI funds from San Benito County.

Expenses – Overall expenses for the six months ended December 31, 2013 were approximately \$25 million. The expenses for these six months have increased for the maturity of implementation of the statewide program initiatives.

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY

UNAUDITED BALANCE SHEET

	December 31, 2013	June 30, 2013
ASSETS		
Current Assets:		
Cash & Cash Equivalents	\$ 9,802,219	\$ 14,250,192
Investments - Current Portion	18,404,186	53,969,430
Prepaid Expenses	-	
Contractor Prepayments	32,865	368,996
Receivables:		
State Hospital Bed Funds	272,950	86,415
Feasibility Study	209,112	
Tech Asst/Capacity Building	-	-
PEI Program Funds	-	71,250
PEI Planning Funds	-	3,750
Application Fees	-	1,250
Interest	255,957	417,927
Total Current Assets	28,977,289	69,169,210
Noncurrent Assets:		
Investments	42,240,605	27,449,688
Total Assets	\$ 71,217,894	\$ 96,618,898
LIABILITIES AND NET ASSETS		
Current Liabilities:		
Accounts Payable and Accrued Expenses	\$ 4,597,304	\$ 6,041,242
WET Program Funding	-	-
Total Current Liabilities	4,597,304	6,041,242
Net Assets:		
Operations	815,909	680,168
Tech Asst/Capacity Building	77,342	60,017
WET Program Funding	148,470	148,470
Feasibility Studay	298,034	-
SHB Program Funding	254,769	80
PEI Program Funding	65,026,067	89,688,921
Total Net Assets	66,620,591	90,577,656
Total Liabilities and Net Assets	\$ 71,217,894	\$ 96,618,898

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY

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

For The Six Months Ended December 31, 2013

	<u>Operations</u>	<u>Tech Asst/ Capacity Building</u>	<u>WET Program Funding</u>	<u>Feasibility Study Funding</u>	<u>SHB Program Funding</u>	<u>PEI Program Funding</u>	<u>2013 Total</u>	<u>June 2013 Total</u>
OPERATING REVENUES:								
Technical Assistance/Capacity Building	\$ -	\$ -	-	-	-	\$ -	\$ -	\$ 504,711
Community Planning (5%)	-	-	-	-	-	11,080	11,080	-
PEI State Wide Program Funding	-	-	-	-	-	210,520	210,520	-
WET Program Funding	-	-	-	-	-	-	-	155,220
SHB Funding	-	-	-	-	272,102	-	272,102	94,090
Feasibility Study Funding	-	-	-	298,703	-	-	298,703	-
Donations	200	-	-	-	-	-	200	-
Application Fee	750	-	-	-	-	-	750	-
Total Operating Revenue	950	-	-	298,703	272,102	221,600	793,355	754,021
PROGRAM EXPENSES:								
Technical Assistance/Capacity Building								
Program Contract	-	-	-	-	-	-	-	371,575
Program Implementation & Oversight	-	-	-	-	-	-	-	55,245
Other Contract Services	-	(17,926)	-	-	-	-	(17,926)	5,150
Legal	-	-	-	-	-	-	-	278
Meeting and Other	-	601	-	-	-	-	601	274
WET Program Funding:								
Program Contract	-	-	-	-	-	-	-	-
Program Mgmt. & Oversight	-	-	-	-	-	-	-	6,750
Legal	-	-	-	-	-	-	-	-
Meeting and Other	-	-	-	-	-	-	-	-
SHB Program Funding:								
Program Contract	-	-	-	-	11,880	-	11,880	-
Program Mgmt. & Oversight	-	-	-	-	-	-	-	55,202
Other Contract Services	-	-	-	-	-	-	-	8,019
Legal	-	-	-	-	3,922	-	3,922	29,656
Meeting and Other	-	-	-	40	1,611	-	1,651	1,133
Feasibility Study Funding								
Program Contract	-	-	-	-	-	-	-	-
Program Mgmt. & Oversight	-	-	-	-	-	-	-	-
Other Contract Services	-	-	-	-	-	-	-	-
Legal	-	-	-	629	-	-	629	-
Meeting and Other	-	-	-	-	-	-	-	-
PEI State Wide Program Funding:								
Program Expense:								
Program Contract	-	-	-	-	-	22,070,579	22,070,579	34,291,234
Program Mgmt. & Oversight	-	-	-	-	-	538,013	538,013	1,051,851
Legal	-	-	-	-	-	27,413	27,413	14,459
Meeting and Other	-	-	-	-	-	79,773	79,773	34,483
Evaluation Expense:								
Program Contract	-	-	-	-	-	1,621,033	1,621,033	1,858,300
Program Mgmt. & Oversight	-	-	-	-	-	24,019	24,019	46,958
Meeting and Other	-	-	-	-	-	27	27	3,369
Planning Expense:								
Program Mgmt. & Oversight	-	-	-	-	-	81,662	81,662	159,655
Other Contract Services	-	-	-	-	-	20,363	20,363	24,069
Legal	-	-	-	-	-	-	-	-
Dissemination Materials	-	-	-	-	-	-	-	220,000
Meeting and Other	-	-	-	-	-	13,430	13,430	3,873
Total Program Expense	-	(17,325)	-	669	17,413	24,476,312	24,477,069	38,241,533
INDIRECT EXPENSES:								
General Management	-	-	-	-	-	328,253	328,253	641,756
Other Contract Services	-	-	-	-	-	10,200	10,200	56,138
Legal Services	-	-	-	-	-	2,405	2,405	42,101
Insurance	-	-	-	-	-	33,209	33,209	32,374
Investment Management Fees	49,335	-	-	-	-	-	49,335	133,210
Financial Audit	-	-	-	-	-	-	-	-
Dissemination Materials	-	-	-	-	-	31,517	31,517	76,264
Meeting and Other	-	-	-	-	-	2,558	2,558	112,248
Formation Fees- Refund to Founding Members	-	-	-	-	-	-	-	56,625
Total General And Administrative	49,335	-	-	-	-	408,142	457,476	1,150,716
Total Expenses	49,335	(17,325)	-	669	17,413	24,884,454	24,934,546	39,392,249
(Loss) Income from Operations	(48,385)	17,325	-	298,034	254,689	(24,662,854)	(24,141,190)	(38,638,228)
FORMATION FEE ALLOCATION	-	-	-	-	-	-	-	-
NONOPERATING INCOME:								
Investment Income	604,106	-	-	-	-	-	604,106	1,684,341
Change in Investment Value	(419,981)	-	-	-	-	-	(419,981)	(1,188,786)
Total Nonoperating Income	184,125	-	-	-	-	-	184,125	495,555
Change in Net Assets	135,741	17,325	-	298,034	254,689	(24,662,854)	(23,957,065)	(38,142,673)
Beginning Net Assets	680,168	60,017	148,470	-	80	89,688,921	90,577,656	128,720,329
Ending Net Assets	\$ 815,909	\$ 77,342	\$ 148,470	\$ 298,034	\$ 254,769	\$ 65,026,067	\$ 66,620,591	\$ 90,577,656

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY

UNAUDITED BALANCE SHEET

	September 30, 2013	June 30, 2013
ASSETS		
Current Assets:		
Cash & Cash Equivalents	\$ 15,045,338	\$ 39,436,531
Investments - Current Portion	44,193,335	29,399,596
Prepayments	161,991	
Contractor Prepayments	32,865	3,369,932
Receivables:		
State Hospital Bed Funds	52,753	-
Feasibility Study	286,602	
Tech Asst/Capacity Building	-	119,400
PEI Program Funds	-	285,000
PEI Planning Funds	-	15,000
Application Fees	1,250	1,500
Interest	273,163	394,593
Total Current Assets	60,047,298	73,021,552
Noncurrent Assets:		
Investments	27,405,063	61,299,798
Total Assets	\$ 87,452,361	\$ 134,321,350
LIABILITIES AND NET ASSETS		
Current Liabilities:		
Accounts Payable and Accrued Expenses	\$ 9,290,623	\$ 5,445,801
WET Program Funding	-	155,220
Total Current Liabilities	9,290,623	5,601,021
Net Assets:		
Operations	769,915	318,063
Tech Asst/Capacity Building	60,017	48
WET Program Funding	148,470	-
SHB Program Funding	45,799	-
Feasibility Study	297,958	
PEI Program Funding	76,839,580	128,402,218
Total Net Assets	78,161,738	128,720,329
Total Liabilities and Net Assets	\$ 87,452,361	\$ 134,321,350

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY

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

For The Three Months Ended September 30, 2013

	<u>Operations</u>	<u>Tech Asst/ Capacity Building</u>	<u>WET Program Funding</u>	<u>Feasibility Study Funding</u>	<u>SHB Program Funding</u>	<u>PEI Program Funding</u>	<u>2013 Total</u>	<u>June 2013 Total</u>
OPERATING REVENUES:								
Technical Assistance/Capacity Building	\$ -	\$ -	-	-	-	\$ -	\$ -	\$ 504,711
Community Planning (5%)	-	-	-	-	-	-	-	-
PEI State Wide Program Funding	-	-	-	-	-	-	-	-
WET Program Funding	-	-	-	-	-	-	-	155,220
SHB Funding	-	-	-	-	46,847	-	46,847	94,090
Feasibility Study Funding	-	-	-	298,328	-	-	298,328	-
Donations	200	-	-	-	-	-	200	-
Application Fee	750	-	-	-	-	-	750	-
Total Operating Revenue	950	-	-	298,328	46,847	-	346,125	754,021
PROGRAM EXPENSES:								
Technical Assistance/Capacity Building								
Program Contract	-	-	-	-	-	-	-	371,575
Program Implementation & Oversight	-	-	-	-	-	-	-	55,245
Other Contract Services	-	-	-	-	-	-	-	5,150
Legal	-	-	-	-	-	-	-	278
Meeting and Other	-	-	-	-	-	-	-	274
WET Program Funding:								
Program Contract	-	-	-	-	-	-	-	-
Program Mgmt. & Oversight	-	-	-	-	-	-	-	6,750
Legal	-	-	-	-	-	-	-	-
Meeting and Other	-	-	-	-	-	-	-	-
SHB Program Funding:								
Program Contract	-	-	-	-	-	-	-	-
Program Mgmt. & Oversight	-	-	-	-	-	-	-	55,202
Other Contract Services	-	-	-	-	-	-	-	8,019
Legal	-	-	-	-	1,129	-	1,129	29,656
Meeting and Other	-	-	-	-	-	-	-	1,133
Feasibility Study Funding								
Program Contract	-	-	-	-	-	-	-	-
Program Mgmt. & Oversight	-	-	-	-	-	-	-	-
Other Contract Services	-	-	-	-	-	-	-	-
Legal	-	-	-	370	-	-	370	-
Meeting and Other	-	-	-	-	-	-	-	-
PEI State Wide Program Funding:								
Program Expense:								
Program Contract	-	-	-	-	-	11,209,521	11,209,521	34,291,234
Program Mgmt. & Oversight	-	-	-	-	-	269,006	269,006	1,051,851
Legal	-	-	-	-	-	16,348	16,348	14,459
Meeting and Other	-	-	-	-	-	44,630	44,630	34,483
Evaluation Expense:								
Program Contract	-	-	-	-	-	1,025,530	1,025,530	1,858,300
Program Mgmt. & Oversight	-	-	-	-	-	12,009	12,009	46,958
Meeting and Other	-	-	-	-	-	3,456	3,456	3,369
Planning Expense:								
Program Mgmt. & Oversight	-	-	-	-	-	40,831	40,831	159,655
Other Contract Services	-	-	-	-	-	11,281	11,281	24,069
Legal	-	-	-	-	-	-	-	-
Dissemination Materials	-	-	-	-	-	-	-	220,000
Meeting and Other	-	-	-	-	-	2,417	2,417	3,873
Total Program Expense	-	-	-	370	1,129	12,635,030	12,636,529	38,241,533
INDIRECT EXPENSES:								
General Management	-	-	-	-	-	164,126	164,126	641,756
Other Contract Services	-	-	-	-	-	-	-	56,138
Legal Services	-	-	-	-	-	2,405	2,405	42,101
Insurance	-	-	-	-	-	33,209	33,209	32,374
Investment Management Fees	31,700	-	-	-	-	-	31,700	133,210
Dissemination Materials	-	-	-	-	-	13,253	13,253	76,264
Meeting and Other	-	-	-	-	-	1,318	1,318	112,248
Formation Fees- Refund to Founding Members	-	-	-	-	-	-	-	56,625
Total General And Administrative	31,700	-	-	-	-	214,311	246,011	1,150,716
Total Expenses	31,700	-	-	370	1,129	12,849,341	12,882,540	39,392,249
(Loss) Income from Operations	(30,750)	-	-	297,958	45,719	(12,849,341)	(12,536,415)	(38,638,228)
FORMATION FEE ALLOCATION								
NONOPERATING INCOME:								
Investment Income	296,547	-	-	-	-	-	296,547	1,684,341
Change in Investment Value	(176,050)	-	-	-	-	-	(176,050)	(1,188,786)
Total Nonoperating Income	120,497	-	-	-	-	-	120,497	495,555
Change in Net Assets	89,747	-	-	297,958	45,719	(12,849,341)	(12,415,918)	(38,142,673)
Beginning Net Assets	680,168	60,017	148,470	-	80	89,688,921	90,577,656	128,720,329
Ending Net Assets	\$ 769,915	\$ 60,017	\$ 148,470	\$ 297,958	\$ 45,799	\$ 76,839,580	\$ 78,161,738	\$ 90,577,656

CaIMHSA COUNTY OUTREACH

Superior Region

1. **Calaveras** (*assigned funds*), Staff has started working with Interim Behavioral Health Director, Brock Kolby in an effort to move forward with membership;
2. **Amador** (*assigned funds*), staff continues to reach out to the county for possible membership in the future.
3. **Tehama**, interested in joining; Elizabeth (Betsy) Gowan, new Mental Health Director has indicated interest but would like some time to get established;
4. **Plumas**, interested in joining; Peter Livingston, interim MH Director has indicated they would like to hold off until such time a permanent MH Director has been hired.
5. **Sierra**, staff has attempted to contact April Waldo, Assistant MH Director, and will continue to reach out for possible membership in the future;

Central Region

6. **Merced** (*assigned funds*), staff has contacted Scott De Moss, Acting MH Director and will continue to reach out for possible membership in the future;
7. **Alpine**, interested in joining, staff to reach out to new director Alyssa Nourse who commenced on November 1, 2013;

Southern Region

8. **Santa Barbara** (*assigned funds*), MHD has retired, and as of 8/12/13 staff is working with Michael Evans in an effort to assist them in process of seeking approval for membership. They hope to obtain BOS approval by end of February.



Current Membership Roster

51 members (50 counties, 1 JPA, 1 City)

- San Bernardino County (July 9, 2009)
- Solano County (July 9, 2009)
- Colusa County (July 9, 2009)
- Monterey County (July 9, 2009)
- San Luis Obispo County (July 9, 2009)
- Stanislaus County (July 9, 2009)
- Sutter/Yuba County (August 13, 2009)
- Butte County (November 13, 2009)
- Placer County (January 14, 2010)
- Sacramento County (March 12, 2010)
- Glenn County (April 7, 2010)
- Trinity County (April 15, 2010)
- Sonoma County (May 13, 2010)
- Modoc County (May 13, 2010)
- Santa Cruz County (June 10, 2010)
- Los Angeles County (June 10, 2010)
- Marin County (August 12, 2010)
- Orange County (August 12, 2010)
- Yolo County (August 12, 2010)
- Contra Costa County (October 14, 2010)
- Fresno County (October 14, 2010)
- Imperial County (October 14, 2010)
- Kern County (October 14, 2010)
- Lake County (October 14, 2010)
- Riverside County (October 14, 2010)
- Santa Clara County (October 14, 2010)
- Siskiyou County (October 14, 2010)
- Ventura County (October 14, 2010)
- Madera County (November 12, 2010)
- Mendocino County (December 9, 2010)
- San Diego County (February 10, 2011)
- San Francisco City & County (February 10, 2011)
- El Dorado County (March 11, 2011)
- San Mateo County (March 11, 2011)
- Napa County (June 9, 2011)
- Humboldt County (July 14, 2011)
- Lassen County (July 14, 2011)
- Mariposa County (August 11, 2011)*
- Tuolumne County (August 11, 2011)
- San Benito County (October 13, 2011)*
- Tri-City Mental Health Center (October 13, 2011)
- Del Norte County (December 15, 2011)*
- Shasta County (February 10, 2012)*
- Tulare County (February 10, 2012)*
- Kings County (April 13, 2012)*
- San Joaquin County (April 13, 2012)[§]
- City of Berkeley (June 14, 2012)*
- Inyo County (June 14, 2012)
- Mono County (June 14, 2012)
- Nevada County (June 14, 2012)*
- Alameda County (June 13, 2013)*

Non-Member Counties w/Assigned Funds

Amador, Calaveras, Merced and Santa Barbara

Remaining Non-Member Counties

Alpine, Plumas, Sierra and Tehama

CalMHSA's Regional Representatives

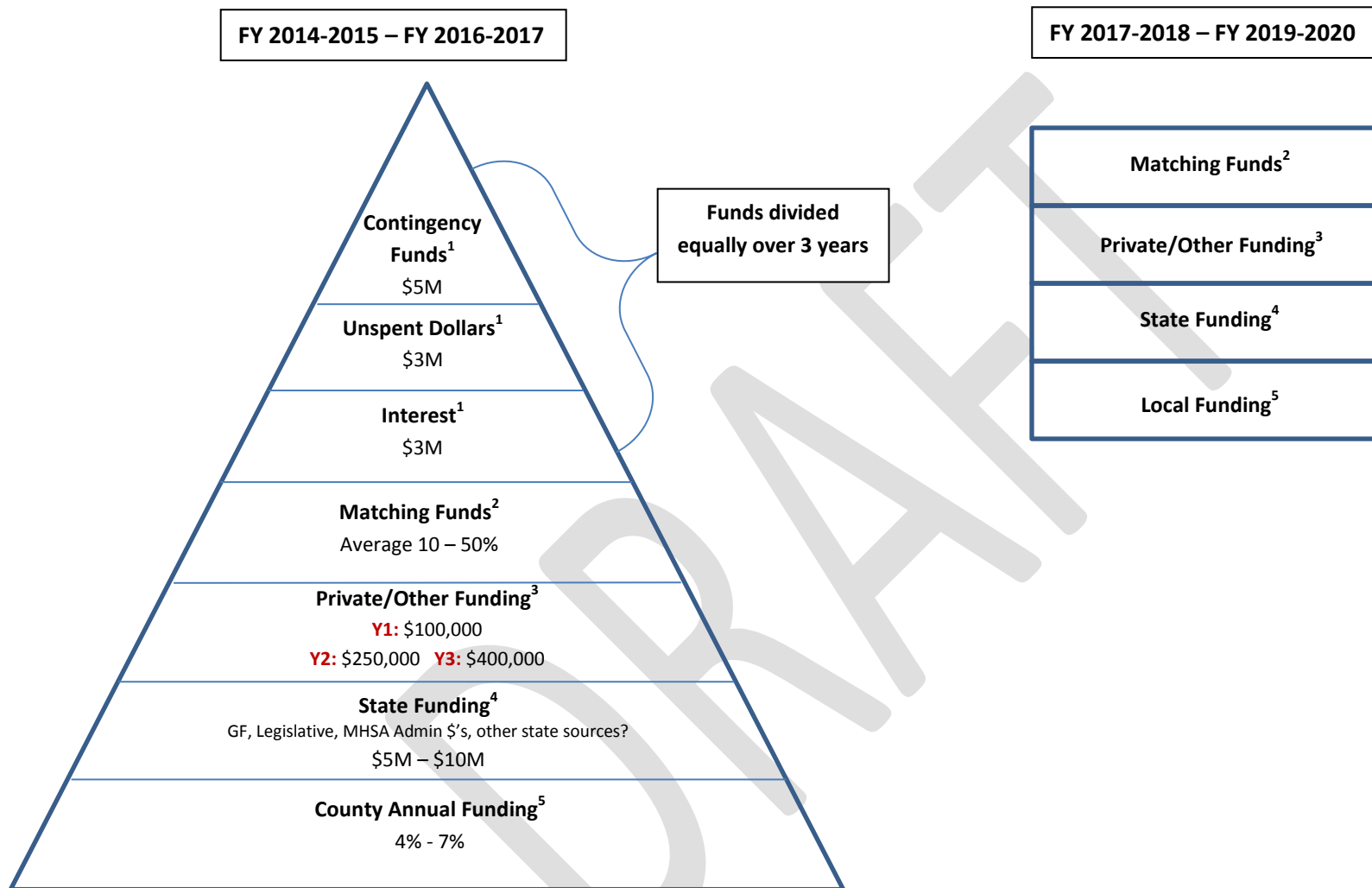
Bay Area Regional Representatives	Michael Kennedy, Sonoma County
	Jo Robinson, San Francisco City & County
Central Regional Representatives	Vic Singh, San Joaquin County
	Rita Austin, Tuolumne County
Los Angeles Regional Representatives	Marvin Southard, Los Angeles County
	William Arroyo, Los Angeles County
Southern Regional Representatives	Mary Hale, Orange County
	Alfredo Aguirre, San Diego County
Superior Regional Representatives	Karen Stockton, Modoc County
	Vacant

*Member has elected not to assign funds to CalMHSA.

§Member has elected to participate only in the Statewide PEI Suicide Prevention Project, Program 3: Social Marketing Program.

MODEL 2 – FUNDING COMPONENTS

Based on two 3-year plans



- 1) Estimated based on current information – exclusive of No Cost Extension funding
- 2) Targeted conservatively based on conversations with Program Partners
- 3) Projection based on objective to begin solicitation from outside funding sources; includes federal and all other funding beyond State and County
- 4) Target for support from state for Statewide PEI Mental Health Awareness
- 5) Minimum 1% annual funding shall be contributed by all members for Annual Local investment for Statewide PEI Programs with a target range of 4% - 7% (inclusive of the 1% annual funding).

Model 2 - Source of Funds

FUNDING CATEGORY	FY 14-15	FY 15-16	FY 16-17	TOTAL
CONTINGENCY	\$1,666,666.67	\$1,666,666.67	\$1,666,666.67	\$5,000,000.00
UNSPENT	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	\$3,000,000.00
INTEREST	\$1,000,000.00	\$1,000,000.00	\$1,000,000.00	\$3,000,000.00
MATCHING	\$1,040,000.00	\$2,080,000.00	\$2,080,000.00	\$5,200,000.00
PRIVATE/OTHER	\$100,000.00	\$250,000.00	\$400,000.00	\$750,000.00
STATE	\$5,000,000.00	\$10,000,000.00	\$10,000,000.00	\$25,000,000.00
LOCAL	\$10,400,000.00	\$10,400,000.00	\$10,400,000.00	\$31,200,000.00
ANNUAL TOTAL				
	\$20,206,666.67	\$26,396,666.67	\$26,546,666.67	\$73,150,000.00

NOTES:

Contingency: This one-time fund will be split equally within the first three fiscal years of the plan (FY 14/15 - 16/17).

Unspent: This one-time fund will be split equally within the first three fiscal years of the plan (FY 14/15 - 16/17).

Interest: This one-time fund will be split equally within the first three fiscal years of the plan (FY 14/15 - 16/17).

Matching: Matching funds required from Program Partners will range between 10-50% match, with an emphasis on education. The above numbers show 10% matching for FY 14-15, and 20% matching for FY 15-16 and 16-17.

Private/Other: Private funds are estimates only; includes all other funding beyond State and County (i.e. private, foundation, endowment, grants, federal funding)

State: State funds are estimates only; funding will be sought annually ranging from \$5-10M. If none are attained during FY 14-15 due to time constraints or other issues, No Cost Extensions will be inserted

Local: All members to annually fund within the target range of 4-7%, with minimal annual funding at 1%. (See Model 2-Appendix 1 for county breakdown by percentage). Calculations based on projected FY 14-15 MSHA funding of \$1.3 Billion.

	% Participant \$	\$10,400,000 (4% of \$260M) Contribution by County	\$10,400,000 (4% of \$260M) Contribution by County	\$10,400,000 (4% of \$260M) Contribution by County	TOTAL PER COUNTY
Bay Area Region		FY 14-15	FY 15-16	FY 16-17	
Alameda*	3.66%	\$380,239.96	\$380,239.96	\$380,239.96	\$1,140,719.89
Berkeley City*	0.32%	\$33,367.20	\$33,367.20	\$33,367.20	\$100,101.59
Contra Costa	2.30%	\$239,283.77	\$239,283.77	\$239,283.77	\$717,851.31
Marin	0.56%	\$58,020.84	\$58,020.84	\$58,020.84	\$174,062.51
Monterey	1.15%	\$119,120.11	\$119,120.11	\$119,120.11	\$357,360.34
Napa	0.30%	\$31,593.18	\$31,593.18	\$31,593.18	\$94,779.54
San Benito	0.14%	\$14,453.03	\$14,453.03	\$14,453.03	\$43,359.10
San Francisco	1.89%	\$196,994.30	\$196,994.30	\$196,994.30	\$590,982.91
San Mateo	1.64%	\$170,279.67	\$170,279.67	\$170,279.67	\$510,839.02
Santa Clara	4.83%	\$502,699.41	\$502,699.41	\$502,699.41	\$1,508,098.22
Santa Cruz	0.71%	\$73,700.03	\$73,700.03	\$73,700.03	\$221,100.08
Solano	1.01%	\$104,640.99	\$104,640.99	\$104,640.99	\$313,922.98
Sonoma	1.10%	\$114,711.16	\$114,711.16	\$114,711.16	\$344,133.47
Total Region	19.61%	\$2,039,103.66	\$2,039,103.66	\$2,039,103.66	\$6,117,310.98
Central Region					
Amador	0.08%	\$8,243.97	\$8,243.97	\$8,243.97	\$24,731.90
Calaveras	0.10%	\$10,774.55	\$10,774.55	\$10,774.55	\$32,323.66
El Dorado	0.36%	\$37,880.51	\$37,880.51	\$37,880.51	\$113,641.53
Fresno	2.50%	\$260,493.72	\$260,493.72	\$260,493.72	\$781,481.17
Inyo	0.06%	\$6,522.13	\$6,522.13	\$6,522.13	\$19,566.38
Kings *	0.38%	\$39,132.76	\$39,132.76	\$39,132.76	\$117,398.27
Mariposa	0.06%	\$6,522.13	\$6,522.13	\$6,522.13	\$19,566.38
Madera	0.41%	\$42,367.73	\$42,367.73	\$42,367.73	\$127,103.20
Merced	0.71%	\$73,882.65	\$73,882.65	\$73,882.65	\$221,647.94
Mono	0.06%	\$6,522.13	\$6,522.13	\$6,522.13	\$19,566.38
Placer	0.69%	\$71,508.59	\$71,508.59	\$71,508.59	\$214,525.78
Sacramento	3.34%	\$347,446.71	\$347,446.71	\$347,446.71	\$1,042,340.14
San Joaquin *	1.68%	\$174,662.54	\$174,662.54	\$174,662.54	\$523,987.63
Stanislaus	1.28%	\$133,103.55	\$133,103.55	\$133,103.55	\$399,310.66
Sutter/Yuba	0.38%	\$39,184.93	\$39,184.93	\$39,184.93	\$117,554.80
Tulare *	1.21%	\$125,772.68	\$125,772.68	\$125,772.68	\$377,318.05

	% Participant \$	\$10,400,000 (4% of \$260M) Contribution by County	\$10,400,000 (4% of \$260M) Contribution by County	\$10,400,000 (4% of \$260M) Contribution by County	TOTAL PER COUNTY
Tuolumne	0.12%	\$12,600.75	\$12,600.75	\$12,600.75	\$37,802.24
Yolo	0.52%	\$54,316.27	\$54,316.27	\$54,316.27	\$162,948.80
Total Region	13.95%	\$1,450,938.31	\$1,450,938.31	\$1,450,938.31	\$4,352,814.92
Los Angeles Region					
Los Angeles	29.30%	\$3,046,720.00	\$3,046,720.00	\$3,046,720.00	\$9,140,159.99
Southern Region					
Imperial	0.47%	\$48,915.95	\$48,915.95	\$48,915.95	\$146,747.84
Kern	2.15%	\$223,291.52	\$223,291.52	\$223,291.52	\$669,874.55
Orange	8.36%	\$869,842.94	\$869,842.94	\$869,842.94	\$2,609,528.83
Riverside	5.55%	\$577,599.51	\$577,599.51	\$577,599.51	\$1,732,798.52
San Bernardino	5.40%	\$561,894.23	\$561,894.23	\$561,894.23	\$1,685,682.68
San Diego	8.47%	\$880,930.56	\$880,930.56	\$880,930.56	\$2,642,791.67
San Luis Obispo	0.65%	\$67,308.34	\$67,308.34	\$67,308.34	\$201,925.03
Santa Barbara	1.13%	\$117,972.22	\$117,972.22	\$117,972.22	\$353,916.66
Tri-Cities	0.51%	\$53,298.82	\$53,298.82	\$53,298.82	\$159,896.45
Ventura	2.09%	\$217,786.84	\$217,786.84	\$217,786.84	\$653,360.53
Total Region	34.80%	\$3,618,840.92	\$3,618,840.92	\$3,618,840.92	\$10,856,522.75
Superior Region					
Butte	0.55%	\$57,081.65	\$57,081.65	\$57,081.65	\$171,244.95
Colusa	0.06%	\$6,522.13	\$6,522.13	\$6,522.13	\$19,566.38
Del Norte*	0.06%	\$6,600.39	\$6,600.39	\$6,600.39	\$19,801.18
Glenn	0.07%	\$7,069.98	\$7,069.98	\$7,069.98	\$21,209.95
Humboldt	0.32%	\$32,793.25	\$32,793.25	\$32,793.25	\$98,379.75
Lake	0.15%	\$15,444.40	\$15,444.40	\$15,444.40	\$46,333.19
Lassen	0.06%	\$6,600.39	\$6,600.39	\$6,600.39	\$19,801.18
Mendocino	0.21%	\$21,392.57	\$21,392.57	\$21,392.57	\$64,177.72
Modoc	0.06%	\$6,522.13	\$6,522.13	\$6,522.13	\$19,566.38
Nevada *	0.22%	\$22,566.56	\$22,566.56	\$22,566.56	\$67,699.67
Shasta *	0.44%	\$45,941.86	\$45,941.86	\$45,941.86	\$137,825.57
Siskiyou	0.09%	\$9,339.68	\$9,339.68	\$9,339.68	\$28,019.05
Trinity	0.06%	\$6,522.13	\$6,522.13	\$6,522.13	\$19,566.38
Total Region	2.35%	\$244,397.12	\$244,397.12	\$244,397.12	\$733,191.35
TOTAL	100.00%	\$10,400,000.00	\$10,400,000.00	\$10,400,000.00	\$31,200,000.00

	% Participant \$	\$2,600,000 (1% of \$260M) Contribution by County	\$5,200,000 (2% of \$260M) Contribution by County	\$7,800,000 (3% of \$260M) Contribution by County	\$10,400,000 (4% of \$260M) Contribution by County	\$13,000,000 (5% of \$260M) Contribution by County	\$15,600,000 (6% of \$260M) Contribution by County	\$18,200,000 (7% of \$260M) Contribution by County
Bay Area Region								
Alameda*	3.66%	\$95,059.99	\$190,119.98	\$285,179.97	\$380,239.96	\$475,299.96	\$570,359.95	\$665,419.94
Berkeley City*	0.32%	\$8,341.80	\$16,683.60	\$25,025.40	\$33,367.20	\$41,709.00	\$50,050.80	\$58,392.60
Contra Costa	2.30%	\$59,820.94	\$119,641.89	\$179,462.83	\$239,283.77	\$299,104.71	\$358,925.66	\$418,746.60
Marin	0.56%	\$14,505.21	\$29,010.42	\$43,515.63	\$58,020.84	\$72,526.04	\$87,031.25	\$101,536.46
Monterey	1.15%	\$29,780.03	\$59,560.06	\$89,340.09	\$119,120.11	\$148,900.14	\$178,680.17	\$208,460.20
Napa	0.30%	\$7,898.29	\$15,796.59	\$23,694.88	\$31,593.18	\$39,491.47	\$47,389.77	\$55,288.06
San Benito	0.14%	\$3,613.26	\$7,226.52	\$10,839.77	\$14,453.03	\$18,066.29	\$21,679.55	\$25,292.81
San Francisco	1.89%	\$49,248.58	\$98,497.15	\$147,745.73	\$196,994.30	\$246,242.88	\$295,491.45	\$344,740.03
San Mateo	1.64%	\$42,569.92	\$85,139.84	\$127,709.76	\$170,279.67	\$212,849.59	\$255,419.51	\$297,989.43
Santa Clara	4.83%	\$125,674.85	\$251,349.70	\$377,024.56	\$502,699.41	\$628,374.26	\$754,049.11	\$879,723.96
Santa Cruz	0.71%	\$18,425.01	\$36,850.01	\$55,275.02	\$73,700.03	\$92,125.03	\$110,550.04	\$128,975.05
Solano	1.01%	\$26,160.25	\$52,320.50	\$78,480.75	\$104,640.99	\$130,801.24	\$156,961.49	\$183,121.74
Sonoma	1.10%	\$28,677.79	\$57,355.58	\$86,033.37	\$114,711.16	\$143,388.95	\$172,066.74	\$200,744.53
Total Region	19.61%	\$509,775.91	\$1,019,551.83	\$1,529,327.74	\$2,039,103.66	\$2,548,879.57	\$3,058,655.49	\$3,568,431.40
Central Region								
Amador	0.08%	\$2,060.99	\$4,121.98	\$6,182.98	\$8,243.97	\$10,304.96	\$12,365.95	\$14,426.94
Calaveras	0.10%	\$2,693.64	\$5,387.28	\$8,080.91	\$10,774.55	\$13,468.19	\$16,161.83	\$18,855.47
El Dorado	0.36%	\$9,470.13	\$18,940.25	\$28,410.38	\$37,880.51	\$47,350.64	\$56,820.76	\$66,290.89
Fresno	2.50%	\$65,123.43	\$130,246.86	\$195,370.29	\$260,493.72	\$325,617.16	\$390,740.59	\$455,864.02
Inyo	0.06%	\$1,630.53	\$3,261.06	\$4,891.59	\$6,522.13	\$8,152.66	\$9,783.19	\$11,413.72
Kings *	0.38%	\$9,783.19	\$19,566.38	\$29,349.57	\$39,132.76	\$48,915.95	\$58,699.14	\$68,482.33
Mariposa	0.06%	\$1,630.53	\$3,261.06	\$4,891.59	\$6,522.13	\$8,152.66	\$9,783.19	\$11,413.72
Madera	0.41%	\$10,591.93	\$21,183.87	\$31,775.80	\$42,367.73	\$52,959.67	\$63,551.60	\$74,143.53
Merced	0.71%	\$18,470.66	\$36,941.32	\$55,411.99	\$73,882.65	\$92,353.31	\$110,823.97	\$129,294.63
Mono	0.06%	\$1,630.53	\$3,261.06	\$4,891.59	\$6,522.13	\$8,152.66	\$9,783.19	\$11,413.72
Placer	0.69%	\$17,877.15	\$35,754.30	\$53,631.44	\$71,508.59	\$89,385.74	\$107,262.89	\$125,140.04
Sacramento	3.34%	\$86,861.68	\$173,723.36	\$260,585.03	\$347,446.71	\$434,308.39	\$521,170.07	\$608,031.75
San Joaquin *	1.68%	\$43,665.64	\$87,331.27	\$130,996.91	\$174,662.54	\$218,328.18	\$261,993.81	\$305,659.45
Stanislaus	1.28%	\$33,275.89	\$66,551.78	\$99,827.67	\$133,103.55	\$166,379.44	\$199,655.33	\$232,931.22
Sutter/Yuba	0.38%	\$9,796.23	\$19,592.47	\$29,388.70	\$39,184.93	\$48,981.17	\$58,777.40	\$68,573.64
Tulare *	1.21%	\$31,443.17	\$62,886.34	\$94,329.51	\$125,772.68	\$157,215.85	\$188,659.03	\$220,102.20
Tuolumne	0.12%	\$3,150.19	\$6,300.37	\$9,450.56	\$12,600.75	\$15,750.94	\$18,901.12	\$22,051.31
Yolo	0.52%	\$13,579.07	\$27,158.13	\$40,737.20	\$54,316.27	\$67,895.33	\$81,474.40	\$95,053.47

Model 2 Appendix 1 - Annual Funding Breakdown by Percentage

(includes Members and contributing counties only)

	% Participant \$	\$2,600,000 (1% of \$260M) Contribution by County	\$5,200,000 (2% of \$260M) Contribution by County	\$7,800,000 (3% of \$260M) Contribution by County	\$10,400,000 (4% of \$260M) Contribution by County	\$13,000,000 (5% of \$260M) Contribution by County	\$15,600,000 (6% of \$260M) Contribution by County	\$18,200,000 (7% of \$260M) Contribution by County
Total Region	13.95%	\$362,734.58	\$725,469.15	\$1,088,203.73	\$1,450,938.31	\$1,813,672.89	\$2,176,407.46	\$2,539,142.04
Los Angeles Region								
Los Angeles	29.30%	\$761,680.00	\$1,523,360.00	\$2,285,040.00	\$3,046,720.00	\$3,808,400.00	\$4,570,080.00	\$5,331,760.00
Southern Region								
Imperial	0.47%	\$12,228.99	\$24,457.97	\$36,686.96	\$48,915.95	\$61,144.93	\$73,373.92	\$85,602.91
Kern	2.15%	\$55,822.88	\$111,645.76	\$167,468.64	\$223,291.52	\$279,114.40	\$334,937.27	\$390,760.15
Orange	8.36%	\$217,460.74	\$434,921.47	\$652,382.21	\$869,842.94	\$1,087,303.68	\$1,304,764.41	\$1,522,225.15
Riverside	5.55%	\$144,399.88	\$288,799.75	\$433,199.63	\$577,599.51	\$721,999.38	\$866,399.26	\$1,010,799.14
San Bernardino	5.40%	\$140,473.56	\$280,947.11	\$421,420.67	\$561,894.23	\$702,367.78	\$842,841.34	\$983,314.90
San Diego	8.47%	\$220,232.64	\$440,465.28	\$660,697.92	\$880,930.56	\$1,101,163.20	\$1,321,395.84	\$1,541,628.47
San Luis Obispo	0.65%	\$16,827.09	\$33,654.17	\$50,481.26	\$67,308.34	\$84,135.43	\$100,962.52	\$117,789.60
Santa Barbara	1.13%	\$29,493.06	\$58,986.11	\$88,479.17	\$117,972.22	\$147,465.28	\$176,958.33	\$206,451.39
Tri-Cities	0.51%	\$13,324.70	\$26,649.41	\$39,974.11	\$53,298.82	\$66,623.52	\$79,948.22	\$93,272.93
Ventura	2.09%	\$54,446.71	\$108,893.42	\$163,340.13	\$217,786.84	\$272,233.55	\$326,680.26	\$381,126.97
Total Region	34.80%	\$904,710.23	\$1,809,420.46	\$2,714,130.69	\$3,618,840.92	\$4,523,551.15	\$5,428,261.38	\$6,332,971.61
Superior Region								
Butte	0.55%	\$14,270.41	\$28,540.82	\$42,811.24	\$57,081.65	\$71,352.06	\$85,622.47	\$99,892.89
Colusa	0.06%	\$1,630.53	\$3,261.06	\$4,891.59	\$6,522.13	\$8,152.66	\$9,783.19	\$11,413.72
Del Norte*	0.06%	\$1,650.10	\$3,300.20	\$4,950.29	\$6,600.39	\$8,250.49	\$9,900.59	\$11,550.69
Glenn	0.07%	\$1,767.50	\$3,534.99	\$5,302.49	\$7,069.98	\$8,837.48	\$10,604.98	\$12,372.47
Humboldt	0.32%	\$8,198.31	\$16,396.63	\$24,594.94	\$32,793.25	\$40,991.56	\$49,189.88	\$57,388.19
Lake	0.15%	\$3,861.10	\$7,722.20	\$11,583.30	\$15,444.40	\$19,305.49	\$23,166.59	\$27,027.69
Lassen	0.06%	\$1,650.10	\$3,300.20	\$4,950.29	\$6,600.39	\$8,250.49	\$9,900.59	\$11,550.69
Mendocino	0.21%	\$5,348.14	\$10,696.29	\$16,044.43	\$21,392.57	\$26,740.72	\$32,088.86	\$37,437.01
Modoc	0.06%	\$1,630.53	\$3,261.06	\$4,891.59	\$6,522.13	\$8,152.66	\$9,783.19	\$11,413.72
Nevada *	0.22%	\$5,641.64	\$11,283.28	\$16,924.92	\$22,566.56	\$28,208.20	\$33,849.84	\$39,491.47
Shasta *	0.44%	\$11,485.46	\$22,970.93	\$34,456.39	\$45,941.86	\$57,427.32	\$68,912.79	\$80,398.25
Siskiyou	0.09%	\$2,334.92	\$4,669.84	\$7,004.76	\$9,339.68	\$11,674.61	\$14,009.53	\$16,344.45
Trinity	0.06%	\$1,630.53	\$3,261.06	\$4,891.59	\$6,522.13	\$8,152.66	\$9,783.19	\$11,413.72
Total Region	2.35%	\$61,099.28	\$122,198.56	\$183,297.84	\$244,397.12	\$305,496.40	\$366,595.68	\$427,694.96
TOTAL	100.00%	\$2,600,000.00	\$5,200,000.00	\$7,800,000.00	\$10,400,000.00	\$13,000,000.00	\$15,600,000.00	\$18,200,000.00

CRITERIA FOR RATING CURRENT PROJECTS FOR SUSTAINABILITY

(adopted August 15, 2013)

1. Statewideness
2. Regional Value
3. Evidence of Impact to date
4. Evidence Based Practices from other states/localities or has potential to become an Evidence Based Practice
5. General Leveraging
6. Adverse consequence if discontinued
7. Is this a short-term statewide project that is ready to be discontinued
8. Performance to date

Program Directors Report

Student Mental Health Initiative (SMHI)

Counties working together are impacting public education systems from pre-K through higher education. Prevention at this systemic level enhances local efforts and reaches systems across California. The CalMHSA contracts with the education system partners; Community Colleges, California State Universities, University of California, the California Department of Education and the County Superintendents Association enable a wide dissemination of Mental Health Awareness, Suicide Prevention and Stigma Reduction training, messaging and policy. Higher Education partners have begun to integrate *Each Mind Matters* locally (e.g., Each Aggie Matters at UC Davis). CCSESA and CDE helped NAMI to bring the *Ending the Silence* presentations and AdEase promotion of *Directing Change* to high schools that might not have a local county mental health contact. The ability to perform the *Walk in Our Shoes* play in schools throughout California in three months was made easier as a result of prior CDE and CCSESA training in schools. In 2013, the Regional K-12 initiative through CCSESA served 253,177 students and 37,718 adults directly through demonstration programs (see reference document attached for more statistics under this contract).

Prevention is a longer term strategy which will resonate for years to come as a result of California efforts. Every ten years, the teacher's commission adopts standards for credentialing for all future public school educators. This year the Commission on Teaching Credentials included specific language to include training on student mental well-being in credentialing standards for future school educators. This resulted from the first recommendation from the Student Mental Health Policy Workgroup funded through counties working together through CalMHSA. The impact of the inclusion of this new standard will be felt in years ahead in K-12 public schools in California.

Higher Education systems provide prevention activities across all sectors of higher education including graduate and undergraduate students, faculty, staff and parents. One example is the scope of supporting Suicide Prevention in Higher Education systems made possible by counties working together. Kognito On-line SP program with special modules targeting Veteran and LGBTQ populations is available to all community colleges. Depression screening has been provided to more than 20,000 UC students. CSU invested in training of trainers in ASIST, QPR, and MH First Aid, providing opportunities for participating CSU student leaders, faculty, and staff. An excerpt of CSU Sacramento activities in the last three months gives a glimpse of the diverse types of mental health awareness services, and well-being events being held on higher education campuses throughout California:

- Two MHFA trainings were held this quarter, one of which was presented as part of an undergrad social work class. By presenting in this format, MHFA was broken down into 4, 2hour presentations. This format was well received by the students.
- One ASIST training was held in December.
- “Clickers in the Classroom” was launched this semester. Active Minds conducted 10, 75-minute interactive classroom presentations to 225 college students. These presentations encouraged students to seek mental health treatment, reach out to friends, and utilize campus resources by reducing stigma around mental health. Participants were mostly women (68%), predominantly identifying as Caucasian (28%), Asian American (22%), or Hispanic (26%).
- “Working Out Your Stress” workshops were offered again this semester with a total of 129 students participating.
- The Urgent Care Counselor continues to be a vital part of the CSUS program. This quarter 717 students were provided services. Of these students, 183 were seen in brief intervention (less than 3 sessions), 96 received triage appointments, and 438 were seen in urgent care.

The collective impact of counties working together through public education is driving transformational change in ways that are beyond the scope and of local county prevention efforts.

Stigma and Discrimination Reduction (SDR) Programs

SDR Social Marketing Team Launches SanaMente - Movimiento de Salud Mental de California

Starting this year, SanaMente will be debuted as the Spanish language message for CalMHSA’s public awareness campaigns and mental health programs statewide. SanaMente has also adopted the vibrant lime green color which is emerging as the national color of mental health awareness - symbolic of vigorous life and flourishing health. SanaMente will bring together our coordinated efforts within the Latino community and unite us in Spanish-language mental health communications. This month counties will receive their SanaMente starter kits which include samples of educational materials. The number of items each county receives is based on total population and Hispanic/Latino population size. If you would like to order additional quantities of any of these items, please email eachmindmatters@gmail.com.

In the months to come we will continue to develop the SanaMente campaign, including Spanish-language tools. SanaMente messages, discussion starters, fact sheets and logos can be downloaded at <http://www.eachmindmatters.org/get-informed/sobre-sanamente/> . As an additional resource, we are also creating Spanish-language videos focused on hope,

recovery and resilience that can be viewed and downloaded at <http://www.eachmindmatters.org/great-minds-gallery/>. You may wish to use these resources in distribution to community partners, and for promoting your own Mental Health Awareness activities under the banner of SanaMente. If you have any further questions are available resources, please contact Aubrey Lara at aubrey.lara@calmhsa.org.

SDR Social Marketing Latino audience tools are also available for tweens (Age 9-13), parents and teachers at www.ponteEnMisZapatos.org, and for transition-age youth (Age 14-24) at www.BuscaApoyo.com. In March a Latino Family Wellness resource, an English- and Spanish-language Fotonovela, will be available and distributed to counties for their Latino providers and stakeholders.

Tools for Change Stigma Reduction Conference March 7th and 8th in San Francisco will feature former U.S Surgeon General, Dr. David Satcher

Dr. Satcher played a leadership role as a change agent when as U.S. Surgeon General nearly 15 years ago he identified the stigma of mental illness as the formidable obstacle to progress in improving mental health. He called for immediate action in policies and practices to eliminate the negative consequences of stigma. Shortly thereafter, in a follow-up report, Dr. Satcher called for action to address significant health disparities, particularly in mental health, between racial and ethnic groups. *Tools for Change* hosted by the Center for Dignity, Recovery, and Empowerment, a project supported by CalMHSA and administered by the Mental Health Association of San Francisco, brings effective stigma-change strategies into focus with culturally-responsive programs and the power of stigma change for prevention of suicide. This year the keynote speakers have developed some of the most ground-breaking programs and initiatives that have worked to reduce the stigma associated with mental health conditions. The conference will unite thinkers, researchers, consumers, community leaders, advocates and other change agents in three days of learning, partnership, and activism to strengthen our communities to support mental health and recovery. For more information and to register <http://dignityandrecoverycenter.org/toolsforchange2014/march-7-8/> or contact Khoi Pham via email: khoi@mentalhealthsf.org or by phone at (415) 341-9523.

United Advocates for Children and Youth (UACF) Begin Scheduling Mental Health First Aid (MHFA) Trainer Certification Courses

UACF is tailoring MHFA to meet unique community needs based an assessment conducted with the help of Workforce, Education, and Training (WET) Regional Coordinators. For example, rural MHFA enhances the communities' capacity around behavioral health issues in rural areas while youth MHFA introduces participants to the unique risk factors and warning signs of mental health problems in adolescents. UACF will have up to 32 participants in each Mental Health First Aid Instructor trainings in the Superior, Bay Area,

Central, Los Angeles, and Southern County Regions, yielding 140-150 certified instructors. Dates for 2014 are have been finalized with direction from WET regional coordinators (see below).

- Monday, January 13, 2014 – Friday, January 17, 2014 Youth in Modesto CA
- Monday, June 9, 2014 – Friday, January 13, 2014 Adult in Bay Area CA
- Monday, July 28, 2014 – Friday, August 1, 2014 Adult in Redding CA
- Monday, October 20, 2014 – Friday, October 24, 2014 Youth in Los Angeles
- Orange County not scheduled (Adult)

For more information contact Sireyia Ratliff, Program Director at sratliff@uacf4hope.org or (916) 643-1530 x.102.

Directing Change Student Video Contest for 2014 Is Underway – Submissions Due March 1, 2014

High schools across the state received information regarding the Student 60-Second Video Contest Directing Change which aims to prevent suicide, reduce stigma and discrimination related to mental illness, and to promote the mental health and wellness of students. This year NAMI-California and the Ending the Silence Program will be an enhanced partner supporting the work behind the refined “Ending the Silence of Mental Illness” Category. In addition, the University of California is also participating in Directing Change. To learn more visit www.directingchange.org or email Stan Collins at stan@directingchange.org.

Suicide Prevention Program Updates

Pathways to Purpose and Hope added to Section III of the Best Practices Registry for Suicide Prevention

We are excited to announce that the Pathways to Purpose and Hope guide to creating a sustainable suicide bereavement support program has been included on the Suicide Prevention Resource Center/American Foundation for Suicide Prevention’s national Best Practices Registry (see description at <http://www.sprc.org/bpr/section-III/pathways-purpose-and-hope>). Pathways to Purpose and Hope was created by Friends for Survival, a Sacramento based survivor support program, with support from the Know the Signs campaign and CalMHSa. The guide offers detailed guidance for how to develop a variety of survivor support services from the ground up, and is designed so that any lay person can use it to start a new program or enhance an existing one. Pathways is available for free download from the Resource Center at Your Voice Counts and from www.FriendsforSurvival.org.

Suicide Prevention Social Marketing - Campaign Materials available for African American Community Members

The Know the Signs suicide prevention marketing campaign announces the availability of campaign materials for the African American community. These materials include a poster, brochure, billboard and print ad which can be viewed and downloaded from the Your Voice Counts Resource Center. Workgroup members guided the development of these materials through a variety of discussions on Your Voice Counts and offered their input on the unique characteristics valued by the African American community. Organizations throughout the state will be encouraged to participate in outreach efforts by distributing these materials to government agencies, community and faith based groups working with or providing services to the African American population.

- POSTER <http://yourvoicecounts.org/content/african-american-outreach-poster>
- BROCHURE <http://www.yourvoicecounts.org/content/african-american-outreach-brochure>
- BILLBOARD <http://yourvoicecounts.org/content/african-american-billboard>
- PRINT AD

If you or an organization you know is interested in receiving posters or brochures, please contact jana@yoursocialmarketer.com.

Central Valley Crisis Center Obtains American Association of Suicidology (AAS) Accreditation

The Central Valley Suicide Prevention Hotline (CVSPH), operated by Kings View, recently obtained AAS accreditation. This accomplishment is particularly meaningful given that the hotline was established through CalMHSA funding and began to take calls on a 24/7 basis in July 2013. This represents improved policies and procedures and adherence to national standards and best practices. In addition, centers that are AAS accredited are eligible to participate in the National Suicide Prevention Lifeline. Congratulations to CVSPH on this significant accomplishment of establishing an AAS accredited hotline to serve the Central Valley.

Save the Date for the American Association of Suicidology Conference

American Association of Suicidology (AAS) National Conference will be held in Los Angeles, April 9-12, 2014. Convening this national conference in California helps facilitate access to the conference by local partners. The conference represents an opportunity to learn from suicide prevention experts on a national scale and highlight efforts underway in California; several CalMHSA staff and program partners have been accepted as presenters. More information can be found at: <http://www.suicidology.org/annual-conference>.

Phase One and Phase Two Planning

The CalMHSA Sustainability Taskforce met on January 30, 2014 to continue discussion with staff on development of the Phase One Plan based on prior board action in December. The Taskforce will continue to provide feedback to staff on prioritizing the continuance of current activities during a Phase One period of July 1, 2014 through June 30, 2015. In March, the Advisory Committee will meet and provide additional stakeholder feedback on the Phase One Plan. Funding for the Phase One Plan will be determined by the Board later this Spring or early Summer.

CalMHSA has contracted with California Institute for Mental Health (CIMH) for staffing the planning and development of the longer term Phase Two Plan for CalMHSA PEI Statewide projects. Board members will be updated regularly regarding the process of Phase Two Planning. CalMHSA is forming a Steering Committee to guide the plan development and will be working with the CalMHSA Sustainability Taskforce, CalMHSA Advisory Committee and the CalMHSA Board regarding key decision points during the next five months of planning. Again, the estimated date for presentation of the draft Phase Two Plan to the full CalMHSA Board is August 2014. Staff is continuing to seek Board Member participation on the Steering Committee.

CalMHSA Express Refocused in Response to Survey

In an ongoing effort to bring county partners and stakeholders relevant and timely information on CalMHSA programs, we are refreshing the CalMHSA newsletter following an assessment of our communications goals. The assessment included a survey conducted in December 2013 that received an outstanding response from our primary audiences of county staff and program partners. Respondents reported that the Express was useful in their work and reported the short and timely updates from CalMHSA programs were of particular value. From the survey, we identified two major areas for improvement of this communications resource: offering tools for the mental health community to get involved in programs, and providing more information on the impacts of our work.

Accordingly, beginning this month, the CalMHSA Express will be published on the first three Mondays of the month, and in addition to brief reports from program partners, will highlight opportunities for members of the mental health community to take action to further the reach and impact of the programs. Additionally, every fourth Monday of the month, CalMHSA will publish a "News to Use" bulletin that will explore CalMHSA's impact by sector -- Public Safety, Community College, and K-12 education will be the topics this spring. Look out for these monthly updates which will include testimonial and case studies from people impacted by CalMHSA's programs, as well as available outcome and evaluation

data from RAND. The “News to Use” Bulletin themes will also correspond with the focus of CalMHSA’s media outreach by month as we build toward Mental Health Month in May.

Training/Technical Assistance and Capacity Building

A cohort of counties funds the RAND/SRI Training, Technical Assistance and Capacity Building (TTACB) program in order to receive technical assistance on Prevention and Early Intervention (PEI) evaluation strategies, and participate in regional evaluation activities.

The next regional workgroup meeting, which is open to all counties free of charge, will focus on the topic of County PEI Data Systems. This facilitated work group will be held on March 5, 2014 in Sacramento. The work group will provide a forum for counties to discuss data systems for tracking participation and outcomes for PEI programs, share their experiences and lessons learned. RAND will provide structured facilitation for main and breakout sessions (e.g., those with data systems, those contemplating data systems).

Please visit the CalMHSA website at <http://calmhsa.org/programs/ttacb/> or, contact Sarah Brichler at 916-859-4827 or sarah.brichler@calmhsa.org with any questions.

California County Superintendents Educational Services Association
(CCSESA)

Regional K-12 Student Mental Health Initiative

By the numbers...

In **2013** you accomplished the following:

Cross-System Collaboration

- Met with local consortia representing **9653** local partners and stakeholder contacts
- Partnered **288** times with other CalMHSA Program Partners
- Communicated **600** times with County Mental Health Liaisons

Demonstration Programs

- Served **253,177** students and **37,718** adults directly through demonstration programs, with a reach of over **2,935,147** students
- Supported the Regional K-12 Clearinghouse's **258** vetted resources/websites in which **24,035** pages were viewed

Training, Education, and Technical Assistance

- Conducted **1217** trainings/events serving **46,766** participants
- Provided technical assistance to **61,354** individuals
- Scheduled **210** trainings/events over the first 6 months of 2014

Finishing Strong!!!!



2015 International "Together Against Stigma" Conference



CiMH 2125 19th Street, 2nd Floor Sacramento, CA 95818

CalMHSA 3043 Gold Canal Drive, Suite 200, Rancho Cordova, CA 95670

February 7, 2014

Dear Colleague,

On behalf of the California Mental Health Services Authority (CalMHSA) and California Institute for Mental Health (CiMH), we are extending an invitation for you to participate in developing the 2015 International "Together Against Stigma" Conference (expected to be held in February 2015). Although not the most recent international conference, Canada hosted nearly 700 delegates from 29 different countries in June 2012. The international character of this conference underscored the fact that stigma is not exclusive to any one country or culture.

This conference would be the first to be hosted in the United States. CalMHSA and CiMH would involve key national partners in developing the conference content. Thus, we are asking for your involvement in the Advisory Committee.

The Advisory Committee's primary role is to provide guidance and oversight on the decisions being made by the Program and Planning Committees. The roles and responsibilities of the Advisory Committee include:

- Provide guidance for the project's feasibility, business plan and achievement of outcomes;
- Ensure the project's scope aligns with the requirements of the stakeholder groups, and to represent stakeholder interests in project deliberations;
- Provide those directly involved in the project with guidance on project business issues;
- Oversee effort and expenditure are appropriate;
- Assist in the evaluation of project risks, and project risk management approaches;
- Keep the project's scope under control as emergent issues force changes to be considered; and
- Identify and influence participation for funding consideration.

The Advisory Committee is anticipated to hold telephone meetings monthly or less if appropriate.

We look forward to your response. If you have any questions, please contact Dr. Sandra Naylor Goodwin at goodwin@cihm.org or Alice J. Washington at awashington@cihm.org.

Sincerely,

Sandra Naylor Goodwin, PhD, MSW
President and CEO
CiMH

Stephanie Welch, MSW
Senior Program Manager
CalMHSA

John Chaquica, CPA, MBA, ARM
Executive Director
CalMHSA



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The Program Committee involves significant time and commitment. The Program Committee is primarily responsible for the content of the conference including identifying speakers. This role entails gathering the updated action items status from subcommittees, seeking guidance and communicating decisions to the Advisory Committee, engaging with and updating the Planning Committee, and ensuring that decisions are carried out. The Program Committee assumes the following duties and responsibilities including, but not limited to:

- Working with project management staff to adhere to decision-making on targeted deadlines.
- Establishing a regular meeting schedule, extend invitations to appropriate meeting participants, and identify, recruit, screen, select, appoint or elect members.
- Planning the conference content including identifying speakers.
- Providing all necessary guidance and direction to staff, consultants, subcommittees, etc.

We look forward to your response. If you have any questions, please contact Dr. Sandra Naylor Goodwin at goodwin@cihm.org or Alice J. Washington at awashington@cihm.org.

Sincerely,

Sandra Naylor Goodwin, PhD, MSW
President and CEO
CiMH

Stephanie Welch, MSW
Senior Program Manager
CalMHSA

John Chaquica, CPA, MBA, ARM
Executive Director
CalMHSA