

Board of Directors Meeting

AGENDA

October 10, 2013

2:45 p.m. – 5:00 p.m.



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

(listen in only)

Meeting Locations:

Doubletree Hotel Sacramento
2001 Point West Way
Sacramento, CA 95815
(916) 929-8855

Ventura County Behavioral Health
1911 Williams Drive, Suite 200
Oxnard, CA 93036
(805) 981-2214

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

Thursday, October 10, 2013

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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	
A. CMHDA Standing Report	6
Recommendation: None, information only.	
5. APPROVAL OF AGENDA AS POSTED (OR AMENDED)	
6. CONSENT CALENDAR - If the Board would like to discuss any item listed, it may be pulled from the Consent Calendar.	7
A. Routine Matters	
1. Minutes from the June 13, 2013 Board of Directors Meeting	30
B. Reports/Correspondence	
1. CalMHSA Goal Statements Grid	42
Recommendation: Staff recommends approval of the Consent Calendar.	
7. MEMBERSHIP	
A. County Outreach Report – Allan Rawland, Associate Administrator– Government Relations	8
Recommendation: None, information only.	
8. PROGRAM MATTERS	
A. Report an presentation from CalMHSA Program Director – Ann Collentine	9
Recommendation: None, information only.	
B. Evaluation Progress Report Discussion – RAND Corporation Report	10
Recommendation: None, information only.	
C. Report from the CalMHSA Advisory Committee – Maureen Bauman	15
Recommendation: None, information only.	
D. New Behavioral Health Billing System Feasibility Study	16
Recommendation: None; information only.	
E. State Hospital Beds	18
Recommendation: None; information only.	

- F. World Psychiatric Association’s “Together Against Stigma” Conference (International Stigma and Discrimination Reduction Conference) 21

Recommendation: Approve up to \$150,000.00 in planning funds to support International Stigma Reduction Conference in partnership with WPA, CIMH and other to be identified partners.

9. ADMINISTRATIVE MATTERS

- A. Statewide PEI Sustainability Task Force 24

Recommendations:

1. Approve Statewide PEI Sustainability Task Force recommendation to adopt a two phase sustainability planning process as outlined in the Two Phase Sustainability Planning Process Brief.
2. Approve use of up to \$250,000 of CalMHSA PEI Planning funds for development of Phase Two Plan with a projected implementation date of July 2015.
3. If deemed appropriate, approval of Resolution 13-02 Principles for Statewide Prevention and Early Intervention.

- B. Quorum Options for Board and Executive Committee 26

Recommendation: Discussion and/or action as deemed appropriate.

10. GENERAL DISCUSSION

- A. Report from CalMHSA President – Wayne Clark 28

- Executive Committee: Central Regional Representative
- General

Recommendation: Approval of an appointment of a second Central Region Representative on the CalMHSA Executive Committee for a term ending on June 30, 2015.

- B. Report from CalMHSA Executive Director – John Chaquica 29

- Department of Health Care Services Contract Update
- Jennifer Henning (County Counsel’s Association Executive Director)
- JPA Agreement Update
- General

Recommendation: Discussion and/or action as deemed appropriate.

11. PUBLIC COMMENTS

A. Public Comments Non-Agenda Items

This time is reserved for members of the public to address the Board relative to matters of CalMHSA not on the agenda. No action may be taken on non-agenda items unless authorized by law. Comments will be limited to three minutes per person and twenty minutes in total. The Board may

also limit public comment time regarding agenda items, if necessary, due to a lengthy agenda.

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

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

A. Board

B. Staff

14. 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

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 June 13, 2013 Board of Directors Meeting

B. Reports/Correspondence

1. CalMHSA Goal Statements Grid

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 June 13, 2013 Board of Directors Meeting
- CalMHSA Goal Statements Grid

MEMBERSHIP
Agenda Item 7

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. Staff has developed a spreadsheet to track activity of prospective members, which is attached as reference material.

FISCAL IMPACT:

None.

RECOMMENDATION:

None, information only.

TYPE OF VOTE REQUIRED:

None

REFERENCE MATERIAL(S) ATTACHED:

- CalMHSA Membership Roster
- County Outreach By Region

PROGRAM MATTERS

Agenda Item 8.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

- Stigma and Discrimination Reduction
- Suicide Prevention
- Student Mental Health

Evaluation

Statewide Coordination Workgroup

FISCAL IMPACT:

None

RECOMMENDATION:

None, information only.

TYPE OF VOTE REQUIRED:

None

REFERENCE MATERIAL(S) ATTACHED:

- CalMHSA Program Director's Update Report
 - Q4 Dashboard
- Highlights Reel PowerPoint Presentation (*distributed under separate cover*)
- Send Silence Packing Flyer

STATEWIDE PEI PROGRAMS

Agenda Item 8.B

SUBJECT: Evaluation Progress Report Discussion – RAND Corporation Report

ACTION FOR CONSIDERATION:

None, information only.

BACKGROUND:

In October 2011 the Board selected RAND Corporation to be the independent evaluator of the CalMHSA Prevention and Early Intervention (PEI) Statewide Projects Implementation Work Plan. The contract with RAND stipulated RAND develop a Statewide PEI Evaluation Strategic Plan, which was adopted by the Board in June 2012, and included revisions made by the Statewide Evaluation Expert (SEE) team. The evaluation plan designed by RAND and adopted by the Board employs an integrative design across the Suicide Prevention (SP), Stigma and Discrimination Reduction (SDR), and Student Mental Health (SMH) initiatives, which takes into consideration that the statewide funds being used to implement these programs should result in programs that have a statewide impact and provide a statewide foundation for counties to build upon for lasting results in the future.

Evaluation Aims

Specifically, the RAND evaluation team will collaborate with the PEI Program Partners to carry out the following evaluation aims:

- Evaluate programs' progress toward meeting statewide goals and objectives;
- Assess program resources and activities that are actually implemented, including the structural and operational processes that define the program;
- Evaluate program outcomes, including: targeted program capacities (e.g., services, social marketing, workforce training); short-term outcomes (e.g., attitudes, knowledge, behavior); and long-term outcomes (e.g., reduced suicide, reduced discrimination, improved student performance).

The key objectives of the evaluation are to establish baselines and community indicators, conduct thorough program evaluations, identify innovative programs for replication, and promote continuous quality improvement efforts. In addition, the evaluation team will provide technical assistance to Program Partners to promote the development of their capability to collect process and outcome data and to use these data in their own continuous quality improvement efforts.

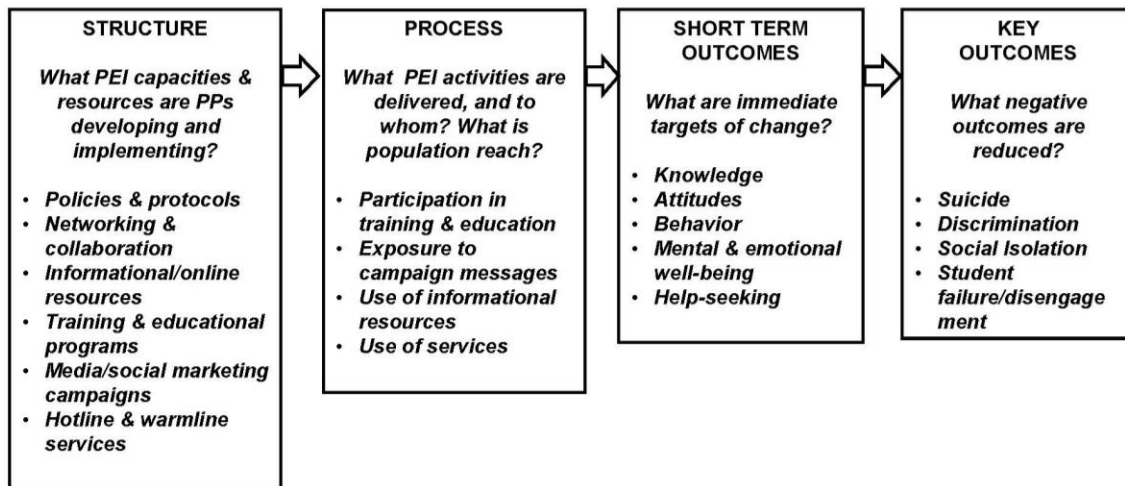
Evaluation Approach

RAND is using a Structure-Process-Outcome logic model in guiding the evaluation approach. Structures refer to the PEI capacities and resources that program partners are developing. Processes refer to the intervention activities that are delivered, and to whom. Outcomes refer to the impact of the capacities and interventions. In this context, they are looking at both short-term

outcomes (i.e., immediate targets of change), as well as key outcomes (i.e., the long-term negative outcomes the programs aim to reduce).

Since the efforts undertaken by PEI Program Partners across initiative areas are diverse, RAND has identified common types of program activities and developed specific criteria for evaluating each of them. Some of these activity types are taking place under several initiatives (e.g., networking and collaboration), while others are specific to one initiative (e.g., hotline and “warmline” operations apply only within Suicide Prevention).

Evaluation Logic Framework: Structure-Process-Outcomes



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The program activity types are:

- Development of policies, protocols, best practices
 - Networking and collaboration
 - Development of informational resources targeting community and student audiences
 - Training and education
 - Media campaigns and interventions to influence media production
- Hotline and “warmline” operations

For each activity type, RAND has developed key research questions based on evaluation criteria that address structure, process and outcomes. These are applied to each similar activity across initiatives.

STATUS:

Interim Progress Report and Initial Baseline Findings

In August 2013, RAND submitted their first interim progress report and initial baseline findings for review and comment to CalMHSA staff and the SEE Team. The report presents early findings from an ongoing evaluation of many newly developed programmatic activities that together represent the implementation of inter-dependent statewide strategies designed to reduce mental health stigma and discrimination, prevent suicide, and reduce negative consequences associated with mental health problems among California's public school students. While many programmatic activities have been implemented within the past year, others are still in development and plan to be implemented over the coming year. Thus, results presented at this time are preliminary.

The evaluation is also developing baseline assessments of population risk factors and outcomes that represent the longer-term targets of change for the initiatives. These baseline assessments provide a platform for longer term monitoring of population risk factors and outcomes over time. The interim progress report provides early information on baseline population tracking, including: an analysis of county- and region-wide suicide rates, a student- and faculty survey of the school mental health climate across California, and a statewide survey of California adults' beliefs about suicide, mental health stigma and discrimination, and the mental health climate in schools. Finally, throughout the interim progress report, RAND describes the tools were developed to conduct the evaluation.

The interim progress report contains information about program partners (PPs) activities up through March 2013 and some additional information from April–June 2013. At this point in time in the evaluation, RAND is able to provide information on the capacities that have been developed by program partners, early data on reach of activities, baseline assessments including suicide rates in California, and data from a statewide survey of the general population regarding knowledge, attitudes, and behavior related to mental health, mental illness, and suicide. SMH surveys are still in progress, but there are some preliminary findings from Higher Education partners.

Initial Findings of Interest

- Baseline Assessments—the interim progress report includes an analysis of age-adjusted suicide rates by counties and regions in California from data from calendar years 2008–2010. The statewide survey of the general population provide baseline measures topics like awareness of stigma and discrimination, beliefs about recovery, social distance, and social inclusion, in addition to knowledge about suicide and how to access help and resources. The baseline survey also provided early measure of exposure to CalMHSA PEI efforts. Highlights:
 - 73% reported that people with mental illness experience high levels of prejudice and discrimination

- 34% reported being unwilling to move next door to someone with a serious mental illness
 - 54% reported that there are warnings before a suicide while 33% reported that you can't stop people who really want to die by suicide
 - 16% reported attending some sort of training about mental illness
 - 11% reported seeing or hearing the slogan "Each Mind Matters"
 - 39% reported seeing or hearing ads with the slogan "Know the Signs"
- Capacities Developed—to date, the evaluation shows that Program Partners have been highly productive in developing new program capacities. They have developed new organizational systems, staff expertise, informational resources, collaborative relations, training protocols, and materials—and for diverse targeted audiences and internal evaluation capacity. As the first statewide PEI initiatives, they are completely new, are striving for statewide reach, and inter-related and complementary. They are grounded in the best research base available and for the work being done with cultural, ethnic and age specific groups—they are charting a lot of new territory. RAND noted that this was a great feat in and of itself but also conducted by a brand new organizational body—CalMHSA—that must manage joint decision making across jurisdictional bodies and with input from stakeholders.
 - Reach—even though the interim progress report covers activities during an early point in implementation, the reach of policies, procedures, protocols, training, and education, online information and resources, social marketing efforts, and hotlines and warmlines is provided by relevant Program Partners.
 - The Friendship Line operated by the Institute on Aging has steadily increase quarterly call volume over 18,000 calls in the third quarter of FY 2012–2013
 - 11,000 site visits between May 30, 2013 and June 7, 2013 to www.eachmindmatters.org
 - 2,667 visits made to CCSESA's informational clearinghouse between September 2012 and March 2013

NEXT STEPS:

CalMHSA staff and the SEE Team have provided input and guidance into what external documents will be produced from the 600 page plus interim progress report. Program Partners are also reviewing all documentation for an opportunity to correct any factual errors. The following is a list of public documents being developed for external dissemination:

- Summaries or brief stand-alone reports specific to each initiative area (SP, SDR, and SMH)

- Summary or brief stand-alone report on the Baseline Survey findings
- A series of two-page fact sheets that will report on capacities built and reach achieved for SP, SDR, SMH, the Baseline Survey, and a general overview that highlights achievements and progress to date

Currently RAND is busy continuing their evaluation efforts and in June 2014, roughly nine months from now, evaluation of short-term outcomes will be available. June 2015 will bring the first evaluation of any long-term outcomes.

FISCAL IMPACT:

None

RECOMMENDATION:

None, information only.

TYPE OF VOTE REQUIRED:

None

REFERENCE MATERIAL(S) ATTACHED:

- None

PROGRAM MATTERS

Agenda Item 8.C

SUBJECT: Report from the CalMHSA Advisory Committee – Maureen Bauman

ACTION FOR CONSIDERATION:

None, information only.

BACKGROUND AND STATUS:

The CalMHSA Advisory Committee (AC) held a teleconference meeting on September 20, 2013. Committee discussion focused on the following:

- *New Member Appointment*—a selection committee, made up of staff, two community stakeholder members, and two committee board members met in September to interview finalists to fill a vacant committee seat. The selection committee recommended Darlene Prettyman to fill the vacant AC seat. The AC approved unanimously the appointment of Ms. Prettyman. Ms. Prettyman is a family member, former MHSOAC commissioner, active NAMI member, lives in the Central Valley, and has worked actively on mental health issues for a number of years.
- *SDR Consortium*—Stigma and Discrimination Reduction (SDR) Consortium Program Manager Joseph Robinson provided a status update on activities of the Consortium. The Consortium is implementing their strategic plan and has developed a timeline for achieving goals in the plan. The Consortium has assumed responsibility for promotion of Each Mind Matters (EMM) and materials related to the EMM campaign.

The next Consortium meeting will be held on October 21st and 22nd in San Jose. AC members requested a list of Consortium members. Mr. Robinson requested that if any AC members are able to attend the October meetings to please contact him.

- *Statewide PEI Sustainability*—the CalMHSA Sustainability Task Force Co-chair Alfredo Aguirre led a discussion regarding task force activities and the proposed Two Phase Sustainability Planning Process. After discussion, AC members endorsed the staff recommendation supporting a Two Phase Sustainability Process.

FISCAL IMPACT:

None

RECOMMENDATION:

None, information only.

TYPE OF VOTE REQUIRED:

None

REFERENCE MATERIAL(S) ATTACHED:

- Consortium Roster

PROGRAM MATTERS

Agenda Item 8.D

SUBJECT: New Behavioral Health Billing System Feasibility Study

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 to implement the Feasibility Study. At the August 15, 2013 CalMHSA Board Meeting, the allocation methodology outlined in [MHS 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 the feasibility study.

In order to proceed with the feasibility study in an expeditious manner, CalMHSA staff began invoicing counties for their estimated share of cost. While financial participation is not mandatory—counties may choose to opt out of the feasibility study—the attached county cost allocation assumes full participation by counties in funding the study; if full participation is not achieved, counties may need to increase their level of funding. Counties have requested a range for their share of cost- up to the maximum they would be asked to contribute. This range is currently being calculated based on responses from counties intending to participate.

CMHDA and CalMHSA are jointly sponsoring conference calls in which counties may receive updates on the feasibility study and discuss any questions or concerns regarding the process. The first of these conference calls was offered on October 7, 2013. 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:

On October 8, 2013, the first Governance Council meeting was scheduled for leadership from DHCS and counties (including CMHDA and CalMHSA representation). Governance Council 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. Subsequent governance council meetings are anticipated in the near future.

FISCAL IMPACT:

The total cost of implementing the Feasibility Study is estimated to be up to \$300,000. This includes an estimated \$250,000 for the vendor contract. In addition, it is anticipated that CalMHSA will assume a substantial administrative and fiscal role in:

- Contracting with counties to participate in and fund the feasibility study,
- Planning and development of the procurement along with Steering Committee partners including DHCS and CMHDA,
- Competitively procuring, executing and managing the contract 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. Additionally, the attached County Cost Allocation Scenarios assume full participation by counties in funding the feasibility study; if full participation is not achieved, counties may need to increase their level of funding.

RECOMMENDATIONS:

None, information only.

TYPE OF VOTE REQUIRED:

None

REFERENCE MATERIAL(S) ATTACHED:

- Short-Doyle 3 Feasibility Study Partnership Proposal
- County Cost Allocation

PROGRAM MATTERS
Agenda Item 8.E

SUBJECT: State Hospital Beds

ACTION FOR CONSIDERATION:

None

BACKGROUND AND STATUS:

2013-2014 MOU

CalMHSA board directed staff to work with CMHDA and Department State Hospital (DSH) over 15 months ago, on June 14, 2012. Since then there have been many developments, challenges, and successes. At the time of preparing this agenda there remains only one item to complete for the 2013-14 MOU. Once complete the workgroup will have achieved one of its critical missions, which was to have a joint MOU with participating counties through CalMHSA. The remaining item to complete is to reach agreement as to the definitions for levels of care and medical necessity. This is a very critical last step, which will be resolved through some of the workgroup members and the Executive Directors at Metro and Napa State Hospital and Katherine Warburton, Deputy Director, Clinical Services Division from DSH. It is anticipated this will be resolved and ready for signature within the month of October.

Upon final agreement the end result will be the participating counties will be a party to one MOU between DSH and CalMHSA. The participating counties will be named parties to the MOU. The financial obligations remain with the counties and paid through realignments funds. Counsel, Doug Alliston is working with the Executive Director of the Association of County Counsels to ensure understanding appropriate language, and next steps. There will be an update at the board meeting on this topic.

Summary of 15 Month Process and Conclusions

- Convened the State Hospital Bed Work Group, with Mary Marx, Los Angeles County, as Chair
- Engaged in a joint negotiation with DSH with the intent for one contract/MOU for all participating counties
- Negotiated mutual indemnification for MOU
- Fix the rate for FY 13/14, whereas if the anticipated rate increase was an average of 3%, the rate relief would be greater than \$3 million, statewide.
- Attained agreement from Metro State Hospital to provide Intermediate Care Facilities (ICF) beds, which will produce significant savings annually—approximately \$1 million per year for Los Angeles County
- Developed a statewide bed pool concept to provide greater utilization and less bed cost—concept intact and ready to go if the proposed legislative changes do not occur.

- Initiated discussions that lead to the development of draft trailer bill language for billing based on bed usage vs. guarantee
- Obtained relief from guarantee of penal code beds
- Designated a point of contact for contract compliance and issues involving care
- Pursued and will continue to do so on the 17601 election and third-party pay with Department of Finance

NEXT STEPS:

The State Hospital Bed Work Group met on October 2, 2013 to discuss next steps. The high-level next steps are:

1. Complete 2013-14 MOU, with requisite participant sign-off.
2. Counties who wish to continue to be involved in this joint operation are to execute Participating Agreement, submitted in June of 2013. Several counties have this in process already.
3. CalMHSA staff to develop from the list below of directed activities, to develop a list of priorities for the remainder of this year.
4. CalMHSA will invoice for the operations to begin November 1, 2013.
5. List of activities--* denotes priorities establish by Work Group
 - a. Begin negotiating terms for 2014-15*
 - b. Review of alternatives – Subject Matter Expertise (SME) will be required*
 - c. Pursue WIC 17601 election with DOF*
 - d. Pursue Medicare reimbursement with DOF (*Litigation may be required*)*
 - e. Contract Management (Compliance/Conflict Resolution w/terms of MOU)
 - i. Admissions and discharge compliance
 - ii. Coordination and case management
 - iii. Rate Negotiations (*Rate change is equivalent to bed use and medical necessity – plus bed transfers*)*
 - iv. Review of cost reports*
 - v. Payment issues*

- vi. Utilization review
- vii. Financial records – Oct. financial filings (*CalMHSA to review, analyze and inquire*)*
- f. Development of Best Practices*
- 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
- h. Continue to hold Hospital Bed Work Group*
- i. Arrange for joint education and training (*conduit for sharing/dissemination of information*)

Doug Alliston, counsel for CalMHSA, continues to have ongoing discussions with the County Counsel Association in an effort to receive their input on recommended changes to the MOU.

FISCAL IMPACT:

- \$50,000 –Planning and development costs for FY 2013-14. Invoiced in August 2013 to participating counties.
- \$300,000 – Operation costs for FY 2013-14, which is reflective of an 8 month period as work will not commence until November 2013. To be billed in October 2013.
- \$450,000 – Estimated Annual Operations for FY 2014-15, 2015-16, 2016-17.

RECOMMENDATION:

None, information only.

TYPE OF VOTE REQUIRED:

None

REFERENCE MATERIAL(S) ATTACHED:

- Work Group Roster
- Cost Projections
- Draft MOU (*handout*)

PROGRAM MATTERS

Agenda Item 8.F

**SUBJECT: World Psychiatric Association “Together Against Stigma” Conference
(International Stigma and Discrimination Reduction Conference)**

ACTION FOR CONSIDERATION:

Board approval for CalMHSa to co-host, with CiMH, the 2015 International Stigma and Discrimination Reduction (SDR) Conference with the World Psychiatric Association (WPA) and delegate authority to the Executive Committee to consider funding appropriation to support the conference.

BACKGROUND AND STATUS:

CalMHSa and CiMH staff have explored the value of California hosting the next International “Together Against Stigma” conference in partnership with the World Psychiatric Association (WPA). The last international conference was hosted in June 2012 in Canada, with nearly 700 delegates from 29 different countries. The international character of the conference underscored the fact that stigma is not exclusive to any one country or culture: it is pervasive, encountered at all levels of society, institutions, among families and within the healthcare profession itself. Core values of the “Together Against Stigma” conferences are consistent with CalMHSa values and the values reflected in our programs approach to eliminating stigma, which include:

- Efforts to reduce stigma must include those who experience it firsthand
- Rigorously studying stigma and discrimination reduction efforts and applying findings to future efforts is essential
- Sharing, exchanging, and disseminating knowledge of best practices is cost effective
- Efforts should be more than cultural competent and should reflect cultural humility and responsiveness while striving for equity
- Efforts should promote hope, resilience, recovery, and wellness

This conference would be the first to be hosted in the United States. CalMHSa and CiMH would involve key national partners in developing conference content like SAMHSA, NACBHDD, The Carter Center, and the CDC. It would be an excellent forum to disseminate findings on short-term outcomes and projected long-term outcomes from RAND’s independent evaluation of the statewide projects. The conference could also provide an opportunity to share findings and strategies from both statewide and local SDR efforts, and explore how SDR work is critical to the successful implementation of the Affordable Care Act.

The current chair of the WPA Stigma Reduction Scientific Committee, Heather Stuart of the Canadian Mental Health Commission, has expressed her support for California to move

forward with planning. Other supporters of the concept include the Carter Center Mental Health Program and Dr. Patrick Corrigan, and Dr. Bernice Pescolido, who are two of the leading U.S. researchers in this arena and who participate on the WPA Stigma Reduction Scientific Committee.

The conference would take place in February 2015 in San Francisco possibly in lieu of—or in conjunction with—the CA Mental Health Policy Forum. Twelve to 15 months should be ample planning time, but a structured process guided by an advisory committee is needed. The Canadian hosted conference was three days of keynotes, trainings, and other workshop opportunities. Additional meetings, networking events, and seminars took place in conjunction with the conference to maximizing the exchange of knowledge across countries. Staff has preliminary discussed the following tracks for the conference:

- Research and Evaluation,
- Policy and Advocacy, and
- Best practices in to be determined areas such as across the lifespan or with special populations including underserved ethnic and racial communities, veterans, and foster youth.

In addition, opportunities for knowledge exchange, networking and training for consumers and family members and those with lived experience to take home and incorporate would be essential. The WPA Stigma Reduction Scientific Committee would assist with reviewing and selecting research and workshop abstracts.

Due to the draw of San Francisco, and that fact that this conference has never taken place in the United States before and would hopefully draw national attendance, it could be possible to have up to 1,000 attendees.

NEXT STEPS:

Staff is working with CIMH to develop a conference budget. Preliminary review of the budget from the Canada conference indicates funding for the conference will likely be in the range of \$300,000 with almost half of this coming from sponsorships. Staff anticipates having more detailed information with the next 30 days. Due to the urgency to begin planning, staff seeks authorization to present a budget and funding request to the Executive Committee in November for consideration of appropriating funding.

FISCAL IMPACT:

None

RECOMMENDATION:

1. Approve CalMHSA to become a co-host of the 2015 International Stigma Reduction Conference in partnership with WPA, CIMH and other to be identified partners,

2. Delegate approval authority to the Executive Committee for appropriating up to SDR and planning funds based on review and discussion of proposed budget for the Conference. .

TYPE OF VOTE REQUIRED:

Majority vote of the Board of Directors.

REFERENCE MATERIAL(S) ATTACHED:

- None

ADMINISTRATIVE MATTERS

Agenda Item 9.A

SUBJECT: Statewide PEI Sustainability Task Force

ACTION FOR CONSIDERATION:

Recommendation for two phase sustainability planning process for sustaining PEI Statewide Projects.

BACKGROUND AND STATUS:

At the August 15, 2013 CalMHSA Board Meeting, the Board of Directors adopted the Revised Criteria for Rating Current CalMHSA PEI Statewide Projects. The revised criteria included the addition of meaningful qualitative information as a result of Advisory Committee feedback.

The PEI Statewide Projects Sustainability Task Force met on August 29, 2013. Task force members discussed the Framework and Timeline for developing a Sustainability Plan for current CalMHSA PEI Statewide Projects using the criteria approved at the August 15, 2013 Board Meeting. In addition, CalMHSA staff presented a concept for a two phase sustainability planning process to task force members. Task force members supported the two phase sustainability planning process and requested that staff put the process on future Board and Advisory Committee agendas for discussion and feedback. The Advisory Committee endorsed the plan at its September 20th meeting.

The PEI Statewide Projects Sustainability Task Force met on September 29, 2013, to discuss a preliminary view of PEI Statewide activities to be sustained using the criteria adopted by the Board on August 15, 2013. As our initial discussion was preliminary, Task Force members requested staff prepare a second draft for the October Task Force meeting based on possible action at the October Board Meeting regarding the proposed Phase One/Phase Two. Critical and related to the task force discussion is the Sustainability Plan funding. While the Task Force objective focuses on the projects, it does raise the funding question/solution. This is now being considered by CalMHSA Board leadership and the Task Force will continue to focus on programmatic issues. Staff informed Task Force members that at this time, staff is assuming a reduced amount for a Phase One Plan, which will be presented to the Board in December. This assumption is based on discussion at the CalMHSA Strategic Planning meeting in April, where staff recommended an annual budget of approximately \$20–25 million, which would be funded with carryover funds from the PEI Statewide funds already assigned to CalMHSA and additional new funds from local county PEI funds assigned to CalMHSA to sustain PEI statewide efforts. Allocation of funding for programs would not be based on prior proportionality criteria that was required in previous PEI Statewide Projects guidelines.

Additionally, there will be discussion regarding funding with possible action recommended on principles surrounding funding criteria. This information is in development and will be presented at the meeting or emailed prior to the meeting and posted on the Website.

FISCAL IMPACT:

Utilizing \$250,000 of existing PEI Planning funds.

RECOMMENDATIONS:

1. Approve Statewide PEI Sustainability Task Force recommendation to adopt a two phase sustainability planning process as outlined in the Two Phase Sustainability Planning Process Brief.
2. Approve use of up to \$250,000 of CalMHSA PEI Planning funds for development of Phase Two Plan with a projected implementation date of July 2015.
3. If deemed appropriate, approval of Resolution 13-02 Principles for Statewide Prevention and Early Intervention.

TYPE OF VOTE REQUIRED:

Majority vote of the Board of Directors.

REFERENCE MATERIAL(S) ATTACHED:

- Revised Criteria for Rating Current Projects for Sustaining (adopted by CalMHSA Board 8/15/13)
- Proposed Two Phase Sustainability Planning Process Brief
- Sustainability Timeline
- Resolution 13-02 Principles for Statewide Prevention and Early Intervention
- Program Matrix

ADMINISTRATIVE MATTERS

Agenda Item 9.B

SUBJECT: Quorum Options for Board and Executive Committee

ACTION FOR CONSIDERATION:

Discussion and input regarding addressing alternatives to CalMHSA board and executive committee meetings which lack a quorum. Options presented include reworking meeting schedule and/or frequency of Board of Director and/or Executive Committee meetings.

BACKGROUND AND STATUS:

Reaching a quorum of the Board of Directors or Executive Committee at any one meeting has become increasingly more difficult due to increase in majority needed. In the event a quorum of the full board is not achieved, CalMHSA has the option of convening a quorum of the Executive Committee in its stead, which can also prove difficult. California law prohibits the legislative bodies of public entities from having a quorum of less than half the members of the body. Therefore, the only way to reduce the number of people needed to act is to reduce the size of the Board and/or Executive Committee. Additionally, proxy voting is not allowed; however, a member can certainly send and inform their alternate to vote in person.

To address CalMHSA's continued difficulties with assembling a quorum to act, staff proposes:

- Meetings (full board or executive committee) every other month.
- The board meets only twice a year (June and December) and one of these meetings includes the annual strategic planning session. (The Board must meet twice a year according to Section 4.2.1 of the current Bylaws.)
- The Executive Committee will meet in person and replace the current every other month board meetings. They will continue to follow the CMHDA meeting (i.e., February, April, August, and October). Board members will be encouraged to attend and participate in Executive Committee meetings.
- The Executive Committee is reduced back to nine (9) members (not counting the tenth slot for Past President, which currently is not applicable), with the recently added additional regional representative member to now serve as an alternate.

Composition of the Executive Committee is not dictated by the JPA Agreement, but is specified by Section 6.1 of the bylaws as amended last year. Those bylaws could be amended consistent with staff's suggestion.

Consideration of additional amendments of bylaws pursuant to changes above:

1. Review of existing authority of executive committee and discern if it is appropriate or should be broadened due to reduced meeting frequency of board.

2. Provide for the right of board members, not limited to those on the executive committee, to require action to be considered by the full board. Alternatively, provide for an appeal of Executive Committee action to the full Board if by a minimum of five board members within 21 days of action.

Board action is currently needed to amend the bylaws, per section 4.1.3 of the bylaws. Thus, this change would have to be approved by the Board.

The reasons the Executive Committee was expanded were to make it more inclusive, and to make it possible for five to seven members of the Executive Committee to meet without triggering application of the Brown Act. The latter had been an issue in weekly agenda review calls in which staff is given direction, and potentially in CMHDA gatherings. These benefits would be lost in a return to a nine member Executive Committee.

FISCAL IMPACT:

Minimal—could reduce meeting space needed and related expenses.

RECOMMENDATION:

Discussion and/or action as deemed appropriate.

TYPE OF VOTE REQUIRED:

Majority vote of the Board of Directors.

REFERENCE MATERIAL(S) ATTACHED:

- Establishing a Quorum: Proposed Changes
- Attendance Record: October 2012 – October 2013

GENERAL DISCUSSION
Agenda Item 10.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, PhD, will provide general information and updates on the following items:

- Executive Committee: Central Regional Representative
- General

FISCAL IMPACT:

None

RECOMMENDATION:

Approval of an appointment of a second Central Region Representative on the CalMHSA Executive Committee for a term ending on June 30, 2015.

TYPE OF VOTE REQUIRED:

None

REFERENCE MATERIAL(S) ATTACHED:

- None

GENERAL DISCUSSION
Agenda Item 10.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.

- Department of Health Care Services Contract Update
- Jennifer Henning (County Counsel’s Association Meeting)
- General

FISCAL IMPACT:

None

RECOMMENDATION:

Discussion and/or action as deemed appropriate.

TYPE OF VOTE REQUIRED:

None

REFERENCE MATERIAL(S) ATTACHED:

- None

MINUTES

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY (CaMHSA) STRATEGIC PLANNING SESSION AND BOARD OF DIRECTORS MEETING

Sacramento, California

June 13, 2013

MEMBERS PRESENT

Wayne Clark, PhD, CalMHSA President, Monterey County
Maureen F. Baumann, LCSW, CalMHSA Vice President, Placer County
Karen Baylor, PhD, MFT, CalMHSA Secretary, San Luis Obispo County
Scott Gruendl, MPA, CalMHSA Treasurer, Glenn County
Brad Luz, PhD, Central Region Representative, Sutter/Yuba County
Rita Austin, LCSW, Central Region Representative, Tuolumne County
William Arroyo, MD, Los Angeles Region Representative, Los Angeles County
CaSonya Thomas, MPA, CHC, Southern Region Representative, San Bernardino County
Karen Stockton, PhD, MSW, Superior Region Representative, Modoc County
Anne Robin, MFT, Superior Region Representative, Butte County
Terence M. Rooney, PhD, Colusa County
Patricia Charles-Heathers, El Dorado County
Dawan Utecht, Fresno County
Barbara LaHaie, Humboldt County
Kristy Kelly, MFT, Lake County
John Lawless, LCSW, Mariposa County (alternate)
Tom Pinizzotto, Mendocino County (alternate)
Jaye Vanderhurst, LCSW, Napa County
Jenny Qian, MA, Orange County (alternate)
Jerry Wengerd, LCSW, Riverside County
Mary Ann Carrasco, Sacramento County
Nancy Pena, PhD, Santa Clara County
Donnell Ewert, MPH, Shasta County
Madelyn Schlaepfer, PhD, Stanislaus County
Noel J. O'Neill, MFT, Trinity County
Meloney Roy, LCSW, Ventura County
Kim Suderman, Yolo County

MEMBERS/ALTERNATES LISTENING IN

Debby Estes, LCSW, Madera County (alternate)

ALTERNATES PRESENT

Tom Sherry, Sutter/Yuba (alternate)

MEMBERS ABSENT

Michael Kennedy, MFT, Sonoma County
Jo Robinson, Bay Area Region Representative, San Francisco City and County
Karyn Tribble, PsyD, LCSW, City of Berkeley
Mary Roy, MFT, Contra Costa County
Gary R. Blatnick, Del Norte County
Michael Horn, MFT, Imperial County
Gail Zwier, PhD, Inyo County
Jim Waterman, PhD, Kern County
Mary Ann Ford Sherman, MA, Kings County
Barbara Pierson, Lassen County
Margaret Kisliuk, HHS, Marin County
Robin Roberts, MFT, Mono County
Michael Heggarty, MFT, Nevada County
Alan Yamamoto, LCSW, San Benito County
Stephen Kaplan, San Mateo County
Alfredo Aguirre, San Diego County
Vic Singh, LCSW, San Joaquin County
Stephen Kaplan, San Mateo County
Rama Khalsa, PhD, Santa Cruz County
Terry Barber, Siskiyou County
Halsey Simmons, MFT, Solano 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, Legal Counsel, Murphy Campbell Guthrie & Alliston
Kim Santin, CPA, CalMHSA Finance and Administration Director
Ann Collentine, MPPA, CalMHSA Program Director
Allan Rawland, Associate Administrator – Government Relations
Stephanie Welch, MSW, CalMHSA Senior Program Manager
Sarah Brichler, MEd, CalMHSA Program Manager
Maya Maas, CalMHSA Executive Assistant
Michelle Yang, CalMHSA Executive Assistant
Jaikelle Meeks, CalMHSA Executive Assistant

MEMBERS OF THE PUBLIC

Stacie Hiramoto, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO)

John T. Liddle, Morgan Stanley Smith Barney
Susan Gallagher, Mental Health America of Northern California (MHANCA)
Anara Guard, Education Development Center (EDC)
Autumn Valero, California Institute for Mental Health (CiMH)
Pat Ryan, California Mental Health Directors Association (CMHDA)
Taisha Caldwell, UC Office of the President

1. CALL TO ORDER

The regular meeting of the Board of Directors of the California Mental Health Services Authority (CalMHSA) was called to order by President Wayne Clark, PhD, Monterey County, at 2:46 p.m. on June 13, 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 Doug Alliston, Legal Counsel, Murphy Campbell Guthrie & Alliston, to call roll in order to confirm a quorum of the Board.

2. ROLL CALL AND INTRODUCTIONS

Mr. Alliston called roll and informed President Clark and fellow Board members a quorum had been met.

3. INSTRUCTIONS FOR PUBLIC COMMENT AND STAKEHOLDER INPUT

Mr. Alliston 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 presented Karen Baylor, San Luis Obispo County, who has served as a CalMHSA officer since the JPA's inception, with a plaque acknowledging her dedication and service to mental health services in California as well as the development of CalMHSA.

4. CMHDA STANDING REPORT

President Clark invited Pat Ryan, CMHDA Executive Director, to provide a report on CMHDA. Ms. Ryan gave a quick overview of CMHDA's budget review noting the 1991 realignment revenue sources remain stable and unchanged. The Steinberg Mental Health Wellness Proposal has been included in the budget (AB 82).

CMHDA has been approached by the Department of Health Care Services to participate and contribute financially in a feasibility study to change the current Short-Doyle 2 claims processing system. One alternative being considered is having CalMHSA administer the study on behalf of the counties.

Work continues on the state hospital beds project and staff will be meeting soon with the Department of State Hospitals (DSH) and the Department of Finance. DSH has informed CMHDA they will provide an opportunity for feedback on any language put forth for future legislation.

Action: *None, information only.*

5. STATEWIDE PEI PROGRAMS

A. Program Partner Presentation – University of California Office of the President – Student Mental Health Initiative: University of California Student Mental Health Program (UCSMHP)

Ann Collentine, CalMHSA Program Director, introduced Dr. Taisha Caldwell, University of California Office of the President. Dr. Caldwell provided the Board with an overview of the UC's projects throughout the state. The UC team is committed to prevention and early intervention, focusing on resilience and overall wellness. She reviewed some of the collaboration and networking efforts between the UC campuses and counties as well as the resources made available to UC staff and students. Dr. Caldwell screened a public service announcement (PSA) focusing on veterans—one of the customizable PSAs being provided to the campuses and counties. The PSAs will be hosted on Vimeo.

Action: *None, information only.*

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

Susan Gallagher, Mental Health America of Northern California (MHANCA)

6. APPROVAL OF AGENDA AS POSTED (OR AMENDED)

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

Action: *A motion was made to approve the agenda as posted.*

Motion: *William Arroyo, Los Angeles County*

Second: *Karen Stockton, Modoc County*

Motion carried by unanimous consent.

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

None

7. CONSENT CALENDAR

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

Action: *A motion was made to approve the consent calendar.*

Motion: *Kristy Kelly, Lake County*

Second: *Jaye Vanderhurst, Napa County*

Motion carried unanimously.

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

None

8. MEMBERSHIP

A. CalMHSA New County Membership Application(s)

President Clark called on Maureen Bauman, Placer County, to announce the membership application of Alameda County. They will be the 51st member of CalMHSA.

Action: *A motion was made to approve CalMHSA membership for Alameda County.*

Motion: *Brad Luz, Sutter/Yuba County*

Second: *Karen Stockton, Modoc County*

Motion carried unanimously.

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

None

B. County Outreach Report

Allan Rawland, CalMHSA Associate Administrator – Government Relations, provided an update on outreach efforts. Eight counties have yet to pursue membership with two in the queue—Sierra and Merced counties.

Mr. Rawland reminded the Board of the amended JPA agreement. Staff have received 18 signed agreements with 13 in the queue.

Action: *None, information only.*

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

None

9. FINANCIAL MATTERS

A. Report from the CalMHSA Finance Committee – Scott Gruendl

Scott Gruendl, CalMHSA Treasurer, introduced John T. Liddle, Morgan Stanley Smith Barney (MSSB), who gave an update on the CalMHSA investments. The goal was to have a conservative portfolio while outperforming riskless investments within the Local

Agency Investment Fund (LAIF). MSSB has done this successfully with \$1.3 million in net income, almost double what has been achieved in LAIF. At the Finance Committee meeting, maturities were extended to mid June 2015 based on extension of projects.

Mr. Gruendl gave an update on the Finance Committee Task Force's review of the George Hills Company contract. The current contract ends on June 30, 2014. The Task Force has two recommendations to be presented for action at a later date. The first would be based on administrative cost staying below 7.5% (4.1% for FY 2013-2014). The second would be based on performance.

Action: *None, information only.*

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

B. CalMHSA Annual Revenue and Expenditure Report – Proposed Budget June 30, 2014

Mr. Gruendl directed the Board to the proposed budget for the upcoming year provided in the agenda packet and asked Kim Santin, CalMHSA Finance Director, to review the budget as well as the allocation form presented on page 109. Statewide PEI Programs make up 97% of the CalMHSA budget. The budget is built on the Implementation Plan and addendums approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC). Ms. Santin reviewed the funds, which include various projects being implemented by CalMHSA, project planning and development dues, and interest earnings. The estimated carryover of funds from the previous fiscal year is \$90 million due to Programs have been slower to expend than anticipated. CalMHSA estimates ending the 2013-2014 fiscal year with a carryover of \$30 million. Originally \$10.8 million was designated for administrative costs, but it has been determined, based on expenditure pattern that amount is not needed and can be reduced in half. This budget reflects \$5 million, currently in administrative costs to be moved into program funds. This reduces the administrative costs percentage to 4.1% from 7.5%. The remaining balance is shown at \$2.8 million, which represents the interest earnings.

Mr. Gruendl then provided a background on the project planning development dues line item of \$300,000. This line item was placed in the budget to start a conversation.

Following discussion at the April 12, 2013 Strategic Planning Session, the Board voted for the development of a process for counties to be able to act jointly. Following the planning session, the Finance Committee took up the topic of a general funding process for how to fund the development of programs beyond PEI Statewide efforts. There was general agreement as to the need to plan for and develop projects prior to them being presented to the JPA for implementation. The cost of program planning and development could be allocated based on PEI assignment percentage or other provisions. A mechanism is needed to fund project planning and development as well as

basic ongoing operation costs. A thoughtful discussion ensued regarding how to fund program planning and development. As a result, the Finance Committee was directed to go back, look at the various alternatives, and come up with a more specific process for Board members to consider. President Clark added that this discussion flows from the Strategic Planning Session discussion and will be focused on various options for pursuing potential projects in the future—FTE assigned solely to development, revolving pre-fund approach, county staff assigned, CMHDA staff developing project concept papers for potential projects. Mr. Gruendl will take the Board’s feedback to the Finance Committee for further discussion and development of reasonable options to be presented at a future Board meeting.

Action: *Adopt the Annual Revenue and Expenditure Report – Proposed Budget, June 30, 2014 without the \$300,000 dues structure.*

Motion: *Brad Luz, Sutter/Yuba County*

Second: *Kim Suderman, Yolo County*

Motion carried unanimously.

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

10. PROGRAM MATTERS

A. Report from CalMHSA Program Director – Ann Collentine

President Clark called on Ann Collentine, CalMHSA Program Director, for a review of program activities. Ms. Collentine stated all regional contract specialist positions have been filled to assist with connecting the regional and local projects with the statewide projects and thanked the Board for authorizing the extension of their contracts through June 2014. Each Mind Matters was launched during May with Mental Health Month activities. September is Suicide Prevention Month. The higher education program partners are working with the county liaisons to enhance collaboration and participation through the Send Silence Packing exhibit.

Action: *None, information only.*

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

B. Report from the CalMHSA Advisory Committee – Maureen Bauman

Maureen Bauman, CalMHSA Vice President, Placer County, who serves as CalMHSA Advisory Committee Co-chair, gave an update on the Committee’s May 9, 2013 meeting. The Committee reviewed the continuation of the Stigma and Discrimination Reduction (SDR) Consortium (Item 10.C), the plan update (Item 10.D), the efforts to reduce disparities (Item 10.E), planning framework, and levels for sustainability.

The Committee has lost Joseph Robinson as the Stakeholder Co-chair of the Committee. He has joined the SDR Consortium project as Project Manager.

Action: *None, information only.*

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

C. SDR Consortium Administration

Stephanie Welch, CalMHSA Senior Program Manager, updated the Board on the administration of the SDR Consortium. Following direction given by the CalMHSA Executive Committee, a contract has been executed with George Hills Company. Several staff positions have been filled and Adele James has been hired to facilitate Consortium meetings.

Action: *None, information only.*

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

D. Plan Update Contract Amendments

Ms. Welch presented the two contract amendments, which have both been vetted by the review committee process as well as the Advisory Committee. Following the approval of the Plan Update on August 9, 2012, CalMHSA's Program Partners had the opportunity to ask for more funding to improve their geographic and cultural reach. The amendments are for the Mental Health Association in California (to expand the number of Wellness Works trainings their regional hubs offer and adapt their tools for Spanish and Chinese employers) and for the Community Care Initiative – Integrated Behavioral Health Project (to partner with CASRA to enhance the integrated behavioral health toolkit).

Recommendation: *Authorize staff to negotiate amended contracts for Program Partners, as recommended by the Advisory Committee, and authorize the Executive Director and President to execute such amendments on behalf of CalMHSA.*

Motion: *Karen Stockton, Modoc County*

Second: *Jerry Wengerd, Riverside County*

Motion carried unanimously.

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

E. Enhancing Efforts to Reduce Disparities – Supporting Cultural Responsiveness

Ms. Welch provided a quick background on enhancing efforts to reduce disparities and supporting cultural responsiveness. A needs assessment of the Program Partners was conducted by CiMH to help identify areas of strength and areas where technical assistance is needed. The recommendation supports the next phase of this process. CiMH will provide technical assistance in the areas of improving strategies for collecting and analyzing demographic data by race, ethnicity, sexual orientation and gender identity; enhancing linguistic competency and language access; strengthening skills in terms of culturally appropriate community defined practices and learning how to adapt those practices for particular racial and ethnic populations; adapting the work our Partners do for traditionally underserved communities. Trainings would begin in the new fiscal year.

CaSonya Thomas, San Bernardino County, recommended staff work with the CMHDA Committee that includes Ethnic Services Manager to provide guidance on the project with CRDP partners.

Recommendations:

- 1. Approval to extend contract with CiMH for up to \$100,000 to coordinate and deliver expedited training and technical assistance based on findings from the assessment to enhance efforts to reduce disparities.***
- 2. Approve contracting with interested California Reducing Disparities Project (CRDP) contractors, or their identified partners, to develop tool kits or other relevant resources, based on the findings of their population reports and extensive knowledge of underserved communities, that identify key cultural considerations for Suicide Prevention, Stigma and Discrimination Reduction, and Student Mental Health efforts no later than the third quarter of FY 13-14 for a total of no more than \$150,000.***

Motion: CaSonya Thomas, San Bernardino County

Second: William Arroyo, Los Angeles County

Motion carried unanimously.

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

Stacie Hiramoto, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO)

Susan Gallagher, Mental Health America of Northern California (MHANCA)

F. State Hospital Beds

John Chaquica, CalMHSA Executive Director, provided an update on the state hospital beds project. CalMHSA has been working on this project for one year and since January has been meeting with DSH. The five critical areas are bed type, bed payment (WIC 17601), bed commitment, Medicare, and indemnification. Mr. Chaquica emphasized the

importance of the counties acting jointly. Documents have been provided for counties to take this item to Boards of Supervisors.

Recommendation: *Approval to continue negotiations for a joint contract and operationalize the DSH Beds with CalMHSA for FY 2013-14.*

Motion: *William Arroyo, Los Angeles County*
Second: *Jerry Wengerd, Riverside County*
Abstain: *Barbara LaHaie, Humboldt County*
Kristy Kelly, Lake County
Karen Stockton, Modoc County
Mary Ann Carrasco, Sacramento County
Madelyn Schlaepfer, Stanislaus County

Motion carried unanimously.

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

11. ADMINISTRATIVE MATTERS

A. Executive Committee Election

President Clark explained the nominating committee process used to determine the Executive Committee slate being presented. Nominations were requested from the Board, which the Committee used to create the slate. Ms. Bauman noted President Clark has agreed to a one year term instead of the allotted two year term.

President	Wayne Clark, Monterey County
Vice President	Maureen Bauman, Placer County
Secretary	CaSonya Thomas, San Bernardino County
Treasurer	Scott Gruendl, Glenn County
Bay Area	Jo Robinson, San Francisco City & County
Central	Brad Luz, Sutter/Yuba Counties
Los Angeles	Marvin Southard, Los Angeles County
Southern	Alfredo Aguirre, San Diego County
Superior	Karen Stockton, Modoc County

Action: *Approve recommended slate of officers and Executive Committee members representing the five CMHDA regions.*

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

Motion carried unanimously.

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

B. Strategic Planning Session Follow-up

Ms. Collentine presented on the Strategic Planning Task Force, made up of Board members. President Clark will appoint the members during his report. At the request of Board members during the Strategic Planning meeting, staff created a document which showed preliminary funding needed from each county to sustain PEI Statewide projects at half the current funding. The goal of the Task Force will be to discuss development of a PEI Statewide Projects Sustainability Plan and vet milestones related to this plan prior to presentation to the full Board.

At the April Strategic Planning Session, a return on investment document was presented to the Board. The Task Force, along with the RAND Corporation, will assist with refining that document to show the local impact and/or outcomes of PEI Statewide Project dollars.

Mr. Chaquica directed the Board to the project vote conducted at the April Strategic Planning Session. The Agenda Review team has created a list of the top seven projects based on those votes.

Action: *No action needed.*

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

12. GENERAL DISCUSSION

A. Report from CalMHSA President – Wayne Clark

President Clark presented the members of the Strategic Planning Task Force:

- William Arroyo, Los Angeles County, Los Angeles Region
- Martin Malin, Napa County, Bay Area Region
- Alfredo Aguirre, San Diego County, Southern Region
- Jane Anne LeBlanc, Sacramento County, Central Region
- Donnell Ewert, Shasta County, Superior Region

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

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

B. Report from CalMHSA Executive Director – John Chaquica

Mr. Chaquica reported while a verbal extension of the DHCS has been given, nothing in writing has been obtained. The CalMHSA website now includes a Media page for any articles or media postings related to CalMHSA projects.

Recommendation: *None, information only.*

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

President Clark called on Mr. Gruendl to provide an alternative to the closed session originally planned to follow the meeting. The closed session was to discuss the evaluation process for the administration contract. In place of the closed session, Mr. Gruendl requested the officers create a template to be distributed to the Board the results of which will be discussed at a future meeting.

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. Hearing none, he entertained a motion to adjourn.

15. ADJOURNMENT

There being no further comments, the meeting was adjourned at 5:01 p.m.

Action: *To adjourn meeting.*

Motion: *Kim Suderman, Yolo County*

Second: *Karen Stockton, Modoc County*

Motion carried unanimously.

Respectfully submitted,

CaSonya Thomas, MPA, CHC
Secretary, CalMHSA

Date

2013 STRATEGIC PLANNING SESSION

RECOMMENDATION 1: Renew Commitment to Statewide PEI.

Strategies	Progress	Target Completion Date	Status
The SPTF is recommending as its number one priority that the members of CalMHSa renew their commitment to Statewide and regional PEI. As such, the task force is recommending the CalMHSa board approve and authorize staff to begin the development of a PEI Strategic Plan, which will come back to the board for approval and funding. This development shall be funded by the Statewide PEI planning funds. Task force members and staff will present a status update of the Statewide PEI Initiatives and drafts of the Strategic Planning Process and Timeline, Strategic Plan Framework and Return on Investment (ROI).	Task Force meeting monthly with criteria for sustaining program approved	12/2013	PEI Task Force meeting monthly and reporting out

RECOMMENDATION 2: A mechanism and process for counties to fund projects jointly.

Strategies	Progress	Target Completion Date	Status
CalMHSa members have inquired as to the methodology and process of members funding approved projects where members act jointly to achieve overall efficiencies. The SPTF has developed a conceptual process that members may use as a template for local approval. Since members have varied methodologies and process, the task force is seeking input and alternatives to ensure the template is as broad as necessary. The task force is recommending approval of funding and a general process for future projects. This process for funding is critical for CalMHSa to consider performing other projects, including expanding into other non-MHSA initiatives. Task force members and staff will present a draft JPA Funding Process for discussion, as well as example documents for members to take to their BOS for approval.	At the August 15, 2013 Board meeting, the board approved option 1 concept no amount yet.	12/2013	Fund process approved 8/15/13

RECOMMENDATION 3: Approve methodologies in selection of additional projects for counties to act jointly.

Strategies	Progress	Target Completion Date	Status
At previous Strategic Planning meetings, CalMHSa had identified several ideas for projects for CalMHSa to engage in. The task force recommended the board approve a process that not only identifies projects for consideration but a selection for staff planning and development. The concept is for the board to agree annually in the selection of the highest priorities for staff to analyze and report findings for approval of funding the project or abandon the idea. This will be done at the annual Strategic Planning meeting. It is anticipated that the board may select up to three projects. However, if during the course of the year, a more immediate project is identified, the board or Executive Committee may add or replace projects.	Discussed at the Agenda Review Call and June 13, 2013 Board meeting. On hold until funding resolved.	8/2013	Refinement of project continues to be discussed

2012 STRATEGIC PLANNING SESSION

GOAL 1: Provide Effective Services to Member Counties

Objectives	Strategies	Target Completion Date	Status
1.1 Complete the three statewide PEI projects	1.1.1 Continue to implement the funded statewide PEI projects.	6/30/14	In process
	1.1.2 Develop a sustainability plan for those projects that prove successful.	6/30/14	Task Force Active
1.2 Provide additional services in fiscal and administrative management	1.2.1 Prepare analysis of the capacity CalMHSA needs to implement objectives (e.g., staff, other resources) for Executive Committee and determine options and pricing.	Unknown	On hold until objectives determined
	<i>1.2.2 Serve as fiscal agent for the counties' EPSDT funds.</i>	<i>n/a</i>	<i>CalMHSA not eligible</i>
	1.2.3 Serve as fiscal agent and project manager for local PEI funds (at risk of reversion).	5/9/2012	Position research paper completed
	1.2.4 Upon direction of CMHDA, negotiate contracts with the state (e.g., to manage state hospital beds).	12/31/13	Joint MOU with state in development, operational plans on hold until finished
	1.2.5 Serve as fiscal and administrative agent for procurement of services (e.g., legal, public relations, facilitation, fiscal, economic or financial expertise). <ul style="list-style-type: none">• Work with Executive Committee to draft language that counties could use with their Board of Supervisors to create the mechanism that enables them to use these services (amend JPA agreement).	On-going and available	Proposed changes to JPA Agreement (December 2012) February 15, 2013
	1.2.6 On a case-by-case basis, procure services for counties in order to achieve economies of scale (e.g., to purchase residential services for adolescents or to manage risk).		
	a. Prepare list of regional needs and ideas, send to CalMHSA Executive Committee	8/2012	Not started
	<i>b. Discuss topic of electronic medical records with Scott Gruendl</i>		<i>New software vendor being utilized alleviating the need</i>

2012 STRATEGIC PLANNING SESSION

GOAL 1: Provide Effective Services to Member Counties

Objectives	Strategies	Target Completion Date	Status
	c. Meet with Small Counties Group to vet possibilities.	12/2013	CMHDA Small Counties Committee discussing locum tenens
	1.2.7 Assist in the fiscal management of AB100 and 2011 realignment county mental health revenues and risk pools.	Unknown	On hold pending further direction
	1.2.8 At the request of counties, hold and manage contracts with the state.	n/a	None requested
	1.2.9 Offer fiscal and administrative support to counties and associations (e.g., CADPAAC).	Unknown	On hold pending further direction
	1.2.10 On behalf of counties, apply for state or federal grants.	Unknown	Responded to recent grant
1.3 Assure effective communication and public relations	1.3.1 Develop public information resources for county mental health departments and CMHDA.	In process	PEI brochure distributed
	1.3.2 In collaboration with county and CMHDA staff, develop and implement a short and long term public communication and information program that educates and informs the public and other stakeholders regarding the role of counties in the community mental health system.	6/2014	In process

GOAL 2: Assure Accountability to Counties

Objectives	Strategies	Target Completion Date	Status
2.1 Assure project tracking systems are in place	2.1.1 Continual use of CalMatrix for project tracking and reporting.	n/a	On-going
2.2 Assure governance systems are effective	2.2.1 Conduct CalMHSA Evaluation of Performance (governance, administration, fiscal, program, etc.).	n/a	Finance Committee Task Force reviewing GHC performance and contract

2012 STRATEGIC PLANNING SESSION

GOAL 1: Provide Effective Services to Member Counties

Objectives	Strategies	Target Completion Date	Status
2.3 Assure fiscal systems are in place	2.3.1 Regularly report to Finance Committee.	n/a	On-going
2.4 Assure staff receive appropriate training and development	2.4.1 Staff to assess and develop a training plan.	n/a	On-going



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	Vacant
	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
	Anne Robin, Butte County

*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.

CalMHSA 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; Scott Gruendl and Allan Rawland continue to work Mr. Michael Peña to address questions;
4. **Plumas**, Due to recent staffing changes within the county, staff will follow up with interim director Michael Gunter;
5. **Sierra**, staff continues to work with Janice Maddox and their County Counsel to address questions as they prepare to present to their BOS;

Central Region

6. **Merced** (*assigned funds*), Due to Mr. Jimenez's retirement, effective Oct. 5, 2013, staff will be following up with interim director, Scott De Moss, upon appointment by the BOS on Oct. 8, 2013;
7. **Alpine**, interested in joining, Allan Rawland continues to work with Christopher Stewart and Michael Ritter and address all questions;

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.

CalMHSA Program Director's Update Report

PEI Statewide Project Implementation Status

Stigma and Discrimination Reduction

The SDR Consortium - Staff presented a progress report for the first 3 months of activities at the CalMHSA Advisory Committee on September 20th. Highlights include securing office location, staff and consumer and cultural consulting expertise, recruitment of additional members to support diversity, and member workgroup are actively meeting to implement activities that are part of the strategic work plan. The SDR Consortium has already presented at several statewide venues including the California Coalition for Mental Health and NAMI-California's Statewide Conference.

In addition, the Consortium has assumed responsibility for the ordering, dissemination, and, in large part, the promotion of Each Mind Matters (EMM) items. They are working in partnering with RS&E on the Each Mind matters Campaign. Specifically the SDR Consortium is contracted to play a critical role in the statewide dissemination and local integration of EMM messaging and campaign work. In order to better fulfill this role, the SDR Consortium and will be developing a proposal to request unexpended funds for this work and necessary technical assistance for statewide impact. The purpose of funds requested under that amendment include strengthening local and regional capacities, expanding statewide reach, and enhancing efforts with underserved racial, ethnic, and cultural communities. The SDR consortium will be bringing that proposal to the advisory committee after the review process is complete and a final recommendation for activities to resource will be shared with the board in December.

Big Impact from the Walk in Our Shoes Campaign after only 30 Days - The campaign's efforts to educate students 9 to 13 years of age about mental health challenges and the harmful effects of stigma are delivered in several interactive outreach activities, including: a statewide school-based performance tour, statewide media, and English (www.WalkInOurShoes.org) and Spanish (www.PonteEnMisZapatos.org) language narrative-based websites. Both the websites and the school performances use real stories from youth who have struggled with mental health challenges and stigma but who are experiencing recovery and maintaining their wellness. There have already been nearly **14,000 visits to the website** and over **35,769 page views** with viewers staying on the site for roughly 2.5 minutes. Over **95 performances at 75 schools in 32 different counties will reach nearly 20,000** youth by the end of October. The demand has been so high that the waiting list is over 100 schools. Contact Kayla Hansen at khansen@rs-e.com with questions.

SanaMENTE Movimiento de Salud Mental de California Materials Coming Soon - After several iterations tested with stakeholders statewide "SanaMENTE" (MIND-Healthy)" was selected to be the cultural translation of Each Mind Matters (EMM) for the following reasons:

- The tagline is a play on words and has a double meaning. The full word means 'healthily', but the different font treatment separates the word and it means 'healthy mind' or 'mindhealthy'
- It works very well with the descriptive text it will be partnered with

- Spanish-reliant target audience will understand what is intended immediately, and the discovery of the double meaning will only serve to enhance its attractiveness; they will not be trying to ‘translate’ the English tagline in their minds
- The tagline is short and to-the-point; it’s about our mind and it’s about health

Look for starter kit materials to arrive later this fall.

Suicide Prevention

“Every Life Matters: Implementing Effective Suicide Prevention Strategies in California”-

On September 24th, State Senator Jim Beall and members of the California State Senate Select Committee on Mental Health held an Informational Hearing on Suicide Prevention. Among the guest speakers providing program information and testimony were CalMHSA program partners representing:

- Suicide Prevention Crisis Centers (San Francisco Suicide Prevention, highlighting a pilot program providing text-based crisis support, see below for more information),
- Suicide Prevention Social Marketing Efforts (AdEase, Directing Change Student Public Service Announcement Contest, with testimony from a student winner from last year),
- Stigma and Discrimination Reduction Social Marketing Efforts (Runyon, Saltzman and Einhorn partner ReachOut, highlighting youth peer support available via text), and,
- RAND, as the evaluator of CalMHSA programs (Provided suicide data and testimony on evidence-based prevention strategies.)

The hearing resulted in [media coverage](http://www.sfgate.com/health/article/Program-to-save-teens-from-suicide-by-texting-4847422.php) (www.sfgate.com/health/article/Program-to-save-teens-from-suicide-by-texting-4847422.php) the San Francisco Chronicle.

New Program Activities:

Expanded hours for bilingual, bicultural Spanish suicide prevention crisis services –

Linea de Crisis (800/303-7432) is the Bay Area’s new Spanish language crisis hotline. Open 1 pm to 9 pm every day, the line is staffed by Spanish speaking staff and volunteers. The line is innovative in that it is a combined project of San Francisco Suicide Prevention, Contra Costa Crisis Center, Star Vista of San Mateo County and the Santa Clara County Mental Health Department. Calls are being answered in rotation between the agencies, which enables the Bay Area to provide Spanish language services in a more cost effective manner. These crisis centers would like to collaborate with others seeking to expand their hours of Spanish language services. For more information, contact David Paisley at 415/984-1900 x106.

Text-based youth suicide and crisis intervention pilot program launched-

In September, the San Francisco Suicide Prevention “MyLife” program launched with in a San Francisco high school. The program will be implemented in additional schools and after school programs between by January 2014, after which the service will be available to the public. This program is intended to meet the needs of youth who have thoughts of suicide or are in crisis. This program will provide emotional support, suicidal risk assessment and emergency service support as needed. Students will be referred to seek further help, support, and/or treatment through school wellness centers and local mental health services.

Additional Suicide Prevention Training for Trainers Offered ([ASIST](#) and [safeTALK curricula](#)) – A calendar of training for the current year is now available. For more information, please contact Kathleen Snyder at Contra Costa Crisis Center, 925.939.1916 ext. 147, kathleens@crisis-center.org.

Know the Signs Releases New “My3” Mobile App– A new mobile app developed in collaboration with Santa Clara County and the National Suicide Prevention Lifeline will connect users to their primary support networks when they have thoughts of suicide. The free app, My3, features a customizable safety plan and resources page, and is initially being promoted to healthcare providers and caregivers, who can endorse the app to clients who may be at risk for suicide. For more information contact Theresa Ly at tly@edc.org or (916) 494-9616.

Directing Change 2014 Launches– This month 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. Submissions are due February 1, 2014. To learn more visit www.directingchange.org or email Stan Collins at stan@directingchange.org.

Student Mental Health

UC Gears Up for Back to School – UC students will return to campuses equipped with better-trained faculty and staff and additional mental health resources this fall, thanks to UC’s Student Mental Health Initiative partnership with CalMHSA: Five UC campuses launched mental health mobile apps to make it easier for students to access information on what to do if a student is experiencing a mental health crisis or is concerned about a friend (the remaining six campuses will launch apps in the coming months); a baseline survey of student/faculty on MH and school climate was launched on all UC campuses; and to date more than 48,000 UC students have been screened for depression or suicidal ideation since the implementation of the CalMHSA grant.

Student Mental Health Policy Workgroup – On September 26th, 2013, the California Commission on Teacher Credentialing (CTC) adopted new mental health curriculum requirements for school administrators. The action means all future K-12 administrators will be trained in mental health issues – a sweeping change offering a rare opportunity to improve student mental health for a generation. The decision came after the Student Mental Health Policy Workgroup recommendations to include mental health curriculum for all educators were endorsed by State Superintendent of Public Instruction Tom Torlakson and after the mental health community sent hundreds of letters to the CTC.

CSU and CCC Campuses host Send Silence Packing – “Send Silence Packing” Builds Awareness of Suicide Risk on College Campuses: The California Community Colleges Student Mental Health Program launches this week on California college campuses and will come to California’s Capitol on October 11. The program promotes a positive dialogue about mental health on college campuses and raises awareness about student suicide with a powerful

traveling public exhibit of 1,100 backpacks, representing the number of college students who die by suicide each year. For dates of other stops on the campus tour, visit CalMHSA.org.

CDE/CCSESA/RSE Collaborating with SDR to promote “Walk in Our Shoes” School Performances Reach Students Across California – The play, which is part of a multi-faceted statewide media campaign targeted to adolescents and uses the power of storytelling to block stigmatizing beliefs before they set in, has been well received by teachers and students alike. For kid-friendly information, real life stories about mental health, and resources for students, parents and teachers to learn more about how to deal with mental health challenges, visit www.WalkInOurShoes.org.

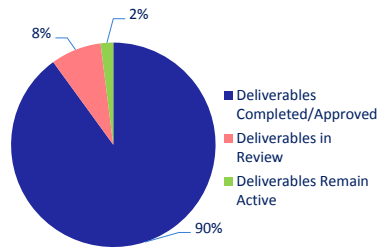
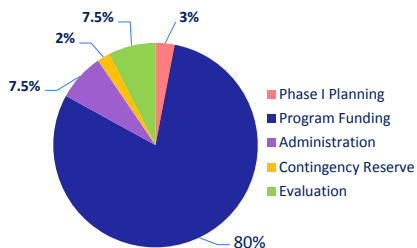
Evaluation

RAND to Submit Proposal to National Institute of Mental Health (NIMH) to Expand SDR Research Activities - The proposed research plan is to both conduct a second Mental Health Survey of people experiencing mental health challenges, to allow RAND to track changes from the one that is going into the field shortly, and also to analyze treatment seeking and related behaviors from the National Survey on Drug Use and Health (NSDUH). The NSDUH is a national survey conducted every year that includes state-based samples and has a module on mental health and mental health care utilization. Data that can be linked to specific states has only recently become available and RAND is applying for access to those data, so this will be really ground breaking if funds are awarded. The proposal would facilitate a strong statistical comparison of California over the course of the PEI statewide projects to people who resemble Californians (demographically) but live in other states.

Statewide Coordination Workgroup

Statewide Coordination Workgroup: "Leveraging Statewide Projects with Local MHSA Activities" – CalMHSA counties and program partners strengthened partnerships at the September 2013 Statewide Coordination Workgroup. The event was an opportunity to share success stories, work through challenges, and strengthen partnerships between statewide and local programs. The meeting utilized a workshop format and featured integrated efforts between counties and program partners. 113 participants in the 2-day event held in Los Angeles and by webinar also viewed a first glimpse at RAND's interim evaluation report and learned how ongoing evaluation will help strengthen programs. Resources and links to view recorded workshop sessions will be posted on the CalMHSA website shortly. Contact: Michelle Yang at michelle.yang@calmhsa.org.

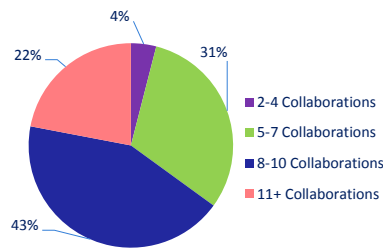
CalMHSA Funds and Deliverables



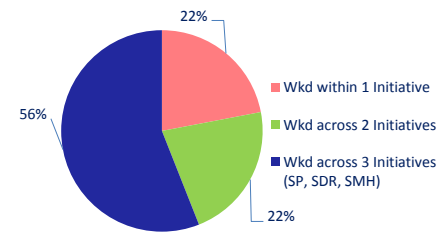
1. 2012-13 Funds Approved: \$146,785,998
 For Qtr 4, spending increased by 9% (from 32% to 41%), when compared to the previous quarter that ended 3/31/2013.

2. Status of Deliverables x 25 Programs:
4,127 total deliverables tasks due by 6/3/2013. Of these: 3,731 (90%) deliverables were completed and approved. 326 (8%) deliverables remain "in review". 70 (2%) deliverables remain "active" (pending partner submittal).

Synergy Across SP, SDR, SMH Initiatives



3. Program Partner Collaborations:
65% of Program Partners collaborated with **8 or more** CalMHSA Partners during Qtr 4 (compared to 29% reported one year ago for the quarter ending June 2012).



4. Collaborations Across/Within Initiatives:
56% of Program Partners worked within and across CalMHSA SP, SDR, and SMH Initiatives during Qtr 4.

Reach of SP, SDR, and SMH Program Partners (PPs)

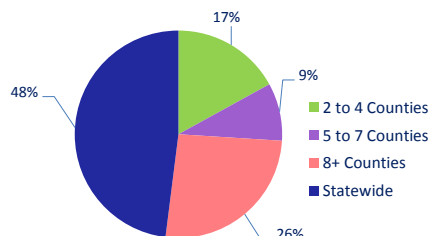
5. CalMHSA Qtr 4 Total SP, SDR, and SMH Count: 6,071,100

Of the total 6,071,100, subtotals are as follows:

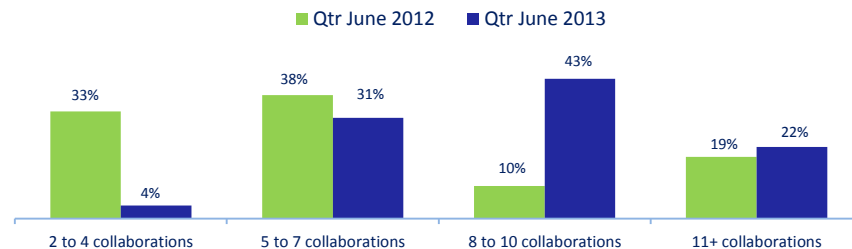
- Directly Trained/Educated: 27,329
- Directly Reached: 187,646
- Reached through Media: 5,475,091
- Reached through Informational Resources: 381,034

6. Program Partners Reach by County:

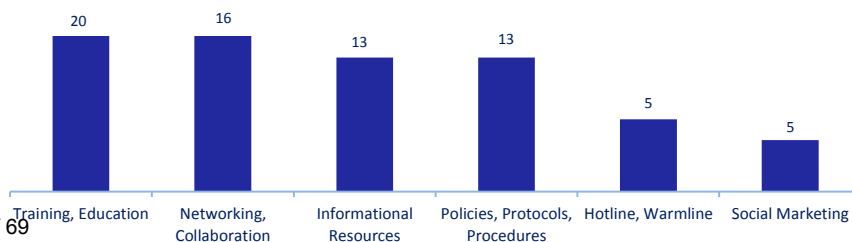
During Qtr 4, **17%** of Program Partners worked with 2 – 4 CA Counties, **9%** worked with 5 – 7 CA Counties, **26%** worked with 8 or more CA Counties, and **48%** implemented statewide efforts.



Comparisons, Qtr 3 2012 to Qtr 3 2013
 CalMHSA Program Partner Collaborations with One Another



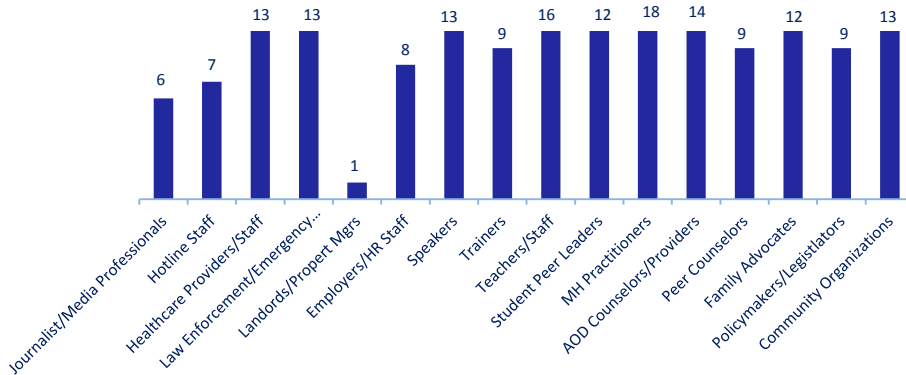
Number of Program Partners Providing:



Program Partner Trainings/Education

7. Number of Program Partners who Trained and/or Educated Populations: During Qtr 4, approximately **27,329** individuals were directly trained and/or educated through CalMHSA Program Partners.

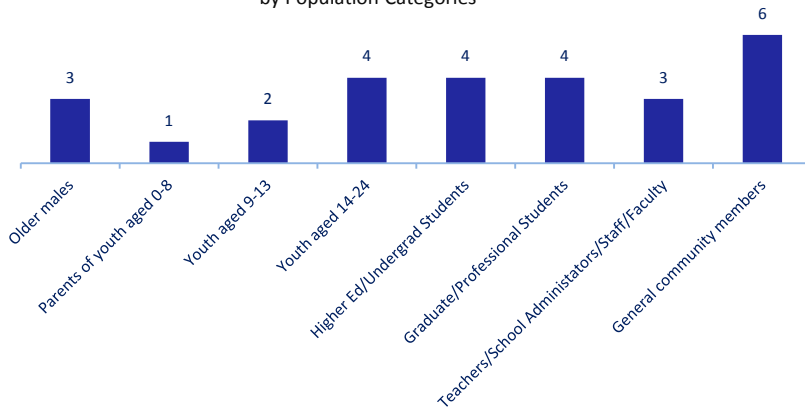
Number of Program Partners Who Trained/Educated by Population Categories



Program Partners' Reach through Media

9. Number of Program Partners who Reached Out through Media: During Qtr 4, approximately **5,475,091** individuals were targeted with social marketing efforts (radio, TV spots, internet, ads, etc.)

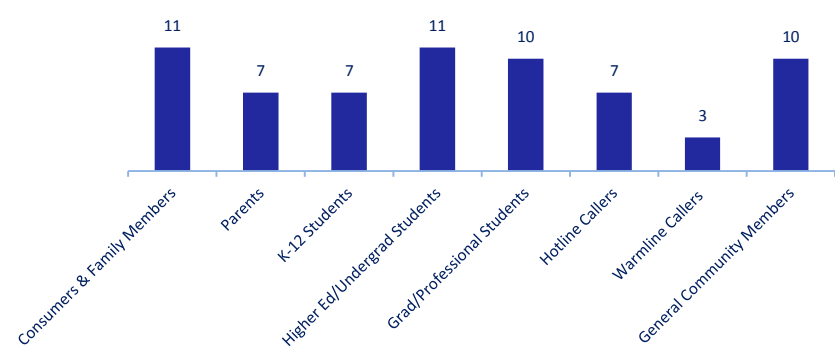
Number of Program Partners Who Reached Out through Social Marketing by Population Categories



Individuals Directly Reached by Program Partners

8. Number of Program Partners who Directly Reached Targeted Individuals: During Qtr 4, approximately **187,646** targeted individuals were directly reached (through crisis services, early intervention services, etc.)

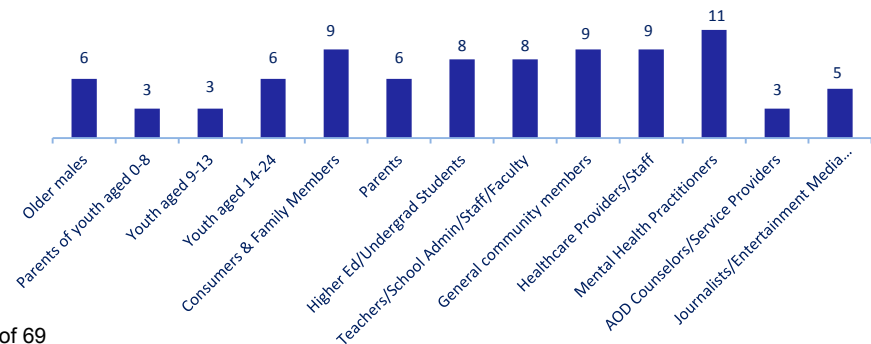
Number of Program Partners Who Provided Direct Services by Individual/Group Categories



Program Partners' Reach through Informational Resources

10. Number of Program Partners who Provided Informational Resources: During Qtr 4, approximately **381,034** individuals were reached through informational resources.

Number of Program Partners Who Provided Informational Resources by Population Categories



Active Minds invites you to attend **Send Silence Packing[®]** in Sacramento, CA

WHERE:

State Capitol Lawn

(L Street side, adjacent to the Capitol)

WHEN:

Friday, October 11
8:00am-5:00pm

Join us in starting a dialogue about suicide and encouraging everyone to reach out for help before it is too late.

This event is sponsored by:



If you are interested in volunteering at this event, please contact the Senior Program Manager at candace@activeminds.org.



Stigma and Discrimination Reduction Consortium



Consortium Members

Name	Organization	Region
Adrian Bernard	Second Story Peer-Run Respite, NAMI Santa Cruz	Bay Area
Adrienne Shilton	California Institute for Mental Health	Statewide
Andrew Duch	Butte County Sheriff's Office	Superior
Azziza Goines	Sacramento Black Chamber of Commerce	Central
Betty Malks	California Elder Justice Coalition	Statewide
Estephani Alanis	Youth in Mind	Southern
Gigi Crowder	Alameda County BHCS	Bay Area
Holly Davison	NAMI	National
Kathleen Casela	United Advocates for Children and Family	Statewide
Katheleen Derby	California State Independent Living Council	Statewide
Ken White	Ken White and Associates, Viet-Care, NAMI OC	Southern
Kirsten Barlow	California Mental Health Directors Association	Statewide
Lisa Smusz	PEERS	Bay Area
Myel Jenkins	Sierra Health Foundation	Central
Nga Le	Community Health for Asian Americans	Bay Area
Peter Schroeder	Mental Health Association in California	Bay Area
Ralph Nelson	MHSOAC, NAMI Tulare	Central/ Statewide
Reina Juarez	University of California, San Diego	Southern
Rocco Cheng	Pacific Clinics	Los Angeles
Sandra Poole	GOALS for Women	Statewide
Scott Whyte	Stigma Elimination Task Force	Southern
Stephen Salva	California Association of School Counselors	Los Angeles
Suamhirs Rivera	Mental Health Systems, Inc.	Southern
Tara Pir	Institute for Multicultural Counseling & Education Services	Los Angeles
Tracy Tripp	Ione Band of Miwok Indians	Central
Vic Ojakian	Asian Americans for Community Involvement	Bay Area

County	MHSA Allocation	Study Cost Estimate
Alameda	3.58%	\$ 10,733.13
Alpine	0.09%	\$ 273.63
Amador	0.16%	\$ 492.54
Berkeley City	0.30%	\$ 909.42
Butte	0.59%	\$ 1,755.50
Calaveras	0.18%	\$ 532.58
Colusa	0.15%	\$ 443.49
Contra Costa	2.27%	\$ 6,818.02
Del Norte	0.16%	\$ 466.82
El Dorado	0.41%	\$ 1,220.09
Fresno	2.46%	\$ 7,382.48
Glenn	0.16%	\$ 469.34
Humboldt	0.36%	\$ 1,082.73
Imperial	0.50%	\$ 1,491.63
Inyo	0.11%	\$ 316.56
Kern	2.12%	\$ 6,371.39
Kings	0.42%	\$ 1,253.42
Lake	0.21%	\$ 620.99
Lassen	0.16%	\$ 467.56
Los Angeles	28.57%	\$ 85,700.84
Madera	0.44%	\$ 1,312.78
Marin	0.57%	\$ 1,700.73
Mariposa	0.11%	\$ 318.99
Mendocino	0.25%	\$ 755.49
Merced	0.74%	\$ 2,208.87
Modoc	0.10%	\$ 297.48
Mono	0.10%	\$ 310.25
Monterey	1.17%	\$ 3,518.21
Napa	0.34%	\$ 1,010.72
Nevada	0.28%	\$ 827.25
Orange	8.13%	\$ 24,387.39
Placer	0.68%	\$ 2,048.42
Plumas	0.14%	\$ 429.74
Riverside	5.21%	\$ 15,642.28
Sacramento	3.21%	\$ 9,641.33
San Benito	0.20%	\$ 599.72
San Bernardino	5.28%	\$ 15,832.30
San Diego	8.20%	\$ 24,587.42
San Francisco	1.86%	\$ 5,570.11
San Joaquin	1.69%	\$ 5,067.87
San Luis Obispo	0.68%	\$ 2,044.18
San Mateo	1.63%	\$ 4,895.21
Santa Barbara	1.16%	\$ 3,484.48
Santa Clara	4.60%	\$ 13,789.91
Santa Cruz	0.74%	\$ 2,214.50
Shasta	0.49%	\$ 1,456.40
Sierra	0.09%	\$ 279.54
Siskiyou	0.17%	\$ 519.59
Solano	1.01%	\$ 3,036.62
Sonoma	1.14%	\$ 3,411.95
Stanislaus	1.29%	\$ 3,867.23
Sutter/Yuba	0.48%	\$ 1,434.18
Tehama	0.20%	\$ 601.94
Tri-City	0.56%	\$ 1,672.48
Trinity	0.10%	\$ 309.08
Tulare	1.22%	\$ 3,661.58
Tuolumne	0.19%	\$ 575.23
Ventura	2.08%	\$ 6,246.30
Yolo	0.54%	\$ 1,630.11
Total	100.00%	\$ 300,000.00
Includes Related Expenses:		
Feasibility Study Consultant		\$ 250,000.00
CalMHSA Staff and Administrative Expense, Legal Expenses	up to	\$ 50,000.00
Total		\$ 300,000.00

Based on MHSD INFORMATION NOTICE
NO.:13-15

DRAFT FOR DISCUSSION ONLY

SHORT DOYLE 3 PROJECT FEASIBILITY AND DEVELOPMENT STEERING COMMITTEE OPPORTUNITY

Chris Cruz, the Chief Information Officer (CIO) for DHCS, recently attended and presented at the CiMH/CMHDA Information Technology Conference in San Diego. During his presentation he indicated that DHCS has determined that they need to begin the process of transition from the Short Doyle 2 claims system to a new platform and system, which could be Short Doyle 3 or possibly an alternative. He also emphasized the need to fully engage the counties in this process, to assure that the new system meets our mutual needs for timely payment and encounter reporting.

The CMHDA Financial Services and IT Committee members and staff have proposed an alternative to a centralized state-operated claims adjudication system. Instead of a SD 3, we have proposed the migration from the state-operated SD 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. The county would use this information to support a quarterly Certified Public Expenditure (CPE) claim to be submitted to DHCS for the purposes of federal interim payment. As required by federal regulation, this interim payment would be reconciled and settled annually, consistent with the CMS-approved cost reporting and Upper Payment Limit (UPL) protocols specified in our 1915(b) waiver and state plans. This reimbursement structure would remain in place until an actuarially sound case rate or capitation protocol was developed and approved by DHCS and CMS.

In addition to simplifying the federal reimbursement process for the state and counties, this would allow counties and their vendors to fully implement the federal information coding and exchange requirements associated with HIPAA, HL7, meaningful use, and the Healthcare Information Technology Standards required for information exchange with the health plans and their contractors.

Chris Cruz has invited the counties, through CMHDA, to participate as partners in the feasibility and project development process for this transition. He has developed a preliminary cost estimate for the feasibility study of \$250,000. He has asked if the counties, as full partners, could contribute to this cost, and participate in the steering committee. CMHDA staff recommends that counties consider this request, and the opportunity that it represents, to collaboratively develop an alternative to SD 2.

**CalMHSA SHB Work Group
ROSTER**

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State Hospital Beds

Planning, Development and Operation Cost Projections

County	Bed Count	Billed ¹	Estimated Annual Operation Costs* ²	Prorated Operation Costs for FY 2013-14* ³	Planning & Development 2013-14* ⁴	Total
Butte	0	-	-	-	-	-
Contra Costa	0	-	-	-	-	-
Fresno	1	284.26	1,402	935	155.00	1,090
Kern	8	2,274.08	11,216	7,480	1,238.00	8,718
Kings	1	284.26	1,402	935	155.00	1,090
Lake**	2	568.52	-	-	310.00	310
Los Angeles	197	55,999.22	276,194	184,195	30,496.00	214,691
Madera	1	284.26	1,402	935	155.00	1,090
Marin	4	1,137.04	5,608	3,740	619.00	4,359
Mendocino	1	284.26	1,402	935	155.00	1,090
Monterey	4	1,137.04	5,608	3,740	619.00	4,359
Napa	3	852.78	4,206	2,805	464.00	3,269
Orange	17	4,832.42	23,834	15,895	2,632.00	18,527
Placer	3	852.78	4,206	2,805	464.00	3,269
Riverside	19	5,400.94	26,638	17,765	2,941.00	20,706
Sacramento	18	5,116.68	25,236	16,830	2,786.00	19,616
San Bernardino	12	3,409.92	16,824	11,220	1,858.00	13,078
San Diego	16	4,548.16	22,432	14,960	2,477.00	17,437
San Joaquin	3	852.78	4,206	2,805	464.00	3,269
Santa Cruz	1	284.26	1,402	935	155.00	1,090
Solano	3	852.78	4,206	2,805	464.00	3,269
Stanislaus	3	852.78	4,206	2,805	464.00	3,269
Tulare	6	1,705.50	8,412	5,610	929.00	6,539
TOTAL	321	\$94,088.88	\$450,000	\$300,000	\$50,000	\$350,000

*Rounded to the nearest dollar.

** Lake County opted out due to none-use of state hospital beds. Planning and development costs will be picked up by GHC; operation costs were reallocated to reflect the change.

¹ Represents actual costs from April 30, 2013 through June 30, 2013. This was billed in May 2013.

² Represents the estimated annual costs for fiscal years 2014-15, 2015-16, 2016-17.

³ Represents the operation costs, prorated for FY 2013-14, which is reflective of an 8 month period. To be billed in October 2013.

⁴ Estimated planning and development costs for FY 2013-14. Billed in August 2013.

CRITERIA FOR RATING CURRENT PROJECTS FOR SUSTAINABILITY

(adopted August 15, 2013)

1. Statewideness:
 - a. Demonstrates public health approach by increasing awareness—statewide campaign
 - b. Policy recommendations
 - c. Demonstrates linkage and/or adds value to national campaign; such as the role of prevention for ACA or CMS
 - d. Ability to be done locally
2. Regional Value:
 - a. Enhancing local activities with materials or resources for local county/stakeholders
 - b. Procuring resources at lower cost—media buys
 - c. Addresses unique regional need
3. Evidence of Impact to date:
 - a. Meaningful Quantitative Information
 - b. Meaningful Qualitative Information
 - c. Cost effectiveness
4. Evidence Based Practices from other states/localities or has potential to become an Evidence Based Practice
5. General Leveraging
 - a. Current leveraging is strong
 - b. Future opportunity to leverage from additional funding sources
6. Adverse consequence if discontinued
 - a. Political
 - b. Long-term impact vs. short-term impact
7. *Is this a short-term statewide project that is ready to be discontinued due to:*
 - a. *Demonstrated short-term impact*
 - b. *One time only*
 - c. *Local sustainability*

Performance to date: (internal use only) (based on CalMHSA staff analysis)

1. *Meets deliverables on time*
2. *Work products exhibit excellent quality*
3. *Demonstrate commitment to CalMHSA principles and mission*
4. *Few or no contract management issues*

CRITERIA FOR RATING PROJECTS FOR IMPLEMENTATION OF FUTURE PROJECTS

(August 15, 2013)

1. Statewideness:
 - a. Demonstrates public health approach by increasing awareness—statewide campaign
 - b. Policy recommendations
 - c. Demonstrates linkage and/or adds value to national campaign; such as the role of prevention for ACA or CMS
 - d. Ability to be done locally
2. Regional Value:
 - a. Enhancing local activities with materials or resources for local county/stakeholders
 - b. Procuring resources at lower cost—media buys
 - c. Addresses unique regional need
3. Evidence of Impact to date:
 - a. Meaningful Quantitative Information
 - b. Meaningful Qualitative Information
 - c. Cost effectiveness
4. Evidence Based Practices from other states/localities or has potential to become an Evidence Based Practice

Brief

Proposed Two Phase Sustainability Planning Process

At its 2013 Strategic Planning Meeting, CalMHSA Board members validated its commitment to sustain PEI Statewide Projects and requested that a CalMHSA Taskforce be formed to develop a Sustainability Plan by December 2013. Current PEI Statewide Project contracts end on June 30, 2014.¹ The Taskforce was formed and is made up of a CalMHSA board member representative from each of the five County Mental Health Directors Association (CMHDA) regions of California. In August 2013 the CalMHSA Board adopted a set of Criteria to be utilized to rate and prioritize current projects and activities for sustaining. Additionally, as reported at the August CalMHSA Board meeting, legal counsel has submitted a letter to DHCS indicating that CalMHSA will move forward with current and future PEI Statewide program planning.

In response to feedback from the Board members, and stakeholders, CalMHSA staff determined that a strategy for both a short-term sustainability plan and a long-term sustainability plan needed to be developed. At the August Taskforce meeting, CalMHSA staff presented a concept for a two phase planning strategy for sustaining current CalMHSA PEI Statewide Projects and for developing a plan for future statewide projects. Taskforce members endorsed the concept of the two phase planning strategy and requested that a Two Phase Plan be brought to the full CalMHSA Board for discussion and action in October. The proposed Two Phase Sustainability Planning process is detailed below:

1) Phase One - December 2013 PEI Statewide Sustainability Plan will:

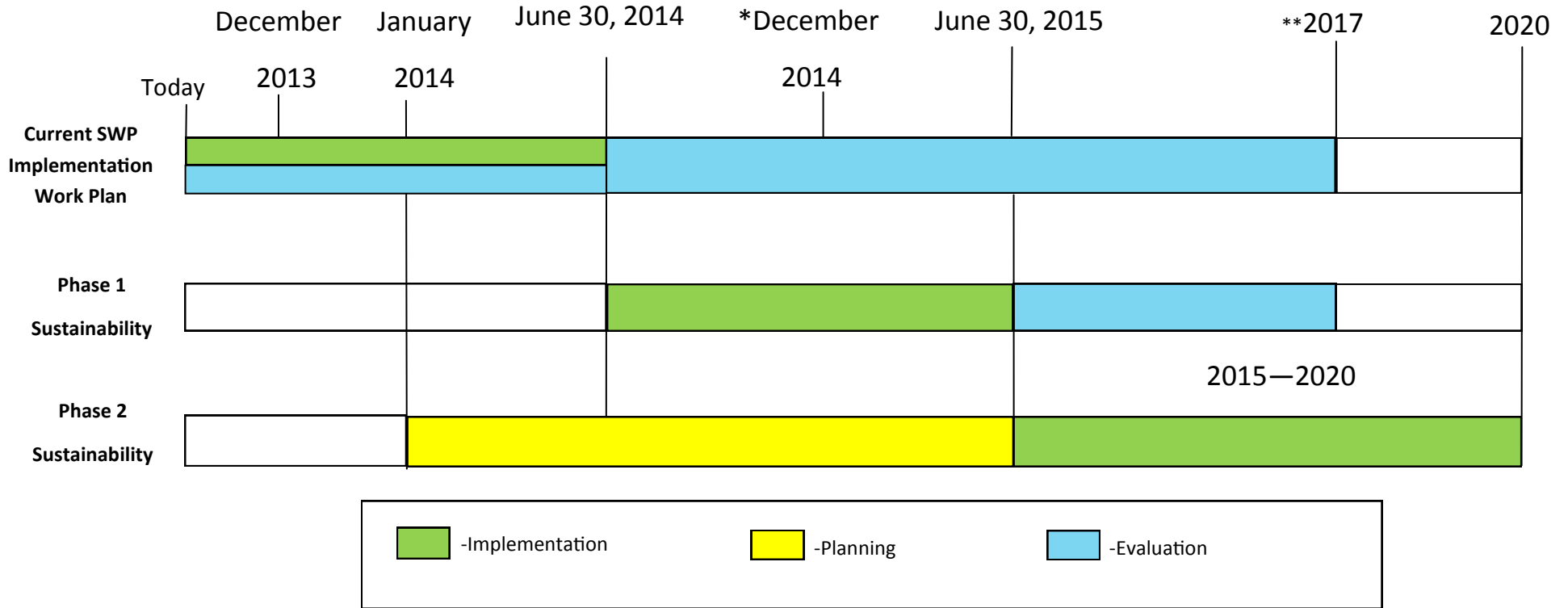
- i) Apply approved rating criteria to existing projects (currently slated for completion in June 2014)
- ii) Include a funding recommendation for projects through June 2015
- iii) Provide one funding participation level for counties, (all-in or opt out)

¹Note that some contracts with carryover funds at June 30, 2014 will be allowed to request a six month no-cost extension for completion of current deliverables. All no cost extensions will be negotiated with CalMHSA staff and submitted for CalMHSA Board approval as a consent agenda item in upcoming Board meeting agendas. See August 2013 Board Meeting minutes for discussion notes.

2) Phase Two – A New CalMHSA PEI Statewide Projects Plan to be implemented July 1, 2015:

- i) January 2014 – begin development of a New CalMHSA PEI Statewide Plan with a proposed implementation of July 1, 2015,
- ii) Plan development to be funded with up to \$250,000 of PEI Statewide Project Planning funds,
- iii) New Plan will consider new statewide activities as well as those currently implemented,
- iv) New Plan will explore diverse funding options, including MHSA funds, other public and/or private funding streams for sustaining the plan,
- v) Existing Sustainability Taskforce will continue to oversee plan development,
- vi) Advisory Committee will continue to provide feedback during development of the New Plan.

Sustainability Timeline



Phase 1 =

- One year extension of activities with new funding and carryover of funds at a decreased level of funding, based on adopted criteria (Comparable to an Annual Update).

Phase 2 =

- Extensive planning and analysis of diverse funding streams.
- Consideration of old and new programs and activities.
- All new funding

* New strategic plan adopted for Phase 1 Sustainability (Implemented July 1, 2014 through June 30, 2015).

** The expected completion date for the RAND evaluation is 2017.

Initiative	Program Partner	Category	Description
Suicide Prevention	AdEase	Social Marketing	<ul style="list-style-type: none"> • Social Marketing efforts teach Californians to identify the signs of suicide and encourage help seeking behaviors for themselves or others. Tools include in-language websites, TV/cable ads, print, radio and billboard outreach. Campaign is being culturally adapted for API, AA, NA, LGBTQ in addition to existing low literacy Spanish materials. • Ongoing technical assistance to counties, crisis centers and community stakeholders is critical to support the on-going dissemination and use of existing developed resources. Mini-marketing and grants for local communities (such as small counties) has been essential to local integration of materials • Lead for the Directing Change Student Video Contest and My3 mobile application
	Living Works	Training	<ul style="list-style-type: none"> • Suicide prevention/intervention skills training for trainers (T4T) has been offered around the state to build capacity • Applied Suicide Intervention Skills Training (ASIST) provides crisis intervention training in 2 days • safeTALK training to identify persons with thoughts of suicide and connect them to suicide first aid resources in three hours • Training coordinators play an important role in supporting new trainers and maintaining training capacity in the state.
	Didi Hirsch: Program 1 - Statewide Network	Best Practices	<ul style="list-style-type: none"> • 10 California crisis centers are collecting “common metrics” from crisis line callers; an aggregate report is generated monthly • Quarterly regional suicide prevention taskforce meetings offer opportunities to network and share information and resources • A best practice has been identified within each region and will be submitted to the national Best Practices Registry.
	Didi Hirsch: Program 2 - Southern Region	Capacity Building	<ul style="list-style-type: none"> • Expansion of existing suicide prevention hotline services; build capacity to respond to individuals in crisis • Serve as the dedicated crisis center for Southern counties (excepting San Diego), provide training and call volume reports • Staff the hotline in Korean and Vietnamese, 8 hours a day/7 days a week, conduct media outreach to promote new services • Partnered with LADMH to create the LA Warmline, which provides afterhours coverage to 3 LA based warmlines. Also extend hours of an Orange County warmline.
	Institute on Aging - Superior Region	Capacity Building	<ul style="list-style-type: none"> • Expansion of existing suicide prevention hotline services; build capacity to respond to individuals in crisis in over 20 counties • Two accredited suicide prevention crisis centers partnering to serve individuals across the lifespan: Institute on Aging both take incoming crisis calls from older adults and makes outgoing calls/wellness checks, medication reminders, etc. based on referral. • WellSpace Health developed the capacity to respond to individuals via chat and text in addition to their telephone hotline. • Both partners enhanced their language capacity (e.g. Spanish), provide educational presentations, conduct community outreach
	Family Services Agency of Marin -Bay Area Region	Capacity Building	<ul style="list-style-type: none"> • Expansion of existing suicide prevention hotline services to additional North bay counties • Build capacity to respond to individuals in crisis; provide training (e.g. ASIST, QPR) and targeted outreach • Develop a suicide prevention committee in partnership with each county; create/implement action plans based on local needs • Partner with the Sonoma County Indian Health Project to prevent suicide within the American Indian community
	Family Services Agency Central Coast Region	Capacity Building	<ul style="list-style-type: none"> • Expansion of existing suicide prevention hotline services; build capacity to respond to individuals in crisis • Enhance policies and procedures, and pursue AAS accreditation • Enhance staff and volunteer training (Assistant Trainer program); develop new procedures for shift supervision • Enhance community outreach and engagement and develop web-based communication tools (website, Facebook, etc.)
	Transitions Mental Health Association - Southern Coastal Region	Capacity Building	<ul style="list-style-type: none"> • Expansion of existing suicide prevention hotline services; build capacity to respond to individuals in crisis • Enhance policies and procedures, implement best practices and pursue AAS accreditation • Establish warmlines in Northern and Southern Santa Barbara County • Enhance capacity to serve Spanish speaking individuals; conduct community outreach and market expanded hotline services
	San Francisco Suicide Prevention	Capacity Building	<ul style="list-style-type: none"> • Expansion of existing suicide prevention hotline services; build capacity to respond to individuals in crisis • Collaborate to provide the Linea de Crisis Spanish language hotline; expand outreach and marketing to Latino community • Enhance capacity to respond to individuals in crisis via chat and text • Enhance policies and procedures, and pursue AAS accreditation • Enhance community outreach and education for priority populations in urban and rural communities
	Kings View -Central California Region	Capacity Building	<ul style="list-style-type: none"> • Established a new suicide prevention crisis center to serve the Central Valley; began 24/7 operations in January 2013 • Develop policies and procedures, and pursue AAS accreditation • Develop a sustainability plan to maintain hotline operations beyond this initial funding; develop volunteer recruitment plan

Initiative	Program Partner	Category	Description
Stigma and Discrimination Reduction	Stigma and Discrimination Consortium	Capacity Building	<ul style="list-style-type: none"> 30-member statewide collaborative is tasked with dissemination and the expansion of reach for all statewide PEI efforts. This includes localizing and integrating of state and local efforts by providing assistance for tools and resources. Support grassroots movement activities under Each Mind Matters 4 working groups implement activities that promote consumer and family member involvement, engage diverse communities, advocate for equity for individuals with mental illness, and support dissemination/sustainability of SDR efforts.
	Runyon, Saltzman and Einhorn:	Social Marketing	<ul style="list-style-type: none"> Three-pronged age-identified (0-8, 9-13, 14-24, 25+) and now culturally adapted (NA, API, LGBTQ, AA and Latino) social marketing campaign consisting of print, radio, TV, online and social media platforms www.WalkInOurShoes.org (English and Spanish websites) accompanied with school performance and educational materials for teachers, parents and students www.ReachOutHere.com (English and Spanish websites) and Two-Way texting peer support www.EachMindMatters.org maintenance for the EMM campaign website and activities www.SpeakOurMinds.org provides tools, technical assistance and grant funds to the local level through supporting speaker's bureaus and community dialogues.
	United Advocates for Children and Families	Capacity Building	<ul style="list-style-type: none"> Coordination and provision of Mental Health First Aid trainings for responders and trainers, statewide Coordination of Community Network Roundtables which include community members, providers, county contacts, program partners and peers
	Entertainment Industries Council	Education/Training Online Resources Capacity Building	<ul style="list-style-type: none"> Educate journalists and entertainment media (including ethnic specific media) to increase positive portrayals and decrease negative portrayals of mental illness in the media Partner with Schools and other institutions to support system change – such as AP style guidelines changes
	Community Clinics Initiative: Integrated Behavioral Health	Education/Training Online Resources Capacity Building	<ul style="list-style-type: none"> Supports the integration of behavioral health care into the primary health care environment by educating, evaluating and training community health centers. Eliminates barriers stigma put in place through education. Provide specific technical assistance to small and medium-size counties on integration strategies Promote the business case for peer services in a primary care setting
	Mental Health Association of California: Wellness Works!	Education/Training Online Resources	<ul style="list-style-type: none"> Training key individuals in the workplace to provide effective support to employees experiencing mental health issues.
	NAMI	Education/Training Capacity Building	<ul style="list-style-type: none"> Speaker's bureaus and trainings for consumers and consumer allies which target four groups: communities, K-12 students, parents and teachers, providers/gatekeepers. Provides technical assistance and best practices for affiliates provided as needed. Cultural competency assessments and trainings for affiliates and cultural adaptations of <i>In Our Own Voice</i> <i>ArtWorks</i> Anti-Stigma manual and training and new partner in the Directing Change student video contest.
	Mental Health Association of San Francisco	Best Practices/Resource Development	<ul style="list-style-type: none"> Identification and categorization of stigma and discrimination reduction training programs, and dissemination of those programs to peer run organizations. Creation of an online clearinghouse which stores and disseminates SDR best practices manuals, trainings and efficacy measures toolkits. Technical assistance is available and support for consumer-run programs is available through CAMHPRO. Studying best practices for underserved ethnic, racial, and culturally communities Coordinate knowledge exchange activities and annual SDR training and dissemination conference
	Disability Rights California	Policy/Best Practices	<ul style="list-style-type: none"> Educate individuals about MH Parity rights, monitoring implementation, potentially provide representation as needed Training on anti-discrimination laws/policies which target specific populations. Development of educational materials (i.e. fact sheets) to educate decision makers on stigma and discrimination related to legislation that impacts persons diagnosed with mental illness.

Initiative	Program Partner	Category	Description
Student Mental Health	California Department of Education	Policy/Training	<ul style="list-style-type: none"> • Convene and staff the Student Mental Health Policy Workgroup – which recommended language to include MH curriculum in educator credentialing programs which was recently adopted into Administrative credential and will be proposed for teacher credential programs. • Training Educators through Recognition and Identification Strategies (TETRIS) in regions throughout CA. This evidence-based curriculum provides professional development training for school and district level staff to recognize, support and appropriately refer students experiencing mental health issues.
	California County Superintendents Educational Services Association	Capacity Building	<ul style="list-style-type: none"> • Regional demonstration projects such as anti-bullying, MHFA, Suicide Prevention, TETRIS • Statewide infrastructure building through regional collaborations, coordination of training and TA related to demonstration projects • Online clearinghouse of intervention materials for teachers, providers, parents and administrators • Partnered on Directing Change 2013
	California State Universities	Capacity Building	<ul style="list-style-type: none"> • Student Health 101 magazine for students, faculty, parents • Faculty/staff training in T4T in SP and MH training for staff, peer health educators, campus law enforcement • Strengthen and Increase peer to peer programs • Strengthening relationships with other higher education providers in California through collaborations which increase access to services to all students within the higher education systems.
	University of California	Capacity Building	<ul style="list-style-type: none"> • Red Folders with resource and referral information for all campuses • Online depression screening offered to more than 20% of UC Student population • Development/enhancement of campus SDR programs for students, faculty and staff through training and peer-to-peer supports • Strengthening relationships with other higher education providers in California through collaborations which increase access to services to all students within the higher education systems.
	California Community Colleges	Capacity Building	<ul style="list-style-type: none"> • Development and implementation of campus-based grants which develop resources and trainings for faculty, staff and students across the system, special focus on student veterans, LGBTQ population and TAY foster youth. • Strengthen peer to peer programs and activities • Faculty and staff training for all campuses • Development and implementation of campus-based grants which develop resources and trainings for faculty, staff and students across the system, special focus on student veterans, LGBTQ population and TAY foster youth.

ESTABLISHING A QUORUM
Proposed Changes

Board/Committee	# Members	Alternates	# Quorum	Meeting Schedule	Notes/Comments:
CURRENT:					
CalMHSA Board	51	51	26	Every other month	A majority of "present" members constitutes a quorum. (in person & in conjunction with CMHDA mtgs.)
Executive Committee (EC)	14	No	8	Every other month	A majority of the members is a quorum. Teleconference Only (<i>historically</i>)
PROPOSED CHANGES:					
CalMHSA Board	51	one other	26	2 mtgs. per year	Would meet in June and December, with Strategic Planning meeting changed to the December date.
Executive Committee (EC)	9	5	5	Every other month	Newly added regional members would serve as alternates, to the stated regional members. All CalMHSA members attending CMHDA Governing Board meetings would be encouraged to attend EC mtgs in person.
NEXT STEPS:					
<p>1. Review of exiting authority fo executive committee and discern if it is appropriate or should be broadened due to meeting frequesncy of board.</p> <p>2. Provide for an appeal of Executive Committee acton to the full Board if by a minimum of five board members within 21 days of aciton.</p> <p>3. Provide for the right of board members, no limited to those on the EC, to require action to be considered by the full board.</p>					
ADDITIONAL NOTES:					
<p>1. The EC was expanded to make it more inclusive, and to make it possible for five to seven members of the EC to meet without triggerng application of the Brown Act. The latter had been an issue in weekly agenda review calls in which staff is given direction, and potentially in CMHDA gatherings. These benefits would be lost in a return to a nine-member EC, if five or more EC members participate.</p>					

Attendance Record

October 2012 – October 2013

County	2012		2013			
	October	December	February ¹	April ²	June	August ¹
Alameda County						
Berkeley, City of						
Butte County		X	X	X	X	X
Colusa County	X			X	X	
Contra Costa County						X
Del Norte County		X		X		
El Dorado County	X		X	X	X	
Fresno County					X	X
Glenn County	X	X		X	X	X
Humboldt County	X	X	X	X	X	
Imperial County			X			X
Inyo County		X		X		
Kern County						
Kings County	X					
Lake County	X	X	X		X	X
Lassen County						
Los Angeles County	X	X	X	X	X	X
Madera County		X				
Marin County						X
Mariposa County		X	X	X	X	
Mendocino County	X		X		X	
Modoc County	X	X	X	X	X	X
Mono County						
Monterey County	X	X	X	X	X	X
Napa County	X	X		X	X	X
Nevada County						
Orange County	X	X	X	X	X	X
Placer County	X	X	X	X	X	
Riverside County	X	X		X	X	X
Sacramento County	X	X	X	X	X	X
San Benito County						
San Bernardino County	X	X	X	X	X	X
San Diego County			X	X		X
San Francisco City & County						
San Joaquin County	X	X	X	X		
San Luis Obispo County	X	X	X	X	X	
San Mateo County	X	X	X			
Santa Clara County	X		X		X	
Santa Cruz County	X	X				
Shasta County	X	X	X	X	X	
Siskiyou County						
Solano County	X	X				X
Sonoma County	X	X	X	X		
Stanislaus County	X	X	X	X	X	
Sutter/Yuba County	X	X	X	X	X	X
Tri-City Mental Health Center						
Trinity County	X	X	X	X	X	X
Tulare County						
Tuolumne County	X	X	X	X	X	X
Ventura County	X	X			X	
Yolo County	X	X		X	X	X
Total Members in Attendance ³	30	30	25	27	27	21

¹ Became Executive Committee meeting due to lack of a quorum of board members.

² When the meeting was called there was a lack of a quorum of board members; however a quorum of the Executive Committee was established. Part way through the meeting, a quorum of the board was met.

³ Quorum = 26