



C A L I F O R N I A D E P A R T M E N T O F

Mental Health

1600 9th Street, Sacramento, CA 95814
(916) 654-2309

October 21, 2010

DMH INFORMATION NOTICE NO.: 10-21

TO: LOCAL MENTAL HEALTH DIRECTORS
LOCAL MENTAL HEALTH PROGRAM CHIEFS
LOCAL MENTAL HEALTH ADMINISTRATORS
COUNTY ADMINISTRATIVE OFFICERS
CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

SUBJECT: PROPOSED GUIDELINES FOR THE MENTAL HEALTH SERVICES
ACT (MHSA) FISCAL YEAR 2011/12 ANNUAL UPDATE TO THE
THREE-YEAR PROGRAM AND EXPENDITURE PLAN

REFERENCE: WELFARE AND INSTITUTIONS CODE SECTION 5847,
SUBDIVISION (b)

Pursuant to the responsibilities of the Department of Mental Health (DMH) and the Mental Health Services Oversight and Accountability Commission (MHSOAC) as outlined in Welfare and Institutions Code (WIC) sections 5846, subdivision (c), and 5848 subdivision (c), this Information Notice provides proposed guidelines for Counties¹ to submit the Fiscal Year (FY) 2011/12 annual update to their MHSA Three-Year Program and Expenditure Plans (Plan). Proposed guidelines and formats for funding requests for FY 2011/12 are provided for the Community Services and Supports (CSS), Workforce Education and Training (WET), Prevention and Early Intervention (PEI), Innovation (INN), and Capital Facilities and Technological Needs (CFTN) components. The guidelines and exhibits in this Information Notice apply only to the FY 2011/12 annual update and updates. Enclosure 1 contains a complete listing and instructions of Exhibits A through I for the annual update and updates for FY 2011/12. Enclosure 2 includes a list of allowable Community Program Planning (CPP) activities and expenditures. Enclosure 3, County Summary Sheet, is informational and provides direction on which exhibits should be included based on the type of request being submitted (i.e. annual update, update, etc). Enclosures 4-8 include a summary of the FY 2011/12 Component Allocations² for the CSS, PEI and INN components, and the 20 percent limit for transferring funds from CSS to other components pursuant to WIC section 5892, subdivision (b). This Information Notice supersedes previous DMH guidance in Information Notices Nos.: 10-01 and 10-04.

¹ "County" means the County Mental Health Department, two or more County Mental Health Departments acting jointly, and/or city-operated programs receiving funds per Welfare and Institutions Code section 5701.5 (Cal. Code Regs., tit. 9, § 3200.090).

² "Component Allocation" means the amount of MHSA funds that is made available to the County for a component of the Three-Year Program and Expenditure Plan during a fiscal year, or other specified time period, as published by the Department.

Pursuant to California Code of Regulations (CCR), Title 9, sections 3300, 3310, subdivision (d), and 3315, subdivision (a), the FY 2011/12 annual update shall be developed with the participation of stakeholders. The CPP Process should build on previous and ongoing engagement of stakeholders. A draft of the FY 2011/12 annual update or subsequent update shall be circulated for 30 days to stakeholders for review and comment. For the annual update, a public hearing by the local mental health board or commission is required. The public hearing must be held after the completion of the 30-day public comment period. (WIC section 5848, subdivision (b))

Counties that have not yet submitted a Plan that includes a WET, PEI, INN or CFTN component may include the applicable component's funding request for FY 2011/12 included in this Information Notice (Exhibits E2–E5) in place of any previously released funding request worksheet. A funding request will not be approved if the County does not have an approved Plan that includes the applicable component. Requests for funding for PEI Statewide programs on Suicide Prevention, Stigma and Discrimination Reduction, and the Student Mental Health Initiative should be submitted separately from this annual update, in accordance with the Guidelines outlined in DMH Information Notices Nos.: 10-05 and 10-06. Requests for funding for the PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB) program are included as part of this annual update (Exhibit I).

Except for information as requested in this annual update or the Annual MHSA Revenue and Expenditure Report, further reporting on evaluation requirements for PEI as described in DMH Information Notice No.: 07-19, Enclosure 1, Part V, Section A, Section B, Section C, Section D, and Section E, will be provided to Counties in a future communication. Please note that this annual update requests an update on the progress of the local evaluation of a PEI program that was selected by each County in its initial PEI component (very small counties³ are exempt from this requirement).

I. DEFINITIONS

Annual update is the yearly update to the County's Plan that is required by WIC section 5847, subdivision (b).

Update is any update to the County's Plan other than the annual update. This includes requests for additional funding, new programs/projects, significant changes in the target population, service description, and strategies that change the nature/scope of a previously approved program.

Program is one or more services, activities, or strategies used in an organized manner to provide services and supports to an individual to achieve positive outcomes (CSS, WET, PEI, and INN). This includes housing through the General Systems Development and MHSA Housing Program service categories of the CSS component. An INN program has its primary focus on contributing to learning rather than providing a service. It introduces a novel, creative, and/or ingenious approach to a variety of mental health practices, including

³ "Very small county" means a county in California with a total population of less than 100,000 according to the annual projections published by the California Department of Finance.

those aimed at prevention and early intervention. A PEI program is composed of one or more PEI activities that are designed to address one or more PEI Key Community Needs and one or more PEI Priority Populations to meet specific outcomes identified through the County's CPP Process.

Project is used to describe Capital Facilities and Technological Needs projects.

Work plan is the document that the County submits to DMH and MHSOAC for each program/project in the Plan, annual update or update. The work plan for the Plan, annual update, or update is comprised of Exhibits A, B, C, a CSS/WET/PEI/INN Previously Approved Program Description (Exhibits D1-D4), MHSA Funding Request (Exhibits E, E1-E5), a budget detail/narrative and a CSS/WET/PEI/INN/CF/TN New/Revised/Existing Program/Project Description (Exhibits F1-F6), and Exhibits G and I.

Unexpended funds are funds approved and distributed to Counties that were not spent during the time period anticipated by the County. Unexpended funds will be considered available to fund services in the current and subsequent year (provided the funds are not subject to the reversion process required by WIC section 5892, subdivision (h)).

Unapproved funds are funds remaining in a County's Component Allocations that have not been requested and approved.

II. PROGRAMS AND PROJECTS

A. PROGRAMS

1. Previously Approved Programs

Pursuant to WIC section 5847, subdivision (g)(2), DMH's evaluation of a plan or update is limited to programs that have not been previously approved or that have previously identified problems that have been conveyed to the County. This section also requires DMH to distribute funds for the continuation of previously approved programs prior to the approval of a Plan, annual update or update. Previously approved programs remain approved by DMH and when applicable, the MHSOAC, and should be described in Exhibits D1-D4. Definitions of previously approved programs for each component are discussed below. Counties should indicate on Exhibit E from which fiscal year funds will be used during FY 2011/12.

a) Community Services and Supports

An existing CSS program with no changes is considered previously approved.

Existing CSS programs proposed to be consolidated, expanded or reduced are considered previously approved programs if the following criteria are met:

- The program serves the same target populations with the same services/strategies as approved in the County's most recently approved Plan, annual update or update.
- The amount of funds the County is requesting for the program is within 25 percent ($\pm 25\%$) of the previously approved amount.
- The amount of funds the County is requesting for the consolidated program is within $\pm 25\%$ of the sum of the previously approved amount.

b) Workforce Education and Training

An existing WET program with no changes is considered previously approved.

Existing WET programs proposed to be consolidated, expanded or reduced are considered previously approved programs if the following criteria are met:

- The work detail or objective of the existing program(s) remain the same as approved in the County's most recent Plan, annual update or update.
- The activities and strategies remain the same as approved in the County's most recently approved Plan, annual update or update.
- The amount of funds the County is requesting for the program is within $\pm 25\%$ of the previously approved amount.
- The amount of funds the County is requesting for the consolidated program is within $\pm 25\%$ of the sum of the previously approved amount.

c) Prevention and Early Intervention

An existing PEI program with no changes is considered previously approved.

Existing PEI programs proposed to be consolidated, expanded or reduced are considered previously approved programs if the following criteria are met:

- The program continues to serve the same Key Community Mental Health Needs and Priority Populations with activities that are consistent with the most recently approved Plan, annual update or update.
- The amount of funds the County is requesting for the program is within $\pm 25\%$ of the previously approved amount.
- The amount of funds the County is requesting for the consolidated program is within $\pm 25\%$ of the sum of the previously approved amount.

Consistent with the PEI Guidelines, the County must include in its annual update programs that address all age groups, and a minimum of 51 percent of the County's total PEI funds must be used to serve individuals who are under 25 years of age. Small Counties, as defined in Title 9 of the CCR section 3200.260, are exempt from these requirements.

d) Innovation

An existing INN program with no changes is considered previously approved.

Existing INN programs proposed to be expanded or reduced are considered previously approved programs if the following criteria are met:

- It continues to address the same primary purpose⁴(s) and learning goals using programs or strategies consistent with the most recently approved Plan, annual update, or update.

Due to the unique nature of INN, the $\pm 25\%$ fiscal threshold does not apply and INN programs cannot be consolidated as previously approved programs.

1.1 There are exceptions to the $\pm 25\%$ criteria as follows:

- If a County's Plan, annual update or update for FY 2010/11 included a CSS/WET/PEI program(s) budget which included non-recurring expenditures (e.g. one-time or start-up costs) that exceeded the $\pm 25\%$ threshold, then this program may be considered previously approved and the County should indicate the program's budget difference from FY 2010/11 to FY 2011/12 and provide a brief explanation in Exhibits D1, D2, and/or D3.
- If a County's Plan, annual update or update for FY 2010/11 for CSS/WET/PEI program(s) requested funding for a partial year for FY 2010/11 and the FY 2011/12 is a full-year which would exceed the $\pm 25\%$ threshold, then this program may be considered previously approved and the County should indicate the program's budget difference from FY 2010/11 to FY 2011/12 and provide a brief explanation in Exhibits D1, D2, and/or D3.
- Counties that are requesting unapproved funds for their WET program(s) and intend to spend the funds over several years should annualize the budget for each previously approved WET program in Exhibit D2.

2. New Programs and Revised Previously Approved Programs

a) Community Services and Supports

For new, consolidated, or existing CSS programs that have been revised due to changes in the target population, services/strategies, or expands funding levels outside of the $\pm 25\%$ threshold for previously approved program(s), the Counties should request approval using Exhibits E1 and F1.

⁴ The term "essential purpose" has been replaced with the term "primary purpose" for INN.

b) Workforce Education and Training

For new, consolidated, or existing WET programs that have been revised due to changes in the work detail, objectives, activities or strategies, or expands funding levels outside of the $\pm 25\%$ threshold for previously approved program(s), the Counties should request approval using Exhibits E2 and F2.

c) Prevention and Early Intervention

For new, consolidated, or existing PEI programs that have been revised due to changes in the Key Community Mental Health Needs, Priority Populations, activities, or expands funding levels outside of the $\pm 25\%$ threshold from the previously approved program, Counties should request approval through the annual update process using Exhibits E3 and F3.

Consistent with the PEI Guidelines, the County must include in its annual update programs that address all age groups, and a minimum of 51 percent of the County's total PEI funds must be used to serve individuals who are under 25 years of age. Small Counties, as defined in Title 9 of the CCR section 3200.260, are exempt from these requirements.

d) Innovation

For new or existing INN programs that propose to change the primary purpose and/or learning goals for previously approved program(s), Counties should request approval through the annual update process using Exhibits E4 and F4.

3. Majority Requirement for Full Service Partnerships (FSP)

Pursuant to CCR, Title 9, section 3620, subdivision (c), a County is required to "direct the majority of its Community Services and Supports funds to the Full-Service Partnership [FSP] Service Category." "Community Services and Supports funds" may include any funds that are considered and used for FSP programs approved through the CSS component of the Plan.

A County may choose to provide FSP services using funds other than MHSA funds including, but not limited to: Medi-Cal, Medicare, and State General Fund. If Counties use non-MHSA funds to augment CSS FSP programs, those funds may be considered part of the County's CSS funds for the purposes of CCR section 3620, subdivision (c). For additional information refer to: http://www.dmh.ca.gov/Prop_63/MHSA/Community_Services_and_Supports/docs/FSP_FAQs_04-17-09.pdf

If Counties have used non-MHSA funds for FSP programs, they should specify the amount and type of non-MHSA matching funds used on Exhibit E1. Pursuant to CCR section 3505, subdivisions (a) and (b), Counties are responsible for

maintaining these records and ensuring that the identified funds match the Cost Report.

B. PROJECTS

1. Existing Projects for Capital Facilities and Technological Needs

- Projects approved under the CFTN component of the County's Plan do not qualify under WIC section 5847, subdivision (g)(2), for distribution of funds as previously approved programs.
- Counties requesting additional funds for existing projects should provide a justification of why the initial funding was insufficient to complete the project and explain how the additional funds will be used in Exhibits F5 and F6 as applicable.
- Expansion of an existing CFTN project beyond the originally approved scope would be considered a new project.
- For CF projects, Counties should request approval through the annual update or update process using Exhibits E5 and F5.
- For TN projects, Counties should request approval through the annual update or update process using Exhibits E5 and F6.

2. New Projects for Capital Facilities and Technological Needs

- Note that Exhibits F5 and F6 replace Enclosures 2 and 3, respectively, of DMH Information Notice No.: 08-09 for submission of CFTN Project Proposals. Enclosure 1 of DMH Information Notice No.: 08-09 is still required for Counties that do not have an approved Plan with a CFTN component.
- For CF projects, Counties should request approval through the annual update or update process using Exhibits E5 and F5.
- For TN projects, Counties should request approval through the annual update or update process using Exhibits E5 and F6.

C. ELIMINATION

Counties should complete Exhibit D for each previously approved program and/or existing project proposed for elimination. Counties should also provide written notification to DMH and MHSOAC within 45 days of the decision to eliminate, which includes the basis for the decision and an explanation of the stakeholder involvement/input in that decision.

For all components, the County should describe on Exhibit B, the reasonable efforts made to ensure that all parties affected, including stakeholders, have been advised by public notice of the program/project discontinuance. If a request to eliminate a program/project is submitted as an update instead of an annual update, the County should submit Exhibits A, B, D and E1-E5 accordingly.

III. FISCAL INFORMATION

Counties are responsible for administering MHSA funds consistent with MHSA statutes, regulations, guidelines and program objectives, and need to ensure county records support and substantiate approved expenditures. All costs must be necessary and reasonable for proper and efficient performance of the MHSA, pursuant to WIC section 5813.5, subdivisions (a) through (e).

A. Community Program Planning (CPP) Funding Limits

Consistent with CCR, Title 9, section 3300, subdivision (d), Counties may use up to five percent of their Component Allocations for the CPP Process. Planning funds available to the County may not exceed five percent of the total amount of all of its Component Allocations and may be comprised of no more than five percent of each component's Component Allocation in the FY the funds are made available. Counties choosing to use funds for the CPP Process should indicate the use of these funds on Exhibit E.

Funds may be used to plan for any of the components regardless of the Component Allocations from which the funds originated, provided the County does not exceed the maximum limits specified above. For example, CPP funds from the CSS Component Allocation may be spent on planning activities for CSS and any other component as long as the funded activities meet the criteria for allowable activities specified in Enclosure 2.

There is an exception to the above-referenced policy regarding the five percent limitation of any single component. This exception only applies to Counties that have not submitted a Plan that contains an INN component. In such cases, Counties may exceed the five percent overall funding limit for the INN component. See DMH Information Notices Nos.: 08-36 and 09-02 for the INN CPP Process.

B. Administrative Costs

Administrative costs are allowable to the extent they are consistent with the requirements of WIC section 5891, subdivision (a), and CCR, Title 9, section 3410.

Administrative costs are divided into two categories:

- Direct service administrative costs
 - Indirect administrative costs
1. Direct service administrative costs are costs associated with the delivery of services to clients that can be tied to a specific program/project. These direct administrative costs do not include funds dedicated to the CSS operating reserve or Local Prudent Reserve.

Typical allowable costs are:

- Salaries and benefits of employees for the time devoted specifically to the provision of services or activities of an approved MHSA program/project;
- Operating expenses, such as training costs for staff providing direct client services;
- Cost of materials and supplies acquired and used specifically for the approved MHSA program/project;
- Travel expenses incurred specifically to implement an approved MHSA program/project;
- Costs of contracts for the delivery of client services through an approved MHSA program/project.

These costs should be included in the work plan budget for the program/project costs.

2. Indirect administrative costs are support costs that are incurred for a common or joint purpose and cannot be readily identified as benefiting only one MHSA program or project. Indirect costs of this type may originate in a specific department (i.e. the county mental health department), or may originate in other departments that supply goods, services and facilities for the county as a whole (i.e. the county administrative office).

These costs are appropriately charged to an MHSA program/project through an acceptable allocation method that allocates the costs of support and administrative services to the benefiting programs/projects. The share of costs attributed to the MHSA funding stream should be in proportion to the extent the MHSA program/project benefits from the support activity.

Typical indirect administrative costs allowed for MHSA programs/projects are:

- Salaries and benefits of employees in support units such as accounting and budgeting, or centralized personnel units;
- Operating expenses associated with staff who do not provide direct client services;
- The MHSA portion of the countywide A-87⁵ costs.

Counties may request MHSA funding for indirect administrative costs in an amount not to exceed 15 percent of the total program costs. The Operating Reserve is not to be included in the calculation for the total program cost. If a County's indirect administrative costs will be more than 15 percent of the total cost of client services, a County may request this additional funding by submitting a signed statement from the county mental health director that:

⁵ A-87 costs are attributed to programs and county allocated administrative costs. Examples include centralized accounting and purchasing costs.

- The additional costs are based on a generally accepted allocation method consistently applied by the County in similar circumstances, which allocates an increased share of costs to the MHSA funding stream in proportion to the benefit to the program/project; and
- That these costs do not violate the requirements of WIC section 5891, subdivision (a), and CCR section 3410.

Proper documentation of this allocation methodology must be kept by the County to justify this request and may be subject to review by the Department. Administrative costs are identified on the applicable Exhibits E1–E5.

C. Operating Reserve

An operating reserve up to 10 percent of the total amount requested for direct program/project expenditures and indirect administrative costs for each component is allowed. When determining the 10 percent for the operating reserve, Counties should not include any funds requested for transfer to the Local Prudent Reserve. The operating reserve may be used by Counties at any time to provide funding for unexpected increases in costs or decreases in revenues associated with previously approved programs, or unforeseen administrative costs. Operating reserve funds may be requested in Exhibits E1–E5.

D. Transfer of CSS Funds

Pursuant to WIC section 5892, subdivision (b), any year after FY 2007/08, an amount not to exceed 20 percent of the average amount of funds allocated to each County for the previous five years may be transferred from the CSS Component Allocation to fund the County's Local Prudent Reserve, WET and/or CFTN components. The transfer of CSS funding to WET, CFTN and/or the Local Prudent Reserve is irrevocable. Funds transferred from CSS to WET and/or CFTN may only be designated from the current fiscal year.

Enclosure 8 includes information for the specific county by county 20 percent limit on the use of CSS funds. Counties should indicate requests to transfer CSS funds on Exhibit E.

E. Local Prudent Reserve

Pursuant to WIC section 5847, subdivision (b)(7), funds set aside in the Local Prudent Reserve are to be made available during years in which "revenues for the Mental Health Services Fund are below recent averages adjusted by changes in the state population and the California Consumer Price Index." In DMH Information Notice No.: 09-16, the Department informed the Counties that the amount of funds in the Local Prudent Reserve should be 50 percent of the total amount of funds approved for CSS and PEI programs for the most recently completed fiscal year, except in years which access to the LPR is permitted due to economic factors. Based on current revenue projections and adjustment factors, DMH has determined

that the threshold has been met and has advised Counties that they may access their Local Prudent Reserve funds. Therefore, the 50 percent Local Prudent Reserve requirement remains suspended in FY 2011/12. Once access to the Local Prudent Reserve is no longer allowed, Counties will be expected to replenish the Local Prudent Reserve to the required levels.

- Funding the Local Prudent Reserve:

Counties may transfer funds to their Local Prudent Reserve by submitting an Exhibit G. Consistent with WIC section 5892, subdivision (b), an amount not to exceed 20 percent of the average amount of funds allocated to each County for the previous five years may be irrevocably transferred from the CSS component Allocation to fund the County's Local Prudent Reserve, CFTN and/or WET.

- Accessing the Local Prudent Reserve:

Counties that choose to access funds from their Local Prudent Reserve in FY 2011/12 should identify the amount being requested from their Local Prudent Reserve for the CSS and/or PEI components on Exhibit E. Counties may access all or part of the funds set aside in their Local Prudent Reserve by requesting these funds through a Plan, annual update or update and may use these funds to pay for any services/activities allowable under the CSS and/or PEI components.

F. Unapproved Funding Limitations⁶

Requests for unapproved funds from prior years' Component Allocations that have not been requested may be submitted through the Plan, annual update or update on Exhibit E. Counties may not implement any new CSS, WET, PEI, INN or CFTN programs/projects using MHA funds until DMH and/or MHSOAC, as applicable, has issued written approval of the County's request. Counties electing to begin the delivery of services for new programs/projects using non-MHA funds prior to DMH and/or MHSOAC approval of their Plans, annual updates or update may not seek reimbursement for these expenditures from MHA funds if their requests for MHA funds are not approved. Counties should identify the unapproved funds to be used for FY 2011/12 in Exhibit E.

G. Annual MHA Revenue and Expenditure Report

In accordance with CCR, Title 9, section 3510, subdivisions (b) and (c), DMH may withhold MHA funds if the County does not submit the Annual MHA Revenue and Expenditure Report (Revenue and Expenditure Report) by the required deadline. Funds will be distributed only when the current Revenue and Expenditure Report has been received and approved by DMH.

⁶ Due to the passage of Senate Bill 1392 (effective January 1, 2011), the Department may revise the terms it uses to define the disposition of MHA funds. Upon adoption of the pertinent fiscal regulations, the Department will provide further instructions to the counties.

H. MHSA Housing Program – Supplemental Assignment Agreement

Each County is allowed to assign funds from its CSS Component Allocation to the MHSA Housing Program. Provision 10 of the MHSA Agreement indicates that such assignment will occur through an assignment agreement executed between the County and DMH, which specifies the purpose of the agreement and the source of the funds. Previously under separate cover, each County was sent an assignment agreement to allow the County to participate in the state-administered MHSA Housing Program funded from the CSS component of the MHSA.

Counties wanting to assign additional funds to the MHSA Housing Program from their unapproved CSS Component Allocation funding may do so by completing the Supplemental MHSA Housing Program Assignment Agreement (Exhibit H). Additional funds assigned from CSS can be used for operating subsidies or capital costs of the MHSA Housing Program without the limits on operating subsidies that are in effect for funding provided through DMH Letter No.: 07-06.

I. General Information

Counties that do not wish to request additional funding for a previously approved program(s) in this fiscal year but would like the program(s) listed as part of the FY 2011/12 annual update request, should list the program(s) in Exhibits E1-E5 as previously approved but should enter a \$0 funding amount for FY 2011/12. For CSS, Counties should also provide a brief explanation of how they intend to sustain the program(s) in Exhibit D1.

IV. SUBMISSION

One hard copy with original signature and one electronic copy that is a single document in PDF format should be submitted to both the MHSA Plan Review Section and to the MHSOAC.

The address for the MHSA Plan Review Section is:

MHSA Plan Review Section
Department of Mental Health
1600 9th Street, Room 100
Sacramento, CA 95814
E-mail: ccta@dmh.ca.gov

The address for the MHSOAC is:

MHSOAC
1300 17th Street, Suite 1000
Sacramento, CA 95811
E-mail: MHSOAC@dmh.ca.gov

To ensure timely payment by July 1, 2011, for FY 2011/12 funding requests, the County should submit its annual update no later than April 15, 2011 and must have submitted its Revenue and Expenditure Report for FY 2009/10.

V. REVIEW TOOLS

DMH is developing review tools for evaluating and assessing the annual updates and/or updates and anticipates the release of these tools within 60 days from the date of issuance of this Information Notice. Review tools will be posted on the DMH website at:

http://www.dmh.ca.gov/Prop_63/MHSA/MHSA_Fiscal_References.asp

If you have questions about the CSS, WET and/or CFTN component (s), please contact your County Programs Technical Assistance representative identified on the following DMH website:

http://www.dmh.ca.gov/Services_and_Programs/Community_Programs/County_Technical_Assistance.asp

If you have questions about the PEI and/or INN component(s), please contact the MHSOAC at (916) 445-8696.

Sincerely,

Original signed by

STEPHEN W. MAYBERG, Ph.D.

Director

Enclosures

cc: California Mental Health Planning Council
California Mental Health Directors Association
Mental Health Services Oversight and Accountability Commission
Deputy Director, Community Services Division