

## FIRST AMENDMENT TO THE CaIMHSA STATEWIDE PREVENTION AND EARLY INTERVENTION IMPLEMENTATION WORK PLAN

### **BACKGROUND AND STATUS**

The California Mental Health Services Authority (CaIMHSA) is an independent administrative and fiscal government agency focused on the efficient delivery of California mental health projects. California counties established CaIMHSA as a Joint Powers Authority (JPA). Member counties worked together to develop, fund and implement mental health services, projects and educational programs at the state, regional and local levels. CaIMHSA members developed an Implementation Work Plan in Fiscal Year 2010-11 that describes how \$129 million of Mental Health Service Act funds is being utilized to implement California's Statewide Prevention and Early Intervention (PEI) Plan to Prevent Suicides, Reduce Stigma and Discrimination, and Improve Student Mental Health.

Since the CaIMHSA Implementation Work Plan<sup>1</sup> was approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) in February 2011, 13 new counties and cities<sup>2</sup> beyond those included in the original work plan have elected to participate in CaIMHSA PEI statewide projects. To date, new participation has resulted in an additional \$7.7 million of program funds for expansion into new communities. This Work Plan Amendment seeks to utilize a portion of these funds to expeditiously address the following:

- Expand the scope of regional projects to include additional geographic areas and underserved populations, and,
- Strengthen racial, ethnic and cultural competency within existing projects.

### **Principles for Funding Allocations**

The primary principles driving the allocation of additional program funds are:

- Implement PEI projects in an expeditious manner.
- Strengthen local and regional capacity by ensuring new CaIMHSA participants are included in funded activities.
- Maintain overall consistency in the proportion of funds allocated to Suicide Prevention (25%); Stigma and Discrimination Reduction (37.5%); and Student Mental Health (37.5%).<sup>3</sup>
- Consider the unique characteristics of communities participating in CaIMHSA, including local factors such as capacity, population, and setting (rural, suburban, urban).

<sup>1</sup> The Implementation Work Plan approved in February 2011 can be found at: <http://calmhsa.org/programs/other/>.

<sup>2</sup> Amador, Calaveras, Del Norte, Lassen, San Francisco, Santa Barbara, Mariposa, Merced, San Benito, San Mateo, Tri-Cities Mental Health Center, Tuolumne, Madera

<sup>3</sup> Per DMH Information Notices No.: 08-25 and 10-06.

## **STAFF RECOMMENDATIONS**

**Suicide Prevention (SP):** Increase by approximately \$1.9M (25% of \$7.7M).

*Regional Local Capacity Building Programs:* As new communities participate in CalMHSA, many regional SP providers are being asked to serve additional counties and/or cities. Augment regional programs to serve an expanded geographic and/or racial/ethnic/cultural and underserved population.

**Student Mental Health Initiative (SMHI):** Increase by approximately \$2.9M (37.5% of \$7.7M).

*Higher Education: California Community Colleges (CCC):* SMHI Higher Education funds were allocated equally to each system<sup>4</sup>. The CCC serves a student population that is six to 11 times that of the California State University and University of California systems<sup>5</sup>, and admits “any student capable of benefiting from instruction.”<sup>6</sup> Augment the CCC contract in order to serve a larger student population than other higher education systems and to serve an expanded geographic and/or racial/ethnic/cultural and underserved population.

**Stigma and Discrimination Reduction (SDR):** This amendment will set aside approximately \$2.9M (37.5% of \$7.7M) for Work Plan Amendment #2 (planned for Fall 2012).

Eight out of 10 SDR projects are in the initial stages of implementation; the other 2 projects will be re-released for bid in the future<sup>7</sup>. It is recommended that program enhancements be delayed until the Second Amendment of the Work Plan, so that they can be informed by implementation data.

**Additional Deliverable:** This amendment includes a deliverable as part of our statewide evaluation contract, which includes the Development of a Statewide Evaluation Framework (in collaboration with CalMHSA and the Mental Health Oversight and Accountability Commission), with revisions to the Evaluation Framework in response to input. A PEI statewide evaluation framework will be developed that overlaps with the three CalMHSA statewide PEI project evaluations but will differ in that it will include the full range of California’s PEI programs. It will also be used prospectively to evaluate the impact of the programs over time. Like the CalMHSA PEI statewide projects evaluation, it will prioritize the outcomes specified in the Mental Health Services Act.

Development of a comprehensive statewide evaluation framework consists of the following steps:

1. Identify a consolidated list of overall goals across PEI Programs and conceptualize each goal in terms of potential measures of structure, process and outcomes.
2. Identify the data sources that are either available or could be available to populate the potential measures. Will investigate PEI evaluation frameworks that counties may have developed.
3. Develop a conceptual PEI statewide evaluation framework and analytical approach that logically links programs and program strategies with outcome measures.
4. Identifies ways to link PEI evaluation to overall MHSa evaluation.

<sup>4</sup> SMHI Higher Education Initiative funding for UC, CSU and CCC was approximately \$7.5 million each.

<sup>5</sup> Based on FY 10-11 student enrollment data, CCC: 2.61 million, CSU: 412k, UC: 234k.

<sup>6</sup> CA Master Plan for Higher Education [http://ucfuture.universityofcalifornia.edu/documents/ca\\_masterplan\\_summary.pdf](http://ucfuture.universityofcalifornia.edu/documents/ca_masterplan_summary.pdf)

<sup>7</sup> Program 1, Component 1: SDR Consortium, Program 2, Component 4: Promoting Mental Health in the Workforce

Funds, in the amount of \$300,000.00, have been allocated for the development of this framework. It is CalMHSA’s intent to have a draft of this framework within four months of issuing the contract, with a revised evaluation framework completed in six months and a final product in eight months. Timeline is subject to change. *(In response to public comment #1.)*

Clarification of Funding Allocations: This amendment includes a chart clarifying the funding allocations. The chart below consists of the original budget submitted in the CalMHSA Implementation Work Plan, the First Amendment additional funding allocations and total funding.

**STATE DEPARTMENT OF MENTAL HEALTH FUNDING ALLOCATION GUIDELINES**

Funding	5% Phase I Planning	Phase II				100% Total
		70.5% Program/Direct	Contingency Reserve <sup>1</sup>	7.5% Evaluation <sup>2</sup>	7.5% Admin <sup>2</sup>	
<b>Work Plan Budget</b>	\$6,810,520	\$96,028,332	\$12,939,988	\$10,215,780	\$10,215,780	\$136,210,400
<b>First Amendment</b> (additional funding)	\$409,155	\$5,769,085.50	\$777,394.50	\$613,732.50	\$613,732.50	\$8,183,100
<b>Total</b>	<b>\$7,219,675</b>	<b>\$101,797,417.50</b>	<b>\$13,717,382.50</b>	<b>\$10,829,512.50</b>	<b>10,829,512.50</b>	<b>\$144,393,500.00</b>

1. Contingency Reserve is calculated on 10% of Phase II funding request of \$129,399,881. It is the intent of CalMHSA and its members to maximize the delivery of services. This reserve will be utilized for delivery of services.
2. The maximum allocation permitted by DMH for Indirect Administration services is 15%. Included in this 15% is the requirement to provide evaluation of programs. This allocation has been estimated and will be refined as facts develop.

**Work Plan Amendment Timeline**

- Pre-meeting with CalMHSA Advisory Committee Co-Chairs: January 5, 2012
- MHSA Coordinator’s Meeting: January 9, 2012
- CalMHSA Advisory Committee Meeting: January 12, 2012
- Release draft document for 30 day review for period January 20–February 19, 2012
- CalMHSA Board Meeting: February 10, 2012
  - Request that final approval be delegated to the Executive Committee
- CalMHSA Executive Committee via teleconference: Date TBD (early March, 2012)
- Presentation to MHSOAC Board Meeting: March 2012

**Second Amendment to the Work Plan Proposed for Fall 2012**

An additional work plan amendment is proposed for Fall 2012; it will include the \$2.9M set aside for Stigma and Discrimination Reduction and any other available funds (e.g. operating reserve and other unspent dollars). This plan will be informed by emerging program data, determination on whether funds revert on June 30, 2014, and may address other needs identified in prior stakeholder processes.



**EXHIBIT A  
PUBLIC COMMENT**

Public Comment Submissions to January 19, 2012 CalMHSA Draft First Amendment to the Work Plan	
<b>1.</b>	<p><b>Public Comment Date:</b> <b>Submitted By:</b> MHSOAC <b>Section Referenced/Subject:</b> Prevention of PEI Frame Work MHSOAC indicated CalMHSA had neglected to address “Prevention of PEI Frame Work,” under the CalMHSA Implementation Work Plan and has requested it be addressed in the first amendment to the Work Plan.</p>
<b>2.</b>	<p><b>Public Comment Date:</b>2/7/2012 <b>Submitted By:</b> Susan Quinn, MSN, FNP – Santa Rosa Junior College <b>Section Referenced/Subject:</b> Would like to support, and comment on the addition of MHSOAC funds to enhance PEI program development in the community college system.</p>
<b>3.</b>	<p><b>Public Comment Date:</b> 2/9/2012 <b>Submitted By:</b> Betsy Sheldon, California Community Colleges Chancellor’s Office <b>Section Referenced/Subject:</b> In support of the first amendment as it will allow them to fund more campuses and provide even greater statewide impact with the additional resources.</p>
<b>4.</b>	<p><b>Public Comment Date:</b> 2/15/2012 <b>Submitted By:</b> Sunny Clark, City College of San Francisco <b>Section Referenced/Subject:</b> In support of the first amendment to the Work Plan as it is a great start in recognizing the mental health needs of CA Community College students. The increase would help them realize and support other initiatives such as suicide prevention; stigma and discrimination reduction as well as collaborative work to develop a better referral system.</p>
<b>5.</b>	<p><b>Public Comment Date:</b> 2/15/2012 <b>Submitted By:</b> Rik Isensee, LCSW <b>Section Referenced/Subject:</b> In support of the first amendment to the Work Plan as it is a great start in recognizing the mental health needs of CA Community Colleges Student Mental Health Program. The increase would help them realize and support other initiatives such as suicide prevention; stigma and discrimination reduction as well as collaborative work to develop a better referral system.</p>
<b>6.</b>	<p><b>Public Comment Date:</b> 2-15-2012 <b>Submitted By:</b> Sal Núñez, PhD, LMFT, City College of San Francisco <b>Section Referenced/Subject:</b> In support of the amendment for the PEI Implementation for Mental Health Services at the Community Colleges.</p>
<b>7.</b>	<p><b>Public Comment Date:</b> 2/15/2012 <b>Submitted By:</b> Paula Cahill, RN,MSN, FNP-BC, City College of San Francisco <b>Section Referenced/Subject:</b> In support of First Amendment to the CalMHSA Work Plan, as it would allow for better programs to promote suicide prevention; stigma and discrimination reduction, and development of better referral systems.</p>

**EXHIBIT B**  
**VERBATIM PUBLIC COMMENT**

The First Amendment to the CalMHSA Statewide Prevention and Early Intervention Implementation Work Plan was posted and distributed for public comment on January 19, 2012. Comments were submitted over a 30 day period, starting on January 19, 2012 and ending on February 19, 2012. The following are the comments received verbatim.

#	Date	Submitted By	Comment
1.		MHSOAC	MHSOAC indicated CalMHSA had neglected to address "Prevention of PEI Frame Work," under the CalMHSA Implementation Work Plan and has requested it be addressed in the first amendment to the Work Plan.
2.	2/7/2012	Susan Quinn, MSN, FNP	<p>From: Quinn, Susan [mailto:squinn@santarosa.edu] Sent: Tuesday, February 07, 2012 3:19 PM To: 'calmhsa@georgehills.com' Subject: Public Comment: Statewide PEI Implementation Work Plan</p> <p>Having worked in the CCC system for 16 years as a Health Services Director, I would like to support, and comment on the addition of MHSOAC funds to enhance PEI program development in the community college system.</p> <ol style="list-style-type: none"> <li>1) The CCC student population is so much larger than that found within the CSU and UC systems combined, the inequity of having each system allocated the same amount of dollars is glaring. This minimally needs an adjustment towards more equity, if not a complete re-apportionment based on head count.</li> <li>2) Every public four-year California university has mandated health and mental health services established to support early identification and intervention for students with potential mental health issues, whereas only a portion of the CCC colleges have mental health services, and some have no health center at all. The need to support development of a stronger health focused infrastructure within the CCC system, is much greater for this reason; to assure effective partnerships with external referral and support resources, leverage for sustainable PEI models locally, and provide statewide toolkits specific to the community college setting.</li> <li>3) In 2010 a statewide survey of the health needs of CCC students was coordinated by the Health Services Association of California Community Colleges, utilizing the National College Health Assessment instrument. 11,710 randomly selected students completed the survey, including students from SRJC, and the findings have been compared with various reference groups, largely represented by four year college students. Beyond validating the much more diverse demographics of community college students with greater detail, the studies all indicate the specific vulnerabilities found in this population.</li> </ol> <p>California's community college students are more likely than other college students to have a recent history of abuse, violence, and trauma, have a higher</p>

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			<p>rate of suicidal ideation (and twice as many of suicide attempts), suffer more adverse consequences from substance abuse, among many other risk factors identified at an increased level.</p> <p>The intent, from my understanding, is that the PEI funds target these populations for interventions designed to prevent the progression to more serious mental health problems. Our students better represent the targeted populations, and clearly should not be shortchanged on MHSA funding. If anything they should be receiving a greater proportion of funds.</p> <p>Thank you for considering my perspective.</p> <p>Susan Quinn, MSN, FNP                      Director, Student Health Services                      Santa Rosa Junior College</p>
3.	2/9/2012	Betsy Sheldon	<p>CalMHSA, Board of Directors                      ATTN: Laura Li</p> <p>RE: Public Comment on Agenda Item #10B, Program Matters. Delegation of Authority to approve final First Amendment to the Ca1MHSA Statewide Prevention and Early Intervention Work Plan</p> <p>President Clark and Fellow Board Members:</p> <p>On behalf of the Chancellor's Office for California Community Colleges and the California Community Colleges Student Mental Health Program (CCC SMHP), I am submitting public comment in support of Item 10B above.</p> <p>We will be submitting more detailed public comment in support of the Plan Amendment as part of the public comment process currently underway, but wanted to also weigh in with support for the delegation of approval to the Executive Committee which will hopefully occur at today's meeting.</p> <p>We appreciate the support of CalMHSA staff and CalMHSA Advisory Committee members in developing the recommendation to augment our program with additional funds. If the Plan Amendment is ultimately approved, we hope to provide additional resources for campuses to develop PEI programs consistent with the three strategic directions of faculty and staff training, suicide prevention, and peer to peer resources. The timing of this amendment is fortuitous, in that the proposed release date for the RFA that will fund campus grants is in March. This augmentation will allow us to fund more campuses and provide even greater statewide impact with these resources.</p> <p>In the spirit of CalMHSA, we have progressed rapidly to implement our project and appreciate that consideration is being given to further address the extensive needs that exist in our system with respect to student mental health. Thank you for your support, and we look forward to hearing the outcome of today's board actions.</p> <p>Betsy Sheldon                      Coordinator, Student Mental Health Services                      Student Services and Special Programs Division</p>

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4.	2/13/2012	Sunny Clark	<p>From: Sunny Clark [mailto:sclark@ccsf.edu]                      Sent: Monday, February 13, 2012 12:19 PM                      To: calmhsa@georgehills.com                      Subject: public comment posting</p> <p>Dear Betsy, Laura and Staff,</p> <p>City College of San Francisco Student Health Services, which includes student mental health services, fully supports the proposed amendment to the California Mental Health Services Authority (CalMHSAs) Statewide Prevention and Early Intervention (PEI) Plan that includes a recommendation to provide additional funding to the California Community Colleges Student Mental Health Program (CCC SMHP).</p> <p>We believe this proposed amendment is a great start in recognizing the mental health needs of CA Community College students. This increase for the Student Mental Health Initiative would help us to realize and support your other initiatives such as suicide prevention; Stigma and Discrimination Reduction as well as collaborative work to develop a better referral system.</p> <p>Thank you for your hard work and we hope to participate when the RFA is announced and distributed.</p> <p>regards,</p> <p>Sunny Clark                      Associate Dean &amp; Clinic Director                      City College of San Francisco                      Student Health Services,                      &amp; District Public Health                      50 Phelan Ave. (HC100)                      San Francisco CA 94112                      Phone: (415) 452-5384                      Fax: (415) 239-3193</p>
5.	2/15/2012	Rik Isensee, LCSW	<p>From: rikisensee [mailto:rikisensee@yahoo.com]                      Sent: Wednesday, February 15, 2012 11:35 AM                      To: calmhsa@georgehills.com                      Subject: support for CCCSMHP</p> <p>Dear Ms. Li,</p> <p>Psychological Services at the Student Health Center of CCSF supports the amendment to CalMHSAs PEI Plan to provide additional funding to the California Community Colleges Student Mental Health Program.</p> <p>Sounds like a great start to address the mental health needs of our Community College students. This increase would help us support other initiatives such as suicide prevention; Stigma and Discrimination Reduction, and developing a better referral system.</p> <p>Thanks, and we look forward to seeing more about the RFA once it's ready.</p> <p>Rik Isensee, LCSW</p>

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6.	2/15/2012	Sal Núñez, PhD, LMFT	<p>From: Sal Nunez [mailto:snunez@ccsf.edu]                      Sent: Wednesday, February 15, 2012 12:17 PM                      To: calmhsa@georgehills.com                      Cc: Sunny Clark; Timothy Berthold                      Subject: Public Comment - Cal MHSAs</p> <p>Dear CalMHSAs Colleagues:</p> <p>Hoping this finds you in good health. I am writing in support of the amendment for the PEI implementation for Mental Health Services at the Community College's. As the Director of the Community Mental Health Certificate Program in the Health Education Department at the City College of San Francisco, I engage daily with students who openly report their "status" as consumers of mental health services and their dire need of culturally congruent behavioral health. As a licensed clinical psychologist and coordinator of the Peer Care Management Unit in our Department, I come across volumes of students whom continuously seek and express their concerns about the limited availability of mental health services.</p> <p>The implementation of the PEI amendment would offer funding to support our students in their journey of recovery and wellness, retention, and academic success. Additionally, support with funding related to reducing stigma and discrimination would assist our student, faculty, and staff communities by increasing awareness, normalizing lived experience and promoting health and wellness by institutionalizing these campus wide. Thank you for your attention and consideration.</p> <p>Sincerely,</p> <p>Sal Núñez, PhD, LMFT                      Licensed Clinical Psychologist                      Director, Community Mental Health Certificate  <a href="http://www.ccsf.edu/cmhw">http://www.ccsf.edu/cmhw</a>                      Coordinator, Peer Care Management Unit                      Health Education Department                      City College of San Francisco                      50 Phelan Avenue, MU 353                      San Francisco, CA 94112                      415-452-7387                      snunez@ccsf.edu</p>
7.	2/15/2012	Paula Cahill, RN, MSN, FNP-BC	<p>From: Paula Cahill [mailto:pcahill@ccsf.edu]                      Sent: Wednesday, February 15, 2012 12:56 PM                      To: calmhsa@georgehills.com                      Subject: support of proposed amendment statement</p> <p>Dear State Chancellors Office,</p> <p>City College of San Francisco Student Health Services provides mental health services to students and is in support of the proposed amendment to the California Mental Health Services Authority (CalMHSAs) Statewide Prevention and Early Intervention (PEI) Plan. Any additional funding provided by passage of this amendment to the California Community Colleges Student Mental Health Program (CCC SMHP) would</p>

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			<p>allow more students to be served in a timely way and foster early intervention for student mental health issues. It would also allow better programs to promote suicide prevention; stigma and discrimination reduction, and development of better referral systems.</p> <p>Thank you for keeping us informed of proposal and changes regarding this important legislation.</p> <p>Sincerely,</p> <p>Paula Cahill, RN, MSN, FNP-BC                      Nurse Practitioner/Department Chair                      Student Health Services                      City College of San Francisco                      Clinic 415-239-3110                      Voicemail 415-452-5388</p>

