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CaMHSa PLAN UPDATE
CaMHSa STATEWIDE PREVENTION AND EARLY INTERVENTION
IMPLEMENTATION WORK PLAN
August 9, 2012

BACKGROUND AND STATUS

The California Mental Health Services Authority (CaMHSa) is an independent administrative and fiscal government agency focused on the efficient delivery of California mental health projects. California counties established CaMHSa 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. CaMHSa members developed an Implementation Work Plan in Fiscal Year 2010-11 that describes how \$136 million of MHSa 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.

The CaMHSa Implementation Work Plan was approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) in February 2011. Since the original work plan, new counties and cities joined CaMHSa, resulting in a work plan amendment to serve these communities. The First Work Plan Amendment was approved by the MHSOAC in March 2012.

An update to the CaMHSa Statewide PEI Implementation Work Plan is proposed in order to expeditiously shift available funding into program activities. Available funding includes the previously approved contingency/operating reserve (\$9,662,072) and planning funds (\$2,869,658), and funds resulting from changes in CaMHSa participation by counties and cities (\$1,698,675). In total, the CaMHSa Plan Update seeks to increase program funding by \$14,230,405. In addition, funds set aside from the First Work Plan Amendment for Stigma and Discrimination Reduction will be utilized as approved and consistent with new principles adopted with this Plan Update.



It is the intention of CalMHSA staff to strengthen existing statewide PEI programs. However, if any new programs are proposed to be funded, they must be posted for 30 days for public comment and be approved by the MHSOAC.

Key Principles for Funding Allocations

Key principles were adopted by CalMHSA and were utilized in determining funding priorities for the First Work Plan Amendment approved in March 2012.

1. 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%).
2. Strengthen local and regional capacity by ensuring new CalMHSA participants are included in funded activities.
3. Strengthen racial, ethnic and cultural competency within existing projects.
4. Implement PEI projects in an expeditious manner.
5. Expand the scope of regional projects to include additional geographic areas and underserved populations.
6. Consider the unique characteristics of communities participating in CalMHSA, including local factors such as capacity, population, and setting (rural, suburban, urban).

This CalMHSA Plan Update continues to utilize the above principles and CalMHSA staff is recommending that two additional principles be adopted for determining the utilization of program funds. The recommended principles are:

7. Consider performance, sustainability and leveraging opportunities to maximize available funding.
8. Enhance capacity for data-driven decision making and contribute to the body of knowledge of emerging PEI best practices to improve student mental health, prevent suicide and reduce stigma and resulting discrimination.

Staff recommends the addition of these new principles in order to plan for sustainability and maximize the impact and legacy of CalMHSA projects, per the MHSOAC PEI Statewide Project Guidelines¹.

PROPOSED FUNDING ALLOCATIONS

This CalMHSA Plan Update dedicates an additional \$14,230,405 to program activities. Within each initiative, CalMHSA staff will apply the key principles to determine the utilization of program funds. Based on Key Principle #1, newly available program funds will be allocated to Suicide Prevention (25%); Stigma and Discrimination Reduction (37.5%); and Student Mental Health (37.5%) as follows:

Suicide Prevention (SP): Increase by approximately \$3.6M (25% of \$14.2M).

¹ DMH Information Notice 10-06.

Student Mental Health Initiative (SMHI): Increase by approximately \$5.3M (37.5% of \$14.2M).

Stigma and Discrimination Reduction (SDR): Increase by approximately \$5.3M (37.5% of \$14.2M). In addition, increase by the approximately \$2.9M that was set aside during the First Work Plan Amendment (approved by the MHSOAC on 3/23/12). Overall, increase SDR programs by approximately \$8.2M.

The chart below includes approved funding allocations to date (the budget from the CalMHSA Implementation Work Plan and additional funding from the First Work Plan Amendment) and proposed changes (program funds made available as part of the CalMHSA Plan Update).

Funding	5% Phase I Planning	71% Program/Direct	9% Contingency Reserve ¹	7.5% Evaluation ²	7.5% Admin ²	100% Total
Work Plan Budget	\$6,810,520	\$97,322,330	\$11,645,988	\$10,215,780	\$10,215,780	\$136,210,398
First WP Amendment	\$409,155	\$5,810,001 ³	\$736,479 ³	\$613,733	\$613,733	\$8,183,100
Subtotal	\$7,219,675	\$103,132,331	\$12,382,467	\$10,829,513	10,829,513	\$144,393,498
Changes in CalMHSA membership	\$119,625	\$1,698,675 ^{4,7}	\$215,325	\$179,438	\$179,438	\$2,392,500
CalMHSA Plan Update	\$2,869,658 moved to program/direct →	\$2,869,658 ⁵ + \$9,662,072 ⁶ = \$12,531,730 ⁷	\$9,662,072 moved to program/direct ←			
Revised Total	\$4,469,642	\$117,362,736	\$2,935,720	\$11,008,950	\$11,008,950	\$146,785,998
Revised Percentage	3.0%	80.0%	2.0%	7.5%	7.5%	100%

1. Originally, the Contingency Reserve was calculated as 9% of the Approved Plan. It is the intent of CalMHSA to maximize the delivery of services. In this Plan Update, \$9,662,072 of this reserve will now be utilized for program activities.
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.
3. These dollars differ slightly from those shared during the First Work Plan Amendment; this change is due to the program/direct percentage being calculated as 71%, based on the approved plan.
4. Changes in CalMHSA membership and the assignment of funds by counties and cities resulted in an additional \$1,698,675 for program funds.

5. Based on the FY 12-13 CalMHSA Budget approved by the CalMHSA Board on June 14, 2012, planning dollars (\$2,869,658) were moved to fund program/direct activities. The new overall percentage of funds dedicated to planning is 3.0%.
6. Contingency reserve dollars (\$9,662,072) were moved to fund program/direct activities. The new overall percentage of funds dedicated to the contingency reserve is 2.0%.
7. The total increase in program funds is \$14,230,405 (Shift planning and contingency reserve: \$12,531,730, plus changes in CalMHSA membership: \$1,698,675).

CalMHSA Plan Update Timeline

To expeditiously implement enhanced program activities, staff developed a tentative timeline for the CalMHSA Plan Update as follows:

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|-------------------|--|
| July 5: | Public Posting of CalMHSA Plan Update to www.calmhsa.org |
| July 12: | Obtain feedback on CalMHSA Plan Update at CalMHSA Advisory Committee meeting. Utilize feedback to refine CalMHSA Plan Update |
| August 9: | CalMHSA Board Action on Proposed CalMHSA Plan Update |
| August/September: | Submission of CalMHSA Plan Update to MHSOAC and DHCS |
| September: | Implement CalMHSA Plan Update |

EXHIBIT A
VERBATIM PUBLIC COMMENT

The Update to the CalMHSA Statewide Prevention and Early Intervention Implementation Work Plan was posted and distributed for public comment on July 5, 2012. Comments were submitted over a 30 day period, starting on July 5, 2012 and ending on August 4, 2012. The following are the comments received verbatim.

#	Date	Submitted By	Comment
1.	7/9/2012	Maxine Hayden	Please submit this NIMH funded study, information and the contact information included, for this study, for the present CalMHSA Public Comment period of July 5, 2012 through August 4, 2012. ***SEE: Link Below. Maxine Hayden http://scienceblog.com:80/38533/study-mental-illness-stigma-entrenched-in-american-culture-new-strategies-needed/
2.	7/9/2012	Maxine Hayden	Please submit the following (4) Article(s) and Related Article(s) within these articles, for the CalMHSA Public Comment period, July 5, 2012 Through August 4, 2012 , contained, in NaturalNews Insider Alert at Original Message to me, Dated: Sunday, July 08, 2012, 10:00 PM, at Link(s) Below . Maxine Hayden NaturalNews Insider Alert (www.NaturalNews.com) email newsletter The rampant criminality of Big Pharma has just graduated from the realm of "conspiracy theory" to "judicial fact." GlaxoSmithKline just pleaded guilty to criminal fraud and is now paying a monster \$3 billion fine for bribery, fraud, price fixing and more: http://www.naturalnews.com/036416_GlaxoSmithKline_fraud_criminal_charges.html But of course <i>no one is being arrested</i> in all this, so it's back to business as usual. Merck, meanwhile, faked its vaccine efficacy studies by spiking blood samples with animal antibodies, then threatening its own employee whistleblowers if they didn't stay silent, allege two former Merck virologists. Here's a compilation of the fraud, criminality and lawsuits now involving Merck, Glaxo and Pfizer: http://www.naturalnews.com/036417_Glaxo_Merck_fraud.html <u>Big Pharma criminality no longer a conspiracy theory: Bribery, fraud, price fixing now a matter of public record</u> (NaturalNews) Those of us who have long been describing the pharmaceutical industry as a "criminal racket" over the last few years have been wholly vindicated by recent news. Drug and vaccine manufacturer Merck was caught red-handed by two of its... <u>GlaxoSmithKline pleads guilty to criminal fraud charges, pays massive \$3 billion in fines</u> (NaturalNews) U.K.-based pharmaceutical giant GlaxoSmithKline (GSK), a corporate "person" in the eyes of the federal government http://blog.timesunion.com/occupyalbany/corporations...
3.	7/9/2012	Maxine Hayden	CORRECTION: Please correct the date of this Army Times article to May 03, 2012 , for the CalMHSA Public Comment, July 5, 2012 through August 4, 2012, as below. Maxine Hayden cc: Laura Li

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4.	7/12/2012	Karen Ventimiglia, MHSA Coordinator, County of San Diego	<p>Hi Laura –</p> <p>San Diego County has reviewed the revised CalMHSA Draft Plan Update which includes a plan for utilizing additional funding for the three statewide projects: 1) Suicide Prevention; 2) Stigma Discrimination Reduction and; 3) Student Mental Health Initiative (SMHI).</p> <p>We are requesting that the following be considered:</p> <p>That the majority of the additional funding for SMHI is dedicated to Community Colleges. Community Colleges have large numbers of students who have many behavioral health needs (vets, young adults (transition age youth), foster youth) and very little to resources to help them.</p> <p>Thank you.</p> <p>Karen Ventimiglia MHSA Coordinator County of San Diego</p>
5.	7/23/2012	Karena Weil (Kirkpatrick), Transition Program Manager/Counselor, Hearing and Speech Center of Northern California	<p>Hello, I am writing in regards to the Revised Plan Update for the Statewide Prevention and Early Intervention Implementation Work Plan Update. This was emailed to me by a community partner.</p> <p>Our Center provides Counseling, Outreach and Psychosocial support to Deaf and Hard of Hearing youth, adults, seniors and their families. We are a small non profit and have strong ties in the community. As the manager of our youth program, I am concerned about the rise in serious mental health issues affecting Deaf and Hard of Hearing youth. We have seen a rise in suicidal ideation, self-harming behaviors, depression, and psychosis and something must be done.</p> <p>I am searching for funding to expand our program to have a focus on early intervention and prevention of mental health issues and wanted to inquire as to how we might apply for funding from CalMHSA? It is crucial that professionals, such as those in our department, who are trained and well aware of the specific issues affecting youth with hearing loss are able to provide direct service and psychoeducation to the Deaf and Hard of Hearing.</p> <p>Please let me know if this is possible and what specific steps need to be taken to do so.</p> <p>Thank you. We really appreciate your time,</p> <p>Karena</p> <p>Karena Weil (Kirkpatrick), MS, MFTi #68037</p> <p>Transition Program Manager/ Counselor Hearing and Speech Center of N. Cal. 1234 Divisadero Street San Francisco, CA 94115</p> <p>V. 415.921.7658 xt. 47 Fax. 415.921.2243</p>

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6.	8/2/2012	Veronica Scarpelli, Area Director, Greater Los Angeles Region, American Foundation For Suicide Prevention	<p>Good afternoon Laura,</p> <p>Attached is the AFSP Greater Los Angeles Region Chapter’s public comment submission with regard to CalMHSA Statewide Prevention and Early Intervention Work Plan. If we can be of any other help, or if you have any questions, please feel free to contact us.</p> <p>Sincerely,</p> <p>Veronica Scarpelli Area Director, Greater Los Angeles Region American Foundation For Suicide Prevention PO Box 57437 Sherman Oaks, Ca. 91413 818 687-4055 818 385-0903 fax vscarpelli@afsp.org www.afsp.org/losangeles</p> <hr/> <p>The Los Angeles Chapter of the American Foundation for Suicide Prevention (AFSP) supports the principles behind the proposed funding allocations for the CaiMHSA Statewide Prevention and Early Intervention Workplan. AFSP Los Angeles stands ready to join CaiMHSA in implementing this important and lifesaving program.</p> <p>We do have several comments regarding the utilization of program funds. First, we see a lack of suicide prevention education in our local high schools. We would ideally like to see a state mandate that requires suicide prevention education in schools for faculty, administration, and students. Currently, while this type of education and training may be provided for through the use of professional block grand funds (under §41533 of the California Education Code, or the Jason Flatt Act), appropriation of those funds has been lacking. The CaiMHSA suicide prevention program funds may be able to fill this gap.</p> <p>We also continue to face significant barriers to providing volunteer facilitated suicide prevention education to our local high schools. Other agencies within the state have expressed to us that they have come up against similar obstacles. We know that stigma and silence play a large role in this, and believe that increased funding for suicide prevention education can help reduce that stigma, ultimately opening doors and saving lives.</p> <p>Through our work, we are also aware that there are many health and mental health professionals in our state with very little, inadequate, or outdated suicide prevention education and training. In reviewing the annual training provided in hospital settings, we believe that the current curricula (a general overview of suicide risk factors and or a handout that lists generic depressive signs) is not sufficient. When we have been asked to provide a more detailed, comprehensive educational program that includes practical guidance on how to help a patient at-</p>

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			<p>risk, the feedback from clinicians has been overwhelmingly positive. There continues to be myths and stigma that circulate even in a clinical setting, and this misinformation needs to be directly addressed through updated and easily accessible educational and training programs for professionals.</p> <p>Lastly, we continue to request additional awareness activities that address the needs of the bereaved after a suicide occurs and resources for this at-risk population.</p> <p>Thank you.</p>
7.	8/2/2012	Jessica van der Stad, Area Director, American Foundation for Suicide Prevention (AFSP)	<p>Hello -</p> <p>Please see the attached document regarding public comments for the implementation of the CA MHSA Prevention & Early Intervention Plan.</p> <p>If you have any questions, feel free to contact me.</p> <p>Thank you,</p> <p>Jessica</p> <p>Jessica van der Stad Area Director American Foundation for Suicide Prevention (AFSP) (760) 459-9959 Jvanderstad@afsp.org www.afsp.org</p> <hr/> <p>The San Diego Chapter of the American Foundation for Suicide Prevention (AFSP) supports the principles behind the proposed funding allocations for the CaiMHSA Statewide Prevention and Early Intervention Workplan.</p> <p>AFSP is the leading national not-for-profit organization exclusively dedicated to understanding and preventing suicide through research, education and advocacy, and to reaching out to people with mental disorders and those impacted by suicide. In support of this mission, the AFSP San Diego Chapter:</p> <ul style="list-style-type: none"> - Supports scientific research - Offers educational programs for high schools, colleges, and professionals - Educates the public about mood disorders and suicide prevention - Provides programs and resources for survivors of suicide loss and people at risk throughout San Diego County <p>AFSP San Diego stands ready to join CaiMHSA in implementing this important and lifesaving program. Thank you.</p>

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8.	8/3/2012	Sandra O. Poole, MPA, Assistant Director, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO)	<p>Good Afternoon Laura: Attached are REMHDCO’s public comment on the above referenced work plan. If you have any questions, please feel free to contact me at the number below.</p> <p><i>Sandra O. Poole</i> Sandra O. Poole, MPA Assistant Director Racial and Ethnic Mental Health Disparities Coalition (REMHDCO) 1127 11th Street, Suite 925 Sacramento, CA 95814 (916) 557-1167 ext. 116</p> <hr/> <p>CalMHSA Attention: Laura Li George Hills Company 3043 Gold Canal Drive, Suite 200 Rancho Cordova, CA 95670-6394</p> <p>Re: CalMHSA Statewide Prevention and Early Intervention Implementation Work Plan Update – Public Comment</p> <p>Thank you for the opportunity to offer public comment on the CalMHSA Statewide Prevention and Early Intervention Implementation Work Plan Update. The Racial and Ethnic Mental Health Disparities Coalition (REMHDCO) is appreciative of the funding allocation principle contained in the work plan that includes strengthened racial, ethnic and cultural competency within existing projects. Because we represent many traditionally un-served and underserved racial, ethnic and cultural communities, it is crucial that priority be given to funding services to these communities,</p> <p>We are concerned however about the language in the recommendation to add a principle to “enhance capacity for data-driven decision making and contribute to the body of knowledge of emerging PEI best practices to improve student mental health, prevent suicide and reduce stigma and resulting discrimination” (emphasis added). The terminology “data-driven” clearly needs to be, at a minimum, defined and expanded to include community defined practices. Studies have suggested that despite countless efforts to improve data collection, state and county information systems often lack the resources and capacity to provide accurate, timely, and useful data for our communities. For a number of reasons, our communities are often not reflected in the data currently collected. Unless the definition of data-driven includes community define practices, our communities will continue to be underrepresented in decisions and policies to reduce stigma and discrimination in mental health services.</p> <p><i>Sandra Poole</i> Sandra Poole, MPA Assistant Director Racial and Ethnic Mental Health Disparities Coalition</p>

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9.	8/4/2012	Taisha L. Caldwell, PhD, Community Mental Health Program Manager - CalMHSA SMHI Grant, University of California, Office of the President	<p>Please see attached for input from the University of California, Office of the President.</p> <p>Dr. Taisha Caldwell</p> <p>-----</p> <p>Taisha L. Caldwell, PhD Community Mental Health Program Manager - CalMHSA SMHI Grant University of California, Office of the President Student Affairs 1111 Franklin Street, 9th Floor Oakland, CA 94607 Taisha.Caldwell@ucop.edu (510) 987-9353</p> <p>The University of California supports CalMHSA’s proposal to move a portion of the contingency reserve fund to support program activities. In line with the key principles for funding allocations, we are invested in our programming meeting the highest evidenced based performance standards and being sustainable past the end of our contract. Additionally, we are committed to contributing to the body of knowledge on prevention and early intervention strategies for college students. Current CalMHSA funding has ensured our ability to develop/enhance multiple resources including training protocols for students, faculty & staff, suicide prevention efforts, peer education, and social marketing across our UC campuses. An increase in our program activities budget would make the following initiatives possible:</p> <ul style="list-style-type: none"> • Currently we are able to develop, print, and distribute training protocols for students, faculty and staff in responding to students in distress. We are able to compliment these materials with live trainings to enhance their use and reach. With added funding, we would be able to ensure opportunities to develop these materials into electronic, on-line, and smart-device accessible resources, thus making them more accessible to our campus population and more transferable to our state and community college partners as we look share these resources with them. Electronic resources also increase accessibility of our program activities to our students and the greater community located in more remote/rural areas where certain opportunities are not readily available. Furthermore, electronic, on-line, and smart-device accessibility will also ensure the sustainability of these projects for years to come. • With current funding, we are able to provide select training opportunities for our campus clinicians to ensure their competence and adherence to best practices in providing direct service to our increasing number of diverse students including student veterans, LGBTQ students, foster youth, immigrant and undocumented students, and other marginalized groups. Additionally, we are able to enhance our understanding of the

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			<p>intersectionality of gender as it applies to these groups, learn advanced clinical techniques, and how to engage in ethical use of social media to reach these students. With additional support, we would be able to increase the number of trainings offered ensuring no need goes unmet, and we would be able to extend these trainings more readily to our CSU, CCC, and community partners. Additional funding would allow for the possibility of webcasting these trainings, further extending their reach beyond the end of our contract.</p> <ul style="list-style-type: none"> • Current funding has allowed the UC system to prepare a social marketing campaign to include PSA’s toward stigma reduction and discrimination. Increased funding would allow us to further enhance our stigma and discrimination reduction efforts with promotional products, incentives for student engagement, and increased outreach activities to address cultural differences in ways of connecting and healing. Furthermore, the UC system would be able to initiate cross-system efforts to change the public perception/culture on how mental health (particularly student mental health) is perceived and discussed in the media and by the general public. Increasing cross-system collaborations towards this end would help to promote non-judgmental and compassionate language for engaging in dialogue about mental health. • Current funding provides provisions for research on new programs initiated from the current CalMHSA contract including research collaborations across the state of California, contributing to the literature on prevention and early intervention strategies with college students. Research efforts will address the link between PEI strategies and direct service provided to our students to enhance public confidence in our approach and reduce stigma around participation in prevention efforts. Additional support would allow us to provide a platform to showcase this research including conferences on best practices in student engagement, peer education, etc. • Currently, all of our campuses provide free counseling, assessment, and referrals to students in need of mental health services. All of our prevention and early intervention strategies are aimed at ensuring students struggling with mental health issues receive services in a timely fashion. With success, this leads to an increase in demand on our direct clinical hours. Additional funding could provide for extended clinical hours, the offering of specialized counseling groups, the forging of new referral relationships, etc. to provide these direct services to our students.

