

**Status Report on CalMHSA Program
Funding, Evaluation Results, and
Sustainability**

**EACH
MIND
MATTERS**
California's Mental
Health Movement

**Mental Health Services Oversight &
Accountability Commission**

January 23, 2014

Wayne Clark, PhD, Board President,
California Mental Health Services Authority (CalMHSA)



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Presentation Goals

- **Status Report on:**
 - CalMHSA Program Funding
 - Initial Evaluation Progress and Findings in Stigma Reduction, Suicide Prevention, and Student Mental Health
 - Sustainability Planning
Next Steps and Q and A



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CalMHSA Mission

- Provide member counties a flexible, efficient, & effective administrative/fiscal structure focused on collaborative partnerships & pooling efforts in:
 - Development & Implementation of Common Strategies & Programs
 - Fiscal Integrity, Protections, & Management of Collective Risk
 - Accountability at State, Regional & Local Levels
- Current MHSA funds administered by the JPA:
 - Prevention & Early Intervention (PEI) Statewide Funds (Suicide Prevention, Stigma & Discrimination Reduction, Student Mental Health)
 - Training, Technical Assistance & Capacity Building
 - Workforce, Education & Training

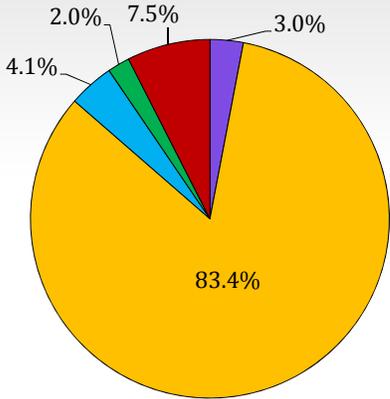


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MHSA PEI Statewide Funding at Work

Funding Allocated after CalMHSA Work Plan Amendment and Plan Update



Category	Percentage
Phase 1 Planning	2.0%
Program Funding	83.4%
Administration	4.1%
Contingency Reserve	7.5%
Evaluation	3.0%

Updated Work Plan Budget:
\$147,007,598



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CalMHSA Financial Audit

- Independent audit conducted; auditors issued an unqualified opinion for FY 2012 and 2013

Audited expenses	2012	2013
Program expenses	\$16,422,882	\$38,241,533
General & administration	\$750,093	\$1,150,716

- FY 2014 to date, program expenditures have increased significantly with full implementation; audited numbers are not yet available



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RAND Corporation: Statewide Evaluation

Through Evaluation Contractor, RAND Corporation, conduct thorough program evaluations:
 Goal, process, and outcomes-based evaluation and conducted at three levels:

1. Each of the 3 Initiatives (SP, SDR, and SMH)

funding

→

2. Individual programs (within the 3 initiatives)

There are 25 Program Partners

Deliverables

→

3. Overall CalMHSA effort, statewide



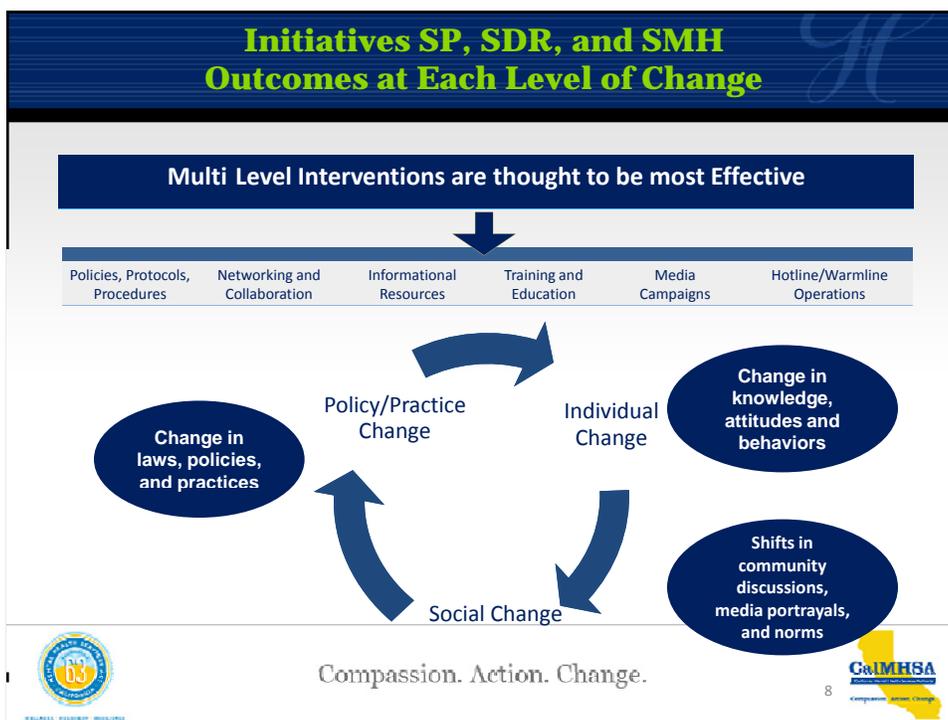
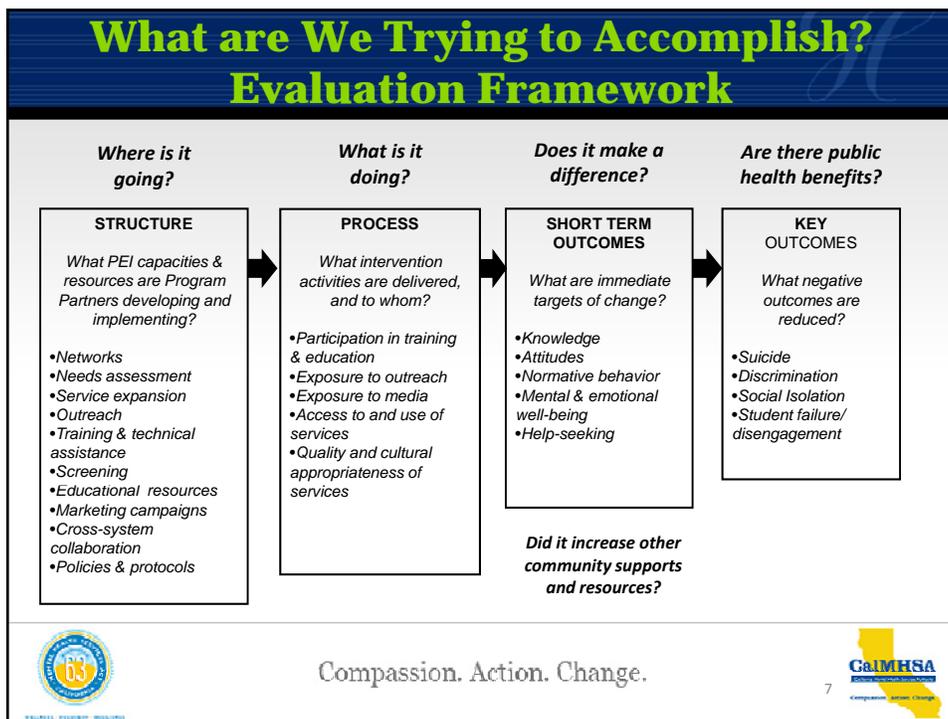
Tasks:

- Establish baselines and community indicators
- Promote continuous quality improvement efforts
- Identify innovative programs for replication
- Coordination and leveraging across PEI initiatives and programs
- Work with Program Partners on their own evaluation & quality improvement activities



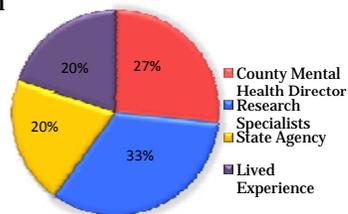
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Statewide Evaluation Expert (SEE) Team

- Provide research and evaluation guidance and consultation to CalMHSA programs and RAND
- Evaluation Principles:
 - Methods appropriate to the intervention model being used
 - Include measures of both process outcomes (implementation) and behavioral/health status outcomes (changes in participants)
 - A vehicle for program improvement and accountability and provide information for the potential replication
 - Findings contribute to the existing knowledge base on what works in the field of minority health
 - Practices aligned with best and promising practices



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Interim Evaluation Progress Report

- Baseline assessments of population risk factors and outcomes
 - Suicide rates in California
 - Statewide survey of general population
 - Higher education surveys (in progress)
- Early data on reach of activities
- Key documents available at: www.calmhsa.org/programs/evaluation



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Baseline Assessment: Suicide Rates in California

2008-2010:
Highest risk of suicide noted for
less dense, Superior Region of CA

Highest numbers of suicides in
more population dense counties:

Los Angeles (2,358 suicides)
San Diego (1,072 suicides)
Orange (809 suicides)
San Bernardino (649 suicides)
Riverside (611 suicides)

2008-2010, Age-Adjusted Suicide Rates by Region



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Baseline Assessment: Statewide Survey of General Population

- **Goals:**
 - Primary: Serve as a baseline measure of general population risk factors
 - Secondary: Early measure of exposure to CalMHSA PEI efforts.
- **Where possible, survey items were based on other large, population-based surveys.**
- **Survey Respondents:**
 - 2,001 California adults
 - Sample closely matches general population on sex, age, race, ethnicity, education, income, and employment



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Baseline Assessment: Statewide General Population Results

- Awareness
 - 73% agree that “people with mental illness experience high levels of prejudice and discrimination”
- Social Distance
 - 34% report being “unwilling to move next door” to someone with serious mental illness
 - 29% report being “unwilling to work closely on a job” with someone with a serious mental illness
- Perceived Dangerousness
 - 1 in 5 reported that violence towards others was somewhat or very likely for people with depression or PTSD, while nearly half thought so for people with schizophrenia



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Baseline Assessment: Statewide General Population Results

- Disclosure
 - 42% report probably or definitely concealing a mental health problem from coworkers or classmates
- Suicide Knowledge
 - While two-thirds of Californians generally think suicide is preventable, lack of knowledge seems greater in two groups * *Californians between 50-64 years of age * Black/African Americans*
 - 54% think “there are always warning signs before a suicide” is true
 - 34% think “women are more at risk of suicide than men” is false



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Baseline Assessment: Early Exposure to Primary Campaign Activities

Survey Item	% of CalMHSA General Population Survey Respondents
Seen or heard an advertisement for ReachOut.com	8%
Seen or heard an advertisement that has the slogan "Know the Signs" or "Pain Isn't Always Obvious" or "Suicide Is Preventable"	39%
Seen or heard an advertisement for SuicideIsPreventable.org	9%
Seen or heard the slogan or catch phrase "Each Mind Matters"	11%



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Baseline Assessment: Higher Education Surveys

- Goal: Serve as a baseline measure of:
 - Student mental health
 - School/campus environment as it relates to mental health
 - Student behavior and attitudes on mental health
- Respondents thus far are from 4 CCC and 4 UC campuses
 - University/college students (n = 6,309)
 - University/college faculty and staff (n = 3,025)
- 5-10 minute online survey, sent to all students, faculty, and staff at participating campuses



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Baseline Assessment: Higher Education Surveys

- Students
 - 20% of students met threshold score for having a mental health problem.
 - 75% of students had *not* used student counseling services.
- Staff/Faculty
 - 46% had “never” talked with a student about mental health problems in the past 6 months
 - 13% had talked with a student “many times”
 - 58% agree they are able to help students in distress get connected to the services they need



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Early Data on Reach of Activities

January - September 2013
Total reach of CalMHSA Program Partners:
292,431,400

Reach by intervention type:

- Directly Trained/Educated: **86,780**
- Directly Reached: **568,220**
- Media impressions or views: **290,832,620**
- Reached through Informational Resources: **943,780**



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Key Achievements at the Systems Level

- National Associated Press standards now support accurate reporting on mental health, supporting help-seeking behavior
- State K-12 educator credential standards now include training to improve early identification of at-risk students
- Across the state, suicide prevention hotlines now collect & compile common data elements to inform utilization patterns & gaps



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Examples of SDR Capacities Developed

- Toolkits, resources for various audiences (e.g., journalists, fact sheets on legal rights & responsibilities, Integrated Behavioral Health Toolkit)
- Trainings and educational programs for diverse audiences:
 - People with mental health challenges and their families, landlords, health providers, law enforcement, public defenders, employers, teachers and students, un/underserved populations, media training for journalism and entertainment professionals
- Resources developed: www.eachmindmatters.org, www.walkinourshoes.org & www.ponteenmizapatos.org; and enhanced www.reachouthere.com & www.buscaapoyo.com



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Examples of SP Capacities Developed

Social Marketing www.suicideispreventable.org, www.elsuicidiodoesprevenible.org Developed: television and radio spots, billboards, a media outreach toolkit, suicide prevention posters and brochures, websites; *Your Voice Counts* forum; Directing Change contest. Developed MY3 safety planning app: www.my3app.org



Hotlines/Warmlines:

- Established a new hotline in the Central Valley
- Established crisis chat/text counseling
- Expanded Spanish, Vietnamese, Korean language services
- Increased services to underserved populations
- Trained the community in ASIST & safeTALK



Statewide Call Volume of the 10 Crisis Centers Participating in the Common Metrics Program

Month	June	July	Aug	Sept	Oct
Volume	21,586	22,689	28,248	22,433	21,783



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Examples of SMH Capacities Developed

- Pre-K-12
 - County Consortia to promote best practices and provide training for educators, online clearinghouse www.regionalk12smhi.org
 - State policy workgroup resulted in credentialing standards
 - “Training Educators Through Recognition and Identification Strategies” (TETRIS) and Training for Trainers (TOT)
- Higher Education
 - Cross-campus advisory and collaborative groups
 - Online resources for faculty, staff & students
 - Trainings for faculty, staff, and students on suicide prevention/recognizing and responding to signs of distress



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Investments to Reduce Disparities

- Developed Culturally Adapted/Responsive SDR and SP social marketing campaign efforts
 - In-language materials and recent launch of Sana Mente (Spanish Language Each Mind Matters)
- Cultural Adaption of NAMI's *In Our Own Voice* Program
- Specialized Programs for Youth – Two-Way Texting Crisis and Support and Peer to Peer in Higher Education
- Cultural Responsiveness Training and TA for Program Partners
- Partnership with CRDP contractors on cultural considerations in SDR, SP and SMH efforts

Sana Mente
Movimiento de Salud Mental de California



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Evaluation Conclusions to Date

- Program Partners have been highly productive in developing building capacities
- Early information on reach is promising
- Short-term impacts cannot yet be determined
- Population-based surveys and suicide statistics provide baseline information for longer-term tracking
- Implementation of statewide, population-focused PEI strategy is challenging and ground-breaking
- Evaluation approaches and tools may be useful for county-level PEI efforts



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Evaluation Next Steps

- Very important studies of short-term outcomes (Summer 2014)
- Completion of baseline population studies
 - K-12 surveys
 - Mental health supplemental survey
- Ongoing evaluation of capacity development and reach
- Long-term outcomes assessed (Summer 2015)

Visit www.CalMHSA.org for up-to-date information and resources.



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What's Available

- **Key documents available at:**
www.calmhsa.org/programs/evaluation
- **RAND Interim Evaluation Publications**
 - [Suicide Prevention Fact Sheet](#)
 - [Stigma and Discrimination Reduction Fact Sheet](#)
 - [Student Mental Health Fact Sheet](#)
 - [Executive Summary](#)
 - [Suicide Prevention Summary](#)
 - [Stigma and Discrimination Reduction Summary](#)
 - [Student Mental Health Summary](#)



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What's Available

- **Evaluation Progress and Preliminary Findings**
 - [Executive Summary](#)
 - [Main Report](#)
 - [Appendices](#)
- **Literature Reviews**
 - [Stigma and Discrimination Reduction 01-02-13](#)
 - [Suicide Prevention 01-02-13](#)
 - [Student Mental Health 01-02-13](#)



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Evaluation: Foundation for Sustainability

Evaluation results will inform longer term investment in statewide prevention



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Sustainability

- April 2013: CalMHSA Board committed to sustain PEI Statewide Projects; formed Sustainability Taskforce
 - Taskforce Goal: Provide guidance on the programmatic elements of a PEI Statewide Project Sustainability Plan and vet milestones of this plan prior to presentation to the full Board
- August 2013: CalMHSA Board adopted criteria by which to assess programs for sustainability
- Facilitate public input through ongoing meeting presentations and public comment
- Utilize Advisory Committee (composition: 50% community stakeholders) as key feedback venue



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Criteria for Rating Current Projects for Sustainability

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



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Sustainability

December 2013- CalMHSA Board Adopted Phase One Sustainability Plan:

- Continue CalMHSA PEI Statewide Work Plan for 1 year (July 2014 – June 2015)
- Sustain necessary activities, key prevention infrastructure
- Further integrate, leverage with existing local efforts

Activity	Start Date	End Date	Phase
Current SWP Implementation Work Plan	July 2014	July 2015	Evaluation
Phase 1 Sustainability	July 2014	July 2015	Implementation
Phase 2 Sustainability	July 2014	2015—2020	Implementation Planning (Yellow) / Implementation (Green)

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Sustainability

Benefits of adopting a one year continuation plan:

- Initial start-up costs invested can now deliver services more efficiently
- Minimal to no additional investment needed
- Allows more time for additional evaluation data to inform future board decisions on effectiveness of statewide activities/programs and continuous planning
- Providing program partners with an opportunity to build case statements and seek alternative funding for continuation of program activities
- Ensuring county administration and oversight of statewide PEI programming through CalMHSA
- Continuation of the vision of Statewideness for California leadership
- Collaboration with local efforts to fill gaps and maximize impact

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Sustainability

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

- New Plan will consider new statewide activities as well as those currently implemented,
- New Plan will explore diverse funding options, including MHPA funds, other public and/or private funding streams for sustaining the plan,
- Local stakeholder process will determine whether MHPA PEI funds are assigned to CalMHSA
- Existing Sustainability Taskforce will continue to oversee plan development,
- Advisory Committee, Board and stakeholders will continue to provide feedback during development of the New Plan.



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Sustainability

- **January 2014: CalMHSA Funding Taskforce created to consider funding options**
- **Future funding to include diverse sources:**
 - Private
 - Public (Federal, State and local)
 - Match from partners (conceptual at this time)
- **Board action is pending further discussion at upcoming Advisory Committee and Board meetings**



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Next Steps

- CalMHSA Board to consider:
 - Spring 2014
 - Funding options for short- and long-term
 - Prioritizing current activities for Phase One based on adopted criteria (for presentation to Advisory Committee and possible future board action)
 - Summer 2014
 - Draft Phase Two Plan for public comment
 - Revised draft to CalMHSA Board for action



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Q & A

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