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

Mental Health Services Oversight & Accountability Commission

January 23, 2014

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


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
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

MHSA PEI Statewide Funding at Work

Funding Allocated after CalMHSA Work Plan Amendment and Plan Update

- Phase 1 Planning: 2.0%
- Program Funding: 7.5%
- Administration: 3.0%
- Contingency Reserve: 4.1%
- Evaluation: 83.4%

Updated Work Plan Budget:
$147,007,598
CalMHSA Financial Audit

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

<table>
<thead>
<tr>
<th>Audited expenses</th>
<th>2012</th>
<th>2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program expenses</td>
<td>$16,422,882</td>
<td>$38,241,533</td>
</tr>
<tr>
<td>General &amp; administration</td>
<td>$750,093</td>
<td>$1,150,716</td>
</tr>
</tbody>
</table>

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

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)
2. Individual programs (within the 3 initiatives)
3. Overall CalMHSA effort, statewide

Tasks:
1. Establish baselines and community indicators
2. Promote continuous quality improvement efforts
3. Identify innovative programs for replication
4. Coordination and leveraging across PEI initiatives and programs
5. Work with Program Partners on their own evaluation & quality improvement activities

What are We Trying to Accomplish? Evaluation Framework

Where is it going?

What PEI capacities & resources are Program Partners developing and implementing?

• Networks
• Needs assessment
• Service expansion
• Outreach
• Training & technical assistance
• Screening
• Educational resources
• Marketing campaigns
• Cross-system collaboration
• Policies & protocols

What is it doing?

PROCESS

What intervention activities are delivered and to whom?

• Participation in training & education
• Exposure to outreach
• Exposure to media
• Access to and use of services
• Quality and cultural appropriateness of services

Does it make a difference?

SHORT TERM OUTCOMES

What are immediate targets of change?

• Knowledge
• Attitudes
• Normative behavior
• Mental & emotional well-being
• Help-seeking

Are there public health benefits?

KEY OUTCOMES

What negative outcomes are reduced?

• Suicide
• Discrimination
• Social Isolation
• Student failure/disengagement

Did it increase other community supports and resources?

Initiatives SP, SDR, and SMH Outcomes at Each Level of Change

Multi Level Interventions are thought to be most Effective

<table>
<thead>
<tr>
<th>Policies, Protocols, Procedures</th>
<th>Networking and Collaboration</th>
<th>Informational Resources</th>
<th>Training and Education</th>
<th>Media Campaigns</th>
<th>Hotline/Warmline Operations</th>
</tr>
</thead>
</table>

Change in laws, policies, and practices

Policy/Practice Change

Individual Change

Change in knowledge, attitudes and behaviors

Shifts in community discussions, media portrayals, and norms

Social Change

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

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](http://www.calmhsa.org/programs/evaluation)
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)

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
### Baseline Assessment: Statewide General Population Results

<table>
<thead>
<tr>
<th>Category</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Awareness</strong></td>
<td>73% agree that “people with mental illness experience high levels of prejudice and discrimination”</td>
</tr>
</tbody>
</table>
| **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 |
| **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 |

*Compassion. Action. Change.*
Baseline Assessment: Early Exposure to Primary Campaign Activities

<table>
<thead>
<tr>
<th>Survey Item</th>
<th>% of CalMHSA General Population Survey Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seen or heard an advertisement for ReachOut.com</td>
<td>8%</td>
</tr>
<tr>
<td>Seen or heard an advertisement that has the slogan &quot;Know the Signs&quot; or &quot;Pain Isn't Always Obvious&quot; or &quot;Suicide Is Preventable&quot;</td>
<td>39%</td>
</tr>
<tr>
<td>Seen or heard an advertisement for SuicideIsPreventable.org</td>
<td>9%</td>
</tr>
<tr>
<td>Seen or heard the slogan or catch phrase &quot;Each Mind Matters&quot;</td>
<td>11%</td>
</tr>
</tbody>
</table>

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
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

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
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

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
Examples of SP Capacities Developed

Developed MY3 safety planning app: [www.my3app.org]

Hotlines/Warlines:
- 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

<table>
<thead>
<tr>
<th>Month</th>
<th>June</th>
<th>July</th>
<th>Aug</th>
<th>Sept</th>
<th>Oct</th>
</tr>
</thead>
<tbody>
<tr>
<td>Volume</td>
<td>21,586</td>
<td>22,689</td>
<td>28,248</td>
<td>22,433</td>
<td>21,783</td>
</tr>
</tbody>
</table>

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
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

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
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.

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
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

Evaluation: Foundation for Sustainability

Evaluation results will inform longer term investment in statewide prevention
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

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
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

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

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 MHSA funds, other public and/or private funding streams for sustaining the plan,
• Local stakeholder process will determine whether MHSA 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.

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
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

Q & A

Wayne Clark, PhD
Behavioral Health Director, Monterey County
Board President, CalMHSA
clarkww@co.monterey.ca.us
(831) 755-4580
www.calmhsa.org

John E. Chaquica, CPA, MBA, ARM
Executive Director, CalMHSA
john.chaquica@calmhsa.org
Toll Free: (855) CA-MH-JPA (226-4572)
www.calmhsa.org

Ann Collentine, MPPA
CalMHSA Program Director
Student Mental Health
Ann.Collentine@calmhsa.org
(916) 859-4806
www.calmhsa.org

Stephanie Welch, MSW
CalMHSA Senior Program Manager
Stigma and Discrimination Reduction
Stephanie.welch@calmhsa.org
(916) 859-4816
www.calmhsa.org

Sarah Brichler, MEd
CalMHSA Program Manager
Suicide Prevention
Sarah.brichler@calmhsa.org
(916) 859-4827
www.calmhsa.org