



## **PEI STATEWIDE PROGRAMS APPROVAL SUMMARY**

### **California Mental Health Services Authority (CalMHSA) PEI Statewide Implementation Work Plan: Suicide Prevention, Stigma & Discrimination Reduction, & Student Mental Health**

**Total Requested for PEI Plan: \$129,399,879**

- Total Program Budget: \$107,538,112
- Indirect Administrative Costs: \$10,215,780<sup>1</sup>
- Operating Reserve: \$11,645,987

**Total Available Assigned Funds as of January 14, 2011: \$123,821,385**

**Staff Recommends: APPROVAL up to the available assigned funds**

#### **Review History:**

- CalMHSA Submitted Work Plan: November 18, 2010
- MHSOAC Review Team Meeting: December 8, 2010
- MHSOAC Letter Requesting Additional Information: December 15, 2010
- Conference Calls with CalMHSA to Review Feedback: December 10, 2010; December 21, 2010; December 30, 2010; January 3, 2011; January 4, 2011
- Revisions from CalMHSA: January 5, 2011
- MHSOAC Vote regarding Plan Approval: January 27, 2011

**Duration:** One-time PEI Statewide funds to build system infrastructure, expand community capacity, create new knowledge, and develop needed resources. Unexpended Fiscal Year (FY) 2008/09, FY 2009/10, and FY 2010/11 PEI Statewide Funds are subject to reversion on July 1, 2013. Unexpended FY 2011/12 PEI Statewide Funds are subject to reversion on July 1, 2014.

#### **Background on CalMHSA:**

The California Mental Health Services Authority (CalMHSA), a Joint Powers Authority (JPA) acting on behalf of member counties, is administering three PEI statewide programs (Suicide Prevention, Stigma & Discrimination Reduction, and the Student Mental Health Initiative) for the counties that have assigned funds. A contract between the JPA and Department of Mental Health (DMH) allows CalMHSA to develop and implement the PEI statewide programs in accordance with the guidelines issued by the Mental Health Services Oversight and Accountability Commission (MHSOAC) and on

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<sup>1</sup> Additional Evaluation costs of \$10,215,781 are already included in the three CalMHSA program budgets.

behalf of counties which have assigned their funds. The following counties have assigned funds as of January 14, 2011:

#### COUNTY ASSIGNMENTS

BUTTE	LAKE	MONTEREY	SANTA BARBARA	STANISLAUS
COLUSA	LOS ANGELES	ORANGE	SANTA CLARA	TRINITY
FRESNO	MADERA	PLACER	SANTA CRUZ	VENTURA
GLENN	MARIN	RIVERSIDE	SISKIYOU	YOLO
HUMBOLDT	MENDOCINO	SACRAMENTO	SOLANO	
IMPERIAL	MERCED	SAN DIEGO	SONOMA	
KERN	MODOC	SAN LUIS OBISPO	SAN BERNARDINO	

#### Summary of Stakeholder Process for Development of Work Plan:

CalMHSA's work plan is built upon the previous state level stakeholder process that was conducted over a two year period by the DMH and MHSOAC, and which resulted in the three State Strategic Plans on suicide prevention, stigma and discrimination reduction, and the student mental health initiative. On July 7, 2010, CalMHSA began a 52-day stakeholder process to seek stakeholder input on the selection of the priority recommended actions from the state strategic plans to be implemented at the State level. A CalMHSA Implementation Ad Hoc Committee held several teleconference calls for the selection of the final recommended actions. Various statewide stakeholder organizations and stakeholders participated in these calls and provided comments on various drafts of the work plan, and the final selected priorities were based on this stakeholder input.

In December 2010, after submission of the work plan to the MHSOAC, CalMHSA conducted focus groups with stakeholders to help develop the scopes of work for the Request for Proposals (RFPs) that CalMHSA plans to issue for implementation of all proposed programs. In addition to its specific program focus, all selected contractors will be required to address how their plan addresses all three program areas.

#### Proposed PEI Statewide Programs:

##### 1) Suicide Prevention Programs: \$26,884,529 (25% of Total Program Budget)

- **A Suicide Prevention Network** will serve as a focal point for statewide activities; establish partnerships across systems and disciplines; convene working groups; develop and disseminate resources; promote programs across the lifespan that reduce or eliminate service gaps to underserved racial and ethnic populations; and implement educational, promotional and best practice strategies to prevent suicide in California. \$2,271,743.
- **The Regional and Local Suicide Prevention Capacity-Building Program** will expand the number and capacity of accredited local suicide prevention lines. This program will also require that each agency operating a warm or hotline join a consortium of publicly funded Suicide Prevention Call Centers. \$10,600,569.
- **The Social Marketing Suicide Prevention Campaign Program** will raise public awareness that suicide is preventable and will promote help-seeking behavior by improving media portrayal of mental illness through age, gender, regional and culturally sensitive electronic and print media messages and media education. \$11,737,785.

- **The Suicide Prevention Training and Workforce Enhancement Program** will develop and implement service and training guidelines to promote effective and consistent suicide prevention practices, including early identification of suicide risk, referral, intervention and follow-up care for service providers including, but not limited to first responders, health services professionals, Adult and Juvenile Justice System Corrections intake staff, credit counselors and outplacement personnel, and Family Law system personnel. The development of a program curriculum to target professionals across systems and disciplines will also connect to the student mental health higher education initiative. \$1,137,216.
- **The Suicide Prevention Evaluation and Accountability Program** will improve data collection, surveillance and program evaluation and launch a research agenda to design responsive policies and effective programs to reduce the impact of suicide in diverse populations. \$1,137,216.

**2) Stigma and Discrimination Reduction Programs: \$40,326,792 (37.5% of Total Program Budget)**

- **The Strategies for a Supportive Environment Program** will create public campaigns targeted at increasing public awareness that individuals at different points in their life experience various degrees of mental health from wellness to crisis and that persons living with mental health challenges have resilience and the capacity for recovery. In addition, a consortium will be formed to conduct an assessment of current Stigma and Discrimination Reduction program capacity and gaps, recommend strategies to address those gaps, which use best practices, identify available resources, and help promote the values identified in the strategic plan. \$16,997,400.
- **The Values Practices and Policies Program** will promote awareness and changes in values, practices, policies and procedures across systems and organizations to encourage respect for and recognitions of the rights of individuals identified with mental health challenges. The primary focus will be on training and technical assistance to reduce stigma and discrimination by changing behaviors and attitudes of people in various systems. Examples of activities include systematic reviews to identify discriminatory language; the provision of services in non-traditional, non-stigmatizing settings; the promotion of integration of mental health, primary health care, and social services; the education of employers; and the development of standards for social marketing campaigns. \$16,848,782.
- **The Promising Practices Program** will increase knowledge of effective and promising programs and practices that reduce stigma and discrimination. The program will identify already existing effective practices, evaluate their impact on reducing stigma using methods that include community-led approaches, and build a Resource Directory of promising practices. \$3,253,213.
- **The Advancing Policy to Eliminate Discrimination Program** will work with individuals with lived experience on reviewing how existing policies, laws and regulations are being implemented and enforced and work to advance policies which eliminate discriminatory practices. Activities will reflect the development of policies and mechanisms within the criminal justice system to meet the needs of individuals with mental health challenges. \$3,227,397.

### 3) Student Mental Health Programs: \$40,326,791 (37.5% of Total Program Budget)

- **The University and College Student Mental Health Programs (UCSMHP)** will implement training, peer-to-peer support, and suicide prevention within each of the three California higher education systems: University of California (UC), California State University (CSU) and California Community Colleges (CCC). A consortium of experts and stakeholders will guide the collaboration between the higher education systems and county mental health and ensure the coordination of activities with the other initiatives. \$22,865,084 (\$7,621,695 for each system).
- **The Kindergarten to 12<sup>th</sup> Grade (K-12) Student Mental Health Program-Superintendent Regions** will provide school-based programs, systems and policy developments, education and training and technical assistance in school districts. The long-term goal is that programs established in each of California's eleven Superintendent Regions will develop policies and practices to ensure effective/non-duplicative referral of students between districts, foster care systems and county mental health departments. \$16,461,707.
- **The K-12 Statewide Policy Coordination Program** will include establishing and sustaining an infrastructure for addressing systems and policy issues across regional programs. A K-12 Student Mental Health Policy Workgroup will also be established for oversight and coordination of K-12 programs being implemented in each of the Superintendent Regions. \$1,000,000.

### 4) Indirect Administrative Costs: \$10,215,780<sup>2</sup>

### 5) Operating Reserve: \$11,645,987

#### Critical Issues Identified by the MHSOAC Review Team:

- **Stakeholder Involvement:**

The work plan lacked description of stakeholder involvement representing unserved and underserved racial/ethnic/cultural groups, clients, and family members in the continued development, implementation, and evaluation of this work plan.

**CalMHSA Response:**

- CalMHSA's Implementation Ad Hoc Committee revised its scope of responsibilities to include stakeholder input throughout implementation of this work plan.
- In addition, two proposals are being considered for likely adoption by the CalMHSA Board:
  1. A Statewide Coordination Workgroup (SCW) with membership from Consortiums of Suicide Prevention Specialists, Student Mental Health (Higher Education and K-12), and Stigma and Discrimination Reduction; Regional Collaborations; and a Statewide Panel of Subject Matter Experts. A K-12 Student Mental Health Policy Workgroup will also be established

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for oversight of K-12 programs across Superintendent Regions, and a representative of this workgroup will participate in the overall SCW.

2. A Statewide Panel of Subject Matter Experts (SPSME) will convene experts from ethnic and cultural groups, consumers, family members, and other content specialists through all phases of implementation.

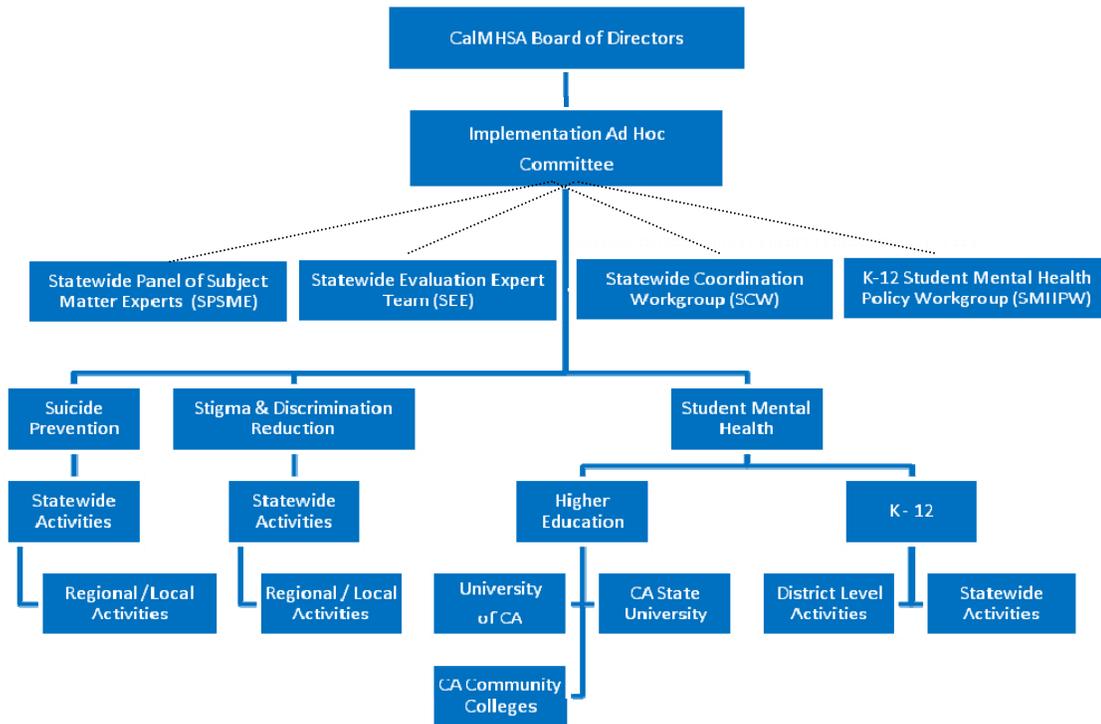
- **Statewide Impact, System Infrastructure and Capacity:**

The work plan did not specify how the various local activities or regional approaches will have a statewide impact and how all the RFPs will be coordinated among the various entities that results in programs that have a statewide impact and develop system infrastructure. Specifically, there were concerns of how programs will complement and enhance existing efforts (including local PEI efforts and the Office of Suicide Prevention activities) to prevent duplication in order to maximize the statewide impact of these funds and to expand current capacity. The work plan did not state how CalMHSA will oversee this coordination at a statewide level.

***CalMHSA Response:***

- CalMHSA will serve as a centralized administrative body to oversee the ongoing delivery of these statewide programs and provide for the identification and coordination of already initiated local mental health prevention efforts (such as the San Diego Anti-Stigma Campaign) with that of local communities in other regions across the State, enabling the maximized use of resources through administrative cost-sharing and other efficiencies.
- The proposed Statewide Coordination Workgroup consisting of various representatives will help oversee coordination of these programs. CalMHSA intends to work with the Office of Suicide Prevention to ensure there is a single point of contact and central point of dissemination for information, resources, and data.
- Figure 1 illustrates CalMHSA's proposed infrastructure.

Figure 1: CalMHSA Statewide PEI Mental Health and Wellness Initiative Overview



• **Evaluation:**

The work plan included proposed deliverables, outcomes, and goals for some programs, but there were no mechanisms or methodology to evaluate the statewide impact of these programs.

**CalMHSA Response:**

- CalMHSA will establish a Statewide Evaluation Expert (SEE) Team to develop measurable performance standards, promote quality and improve statewide data collection activities. Primary partners include the MHSOAC Evaluation Committee, DMH Office of Suicide Prevention, CalMHSA Statewide Panel of Subject Matter Experts, and California Mental Health Directors Association (CMHDA) Mental Health Services Act (MHSA) Committee.
- Two Phases of evaluation are proposed:
  1. Phase One to primarily establish baseline data points and develop measures and methods to assess and review progress.
  2. Phase Two to examine progress towards the original goals of the various programs, including their effectiveness and impact.

• **Program Description:**

The program descriptions lacked details and did not address how the programs further the goals and strategies of the State Strategic Plans.

***CalMHSA Response:***

Additional details were provided for each program, including the scopes of work gathered from the information gathering sessions held with stakeholders in December 2010 and measurable outcomes.

- **Budget:**

The budget detail lacked rationale that supported the proposed budget for each program.

***CalMHSA Response:***

Budgets were provided with further explanation. CalMHSA plans to release RFPs for all programs.