

**CalMHSA Staff Recommendations for
County PEI Funded Activities in Phase II
FY2015-17**

*Presented to the CalMHSA Board of Directors on
December 11, 2014*

I. BACKGROUND

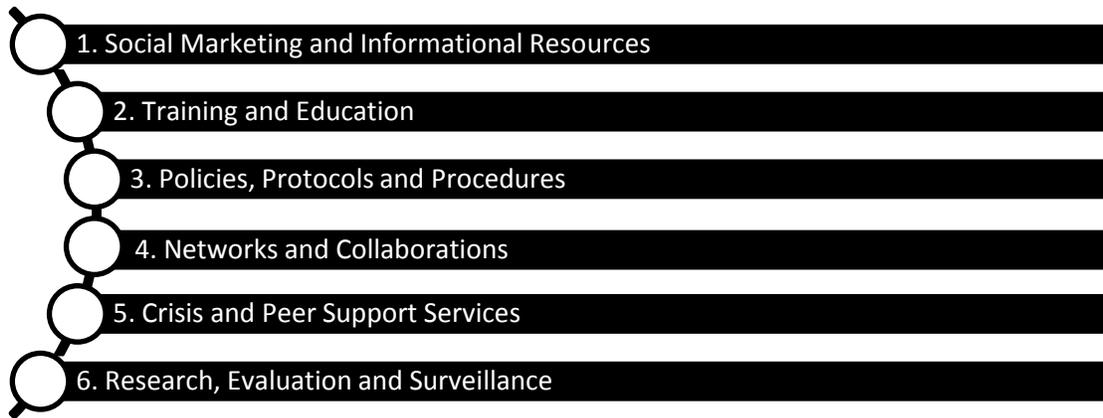
The Phase Two Strategic Plan for Statewide PEI Projects was approved by the CalMHSA Board of Directors on August 14, 2014. The Plan was approved based on the understanding that the document would serve as a guiding framework for several years into the future and that portions of the Plan would be implemented as funding becomes available. The Plan will require a phased approach and diverse sources of funding. Significant contributions from county PEI allocations of at least five-percent annually, on average, from each county will be important to partially meet the financial goal of an estimated \$20 million annually in order to fully implement the Plan. Other funding sources that will need to be considered to raise the balance of the funds are fee-for-service, government and private foundation grants, and federal and state funding streams. It will be necessary to require applicants to demonstrate their ability to secure matching funds in order to be competitive in the contract bidding process. Based on this context, this document presents CalMHSA Staff's recommendations for the best use of those county contributions for FY2015-1017.

The Phase Two Strategic Plan was developed as a result of input from numerous stakeholders including the CalMHSA Statewide PEI Projects Phase II Sustainability Steering Committee members from local, state and national organizations with diverse expertise in the areas of mental health, substance use, public health, and education, consumers and family members, underserved ethnic and cultural groups, youth, older adults, community clinics, community-based organizations, faith-based organizations, foundations, health plans, research and surveillance institutions, public colleges and universities, county and state government agencies, statewide offices, state legislative officials, and national policy advocacy groups. The Phase Two Plan was developed with considerable input from counties and designed to support and enhance local PEI work through a comprehensive set of strategies and activities that would be unduplicated at the local county level and more efficient and cost-effective to conduct at a statewide level. The full Phase Two Strategic Plan approved by the CalMHSA Board of Directors can be found on the CalMHSA website with the following link: http://calmhsa.org/wp-content/uploads/2014/10/8D1_Final-Phase-Two-Plan1.pdf

Diagram 1 below lists the six strategies from the Phase Two Plan. Staff's funding recommendations are as a result of examining all six strategies against a set of guiding

questions, as well as input and direction received from the CalMHSAs Sustainability Taskforce and Finance Committee.

Diagram 1. Six Strategies from the Phase Two Strategic Plan



In order to identify these priority areas for immediate funding using county contributions, Staff considered a range of important guiding questions that are listed below. These questions were developed based on the criteria that was originally adopted by the CalMHSAs Board in August 15, 2013, and used to evaluate and determine which of the current projects would be continued in Phase I. These questions cover nine important areas such as: “statewideness”; regional value; builds on initial investment; improves health equity (important to continue exploring practices that work better in various racial, ethnic and cultural communities); timeliness (especially in the Health Care Wellness Area); economic value (in terms of procurement of quality materials and media buys at significantly lower cost); feasibility and potential for impact in current funding environment (that is, significantly less money than the initial investment and over a shorter period of time); and potential for other funding sources.

Guiding Questions for Determining Immediate Funding Using County Contributions

- a) *Is the strategy critical for creating a publicly identifiable branded and comprehensive statewide movement for promoting mental health wellness and suicide prevention?*
- b) *Is the strategy critical to enhancing the impact of local PEI activities, including the work being done in small counties?*
- c) *Does the strategy build on past work? For instance: Does it capitalize on resource materials already developed from the original investment? Is it critical to sustaining the gains from the original investment? Will a gap in funding have a detrimental impact to progress and impact already achieved? Is it essential for demonstrating long-term outcomes and benefits of PEI activities?*

- d) *Is the strategy critical to improving health equity?*
- e) *Would timely action (i.e., implementation) be critical for leveraging new funding or partnering opportunities?*
- f) *Is there significant economic benefit (i.e. economies of scale) from procurement at a state-level?*
- g) *Is it feasible to implement and is there potential for significant impact given the current funding environment?*
- h) *Are there alternative funding sources that should be seriously considered prior to committing the use of county funds?*

II. RECOMMENDATIONS FOR IMMEDIATE FUNDING

This section presents CalMHSAs Staff’s recommendations for immediate funding using county PEI contributions. In this section, we first list which strategies and wellness areas from the Phase Two Strategic Plan are included in the recommendations, followed by a description of the RFPs and an explanation of how strategies not fully funded with county funds will still be addressed. Funding for RFPs will be dependent upon available funding. The recommendations presented here are based on a targeted funding goal of \$10M per year for FY 15/16 and FY 16/17. In the event that this funding goal is not met, then the RFPs will have to be reduced and/or combined.

County PEI Funded Activities:

Staff recommends the use of FY2015-2017 County PEI funds to support:

- Strategy 1 (Social Marketing and Informational Resources), Strategy 2 (Training and Education), Strategy 3 (Policies, Protocols and Procedures) and Strategy 4 (Networks and Collaborations) for the Workforce, Schools, Health Care and Diverse Communities Wellness Areas;
- Strategy 5 (Crisis and Peer Support Services) for the Diverse Communities Wellness Area only; and
- Strategy 6 (Research, Evaluation & Surveillance) for the Workplace, Schools, Health Care and Diverse Communities Wellness Areas.

This set of recommendations includes all six strategies and all four wellness areas that were approved within the Phase Two Strategic Plan. In Table 1 below, the specific strategies and wellness areas that are being recommended for county PEI funding are indicated with a check mark.

Table 1. Summary of Staff Recommendations for County PEI Funding*

STRATEGIES	WELLNESS AREAS												
	Workplace	Schools	Health Care	Diverse Communities									
Strategy 1. Social Marketing & Informational Resources (highest priority)	√	√	√	√									
Strategy 2. Training & Education (third highest priority)	√	√	√	√									
Strategy 3. Policies, Protocols & Procedures (second highest priority)	√	√	√	√									
Strategy 4. Networks & Collaborations (highest priority)	√	√	√	√									
Strategy 5. Crisis & Peer Support Services (fourth highest priority)				√									
Strategy 6. Research, Evaluation & Surveillance (automatically 5% of total based on the approved allocation)	√	√	√	√									
<p>*assumes that Total CalMHSA Phase Two Funding will be allocated as follows:</p> <table> <tr> <td>Evaluation</td> <td>5%</td> <td>(external evaluation of CalMHSA PEI Statewide Programs)</td> </tr> <tr> <td>Administration</td> <td>15%</td> <td>(legal, audit, insurance, indirect administrative staffing)</td> </tr> <tr> <td>Program</td> <td>80%</td> <td>(program contracts, contract management, legal)</td> </tr> </table>					Evaluation	5%	(external evaluation of CalMHSA PEI Statewide Programs)	Administration	15%	(legal, audit, insurance, indirect administrative staffing)	Program	80%	(program contracts, contract management, legal)
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Program	80%	(program contracts, contract management, legal)											

The funding allocations indicated at the bottom of Table 1 were reviewed and accepted by the CalMHSA Sustainability Taskforce and Finance Committee. As it was stated earlier in this document, all contractors will be required to provide a match, both cash and non-cash. Staff will work with the CalMHSA Sustainability Taskforce to define what qualifies as a match and determine the exact percentage required.

Staff recommends issuing four RFPs by January 31, 2014. The four RFPs in ranked order and with estimated allocation of available program funding are:

- 1) RFP 1. Effectively Reaching and Supporting California and its Diverse Communities to Achieve Mental Health and Wellness. (55% of available funding)

- 2) RFP 2. Creating Healthier Organizations and Communities through Policy Change. (10% of available funding)
- 3) RFP 3. Training and Education to Increase Awareness of Mental Health, Substance Use and Suicide Prevention. (30% of available funding)
- 4) RFP 4. Crisis and Peer Support Strategies for Underserved Communities. (5% of available funding)

Appendix B. provides a general description of the four proposed RFPs. Further refinement of the RFPs and the necessary changes in the event of reduced funding for the RFPs will be performed by Staff under the guidance of the CalMHSA Sustainability Taskforce.

Non-County Funded Activities:

Due to the limited funding available, Staff is recommending that workplace activities be minimally funded using county funds and will require a high cash match from contractors. Staff sees promise that such programs could continue through a fee-for-service funding model such as employers or employee assistance programs paying the cost for trainings and resource materials or through other funding sources. In the event that the funding goal is exceeded, the level of match could be reduced accordingly.

Staff saw opportunities for CalMHSA to be able to address Strategy 5 (Crisis and Peer Support Services) for the Schools and Health Care Wellness Areas through other Strategies. For example, through Strategies 1 and 2, CalMHSA could support those that are providing crisis and peer support services to high suicide risk subgroups within those other Wellness Areas (e.g., Friendship Lines) by continuing to raise public awareness and knowledge of the warning signs of suicide, delivering training and education, and supporting the outreach and dissemination of diverse informational resources to those service providers. Through Strategy 3, gaps in policies, protocols and procedures could be addressed to improve practice such as addressing challenges in accessing and using timely data. Finally, through Strategy 4, CalMHSA could play a statewide role in convening service providers to share practices, and to explore which practices would work better for various diverse communities.

Regarding Strategy 6 (Research, Evaluation and Surveillance), staff recommends using 5% of funds for continuing the external evaluation (as noted in Table 1). Contractors will be required to submit predetermined quantitative and/or qualitative data to the external evaluators. If the contractor(s) plans to conduct an internal program evaluation, this is welcomed, however it would need to be funded from other sources.

III. OUTCOMES

This section summarizes the outcomes that are expected to be impacted by this partial implementation of the Phase Two Plan. Appendix A, found at the end of this document, is the logic model from the Phase Two Plan. The logic model articulates eight short-term outcomes covering a set of knowledge, skills, attitudes, beliefs and practices that are expected to lead to ten long-term outcomes. The long-term outcomes reflect broader changes in levels of resilience and functioning and the public health benefits measured at the population level.

Presented here is a list of the eight short-term outcomes from the Phase Two Plan.

List of Short-term Outcomes (SO)

- **SO 1.** Increased knowledge and skills for recognizing signs and facilitating help-seeking
- **SO 2.** Decreased stigma against persons with mental health and/or substance use challenges
- **SO 3.** Increased adoption/use of materials and protocols
- **SO 4.** Increased early identification and intervention
- **SO 5.** Increased access to peer-based support and education
- **SO 6.** Increased access/use of PEI, treatment and support services
- **SO 7.** Increased understanding of suicide risk factors
- **SO 8.** Increased understanding of effectiveness of PEI strategies

Based on the logic model for the Phase Two Plan, Strategies 1, 2, 3, 4 and 5 are expected to produce positive changes in SO1 through SO6 – that is, six of the eight short-term outcomes. These short-term outcomes are highlighted in Appendix A.

This next list is the ten long-term outcomes from the Phase Two Plan.

List of Long-term Outcomes (LO)

- **LO 1.** Reduced incidences of discrimination against persons with mental health and/or substance use challenges
- **LO 2.** Reduced social isolation and self-stigma
- **LO 3.** Improved mental and emotional well-being
- **LO 4.** Improved functioning at school, work, home/family, and in the community
- **LO 5.** Reduced impact of trauma
- **LO 6.** Reduced suicidal behavior
- **LO 7.** Reduced use of crisis services
- **LO 8.** Reduced negative consequences of untreated mental health and substance use challenges

- **LO 9.** Reduced societal costs related to untreated mental health and substance use challenges
- **LO 10.** Improved health equity

Given that the types of activities under Strategies 1, 2, 3, 4 and 5, focus more heavily on information dissemination and adoption of resource materials, Staff expects to see the most impact on: LO1, LO2, LO6, LO7, LO8 and LO10. These long-term outcomes are highlighted in Appendix A.

Finally, in Appendix C we have provided a preliminary list of indicators to be used to measure process, short-term and long-term outcomes. The Implementation Outcomes are equivalent to process indicators and are conceptually distinguished from Short-term Outcomes. The Evaluation and Surveillance Goals are process indicators specific to implementing an evaluation of statewide PEI projects.

Appendix A. Phase Two Plan Logic Model Adopted by CalMHSB Board of Directors



Appendix B. General Description of RFPs

Overview of All Four RFPs

For all RFPs, the following areas will be clearly defined: amount of funds to be awarded; anticipated number of awards; contractor qualities; scope of work, deliverables, and any requirements including but not limited to collaboration with counties; outcome indicators and evaluation reporting requirements; review process and scoring criteria; a timetable for award notification and protest period; and the processes and instructions for submitting questions and proposals. All proposers will be specifically required to describe how they will effectively reach diverse communities. In addition, all proposers will be asked to demonstrate their ability to secure matching funds in order to be competitive in the contract bidding process. Proposers for workplace activities will be asked to demonstrate a high cash match due to limited available funding.

RFP 1. Effectively Reaching and Supporting California and its Diverse Communities to Achieve Mental Health and Wellness.

The purpose of RFP 1 (Effectively Reaching California and its Diverse Communities to Achieve Mental Health and Wellness) is to further disseminate and support the local use of mental health and substance use awareness and suicide prevention tools and resources developed under the Each Mind Matters umbrella to effectively reach California and its diverse communities. RFP 1 further acknowledges that California's diverse communities include racial, ethnic, and cultural communities as well as other underserved, special populations. Some examples of special populations include LGBTQ, foster youth, veterans, older adults and individuals living with more than one disability. California's diverse communities have specific needs that warrant a tailored approach in order to maximize effectiveness. In some cases, such tailoring will involve developing new mental health and substance use awareness and suicide prevention tools and resources. In other cases, such tailoring will involve adapting or expanding existing tools and resources. This work is critical to being responsive to California's diverse communities, including special populations, and will ultimately result in strengthening the tools and resources that are currently available under the Each Mind Matters umbrella. In addition to supporting the momentum of Each Mind Matters with California and its diverse communities, RFP 1 focuses on utilizing schools (including preschools, K-12 and higher education), health care providers, and employers as partners for the dissemination of quality resource materials that are culturally responsive, linguistically appropriate, and tailored for the special populations that comprise California's diverse communities. The RFP is contains two components:

- 1) Social Marketing and Informational Resources – The Social Marketing and Informational Resources Component includes the implementation of a state-level social marketing program which builds upon existing investments to cost-effectively accelerate norm change at a population level by: using a range of already developed tools and resources such as social media, media products, print materials and others that are appropriate for the target audiences and promote consistent messaging statewide; continued enhancement of the Each Mind Matters website; and the active refinement and/or development of new materials that are

meaningful and useful to California's diverse communities, including special populations, which require tailored and targeted approaches.

- 2) Networks and Collaborations – The Networks and Collaborations component includes the partnering with existing, as well as fostering new, networks and collaborations to influence policy related to the adoption of Each Mind Matters tools and resources. In addition, existing and new networks and collaborations will facilitate the creation, dissemination, and local use of tools and resources for California's diverse communities.

RFP 2. Creating Healthier Organizations and Communities through Policy Change

The purpose of RFP 2 (Creating Healthier Organizations and Communities through Policy Change) is to identify and support policy changes that will result in greater adoption of mental health and substance use awareness and suicide prevention practices within organizations, in local communities and at a state-level. RFP 2 focuses on the schools (including preschools, K-12 and higher education), health care providers, and employers as partners due to their potential to reach broad segments of the population especially California's diverse communities, including special populations that are high risk. Reducing stigma related to mental health, substance use, and suicide will be an important part of this RFP with the goal of fostering environments that are more supportive of persons experiencing mental, emotional or behavioral health challenges.

RFP 3. Training and Education to Increase Awareness of Mental Health, Substance Use and Suicide Prevention

The purpose of RFP 3 (Training and Education to Increase Awareness of Mental Health, Substance Use and Suicide Prevention) is to further the awareness of mental health and substance use issues and of suicide prevention strategies among diverse communities in the schools (including preschools, K-12 and higher education), health care and workplace settings. Training topics to be addressed through this RFP will include: recognizing signs and symptoms of substance use and depression and warning signs of suicide risk; understanding how to assist those with mental health needs or who are at risk for suicide, and facilitate access to appropriate services; the use of positive messaging and non-stigmatizing language when discussing mental health and substance use disorders; the negative consequences of stigma (e.g., bullying behavior in the schools, poor self-management of chronic physical conditions in the health care setting, and reduced productivity in the workplace); the appropriate usage of already developed tools and resources (e.g., *Kognito*, *Ending the Silence*); adapting the use of already developed tools for high risk special populations (e.g., LGBTQ, veterans, foster youth); and where and how to seek help. Proposers will be expected to describe how they plan to collaborate with a diverse set of program partners in order to ensure that trainings are informed by individuals with lived experiences and appropriately tailored to California's diverse communities including racial, ethnic and cultural communities, including other underserved and/or high risk special populations. The majority of the funds allocated to RFP 3 will be awarded for the delivery of programming. A small set aside of up to \$150,000 will be used for a contract for the purpose of cataloguing individuals who have been trained to-date as trainers through initial MHSA funding investments (including investments that

have been made with local PEI and WET funds in addition to CalMHSA's investment), and for developing a sustainable fee-for-service model that can be fully implemented by January 2015. A separate RFI will be issued for this purpose.

RFP 4. Crisis and Peer Support Strategies for Reaching Underserved Communities

The purpose of RFP 4 (Crisis and Peer Support Strategies for Reaching Underserved Communities) is to develop and expand crisis and peer support strategies for California's diverse communities. RFP 4 further acknowledges that California's diverse communities include racial, ethnic, and cultural communities as well as other underserved, special populations. Some examples of special populations include LGBTQ, foster youth, veterans, older adults and individuals living with more than one disability. California's diverse communities have specific needs that warrant a tailored approach in order to maximize effectiveness (e.g., older adult friendship lines). The development of specifically tailored, peer-led crisis alternatives to better reach diverse communities is an imperative to reach high risk populations. This RFP will focus specifically on the wellness area of diverse communities and support the development and piloting of approaches that are most effective for racial, ethnic and cultural subgroups and special populations that are the hardest to reach and most underserved.

Appendix C. Preliminary List of Indicators

Implementation Outcomes (process outcomes)

- I-1. Broader dissemination of and greater exposure to PEI strategies among target audiences/populations
- I-2. Improved reach of PEI strategies to higher-risk and underserved populations, using strategies appropriate for culturally diverse communities
- I-3. Improved adoption of and adherence to evidence-based practices or best practices
- I-4. Improved organizational capacities to meet PEI implementation goals among organizations contracted to deliver PEI strategies (including training and maintaining staffing, reaching targeted PEI activity goals, and use of evaluation data in quality improvement processes)
- I-5. Increased coordination of PEI statewide strategies with other local PEI and treatment resources

Short-term Outcomes (expected changes in knowledge, attitudes, and behaviors among those directly exposed to PEI strategies)

- S-1. Increased knowledge and confidence for recognizing signs and facilitating help-seeking and use of appropriate treatment resources among those in a position to help
- S-2. Decreased attitudes and behavior reflecting stigma and discrimination against persons with mental health challenges
- S-3. Increased knowledge, attitudes and behavior reflecting peer-support of persons with mental health challenges
- S-4. Decreased distress and increased perceptions of support among those reaching out for help during a crisis, after a traumatic event, or experiencing other mental health challenges
- S-5. Increased experience of school climate being supportive of students experiencing mental health challenges

Long-term Outcomes (expected indirect and longer-term accumulating effects of broadly disseminated and high quality PEI strategies)

L-1. Increased social support and quality of life, reduced self-stigma, and reduced experienced discrimination among those experiencing mental health challenges

L-2. Increased awareness of, knowledge about, and willingness to seek help and/or appropriate treatment if experiencing mental health challenges

L-3. Increased use of treatment services and shorter delays in seeking treatment among those with mental health needs, and reduced racial and cultural disparities in unmet need for treatment

L-4. Improved community mental health, including improved mental and emotional well-being, reduction in suicide attempts and completed suicides, reduction in mental health related functional impairment, and reduction in trauma-related mental health challenges

L-5. Reduced use of emergency services as a mental health resource

L-6. Reduced negative consequences of mental health challenges, including school drop-out, unemployment, homelessness, and criminal justice involvement

Evaluation and Surveillance Goals

E-1. Organizations contracted to deliver PEI strategies systematically assess and report on implementation outcomes

E-2. External research contractor evaluates effectiveness of selected PEI strategies in achieving short-term outcomes, in collaboration with delivery organizations that assist in collection of short-term outcome data

E-3. External research contractor, in collaboration with CalMHSA and input from stakeholders, develops plan and options for surveillance and evaluation of long-term outcomes, and implements high priority components of that plan