



**California Mental Health Services Authority
(CalMHSA)**

California Quality Improvement Coordinators

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Monterey, California

Presented By: Wayne Clark, PhD
President, CalMHSA

CalMHSA—On a Mission



Mission
The mission of CalMHSA is to provide member counties a flexible, efficient, & effective administrative/fiscal structure focused on collaborative partnerships & pooling efforts in:

- Development & Implementation of Common Strategies & Program
- Fiscal Integrity, Protections, & Management of Collective Risk
- Accountability at State, Regional & Local Levels

Vision
CalMHSA serves California Counties and Cities in the dynamic delivery of mental health and supportive services. A nationally recognized leader, CalMHSA inspires the service community through its commitment to results and values. Successful statewide and regional programs enable the voice of many to be heard.

Purpose
Promoting Efficiency, Effectiveness and Enterprise among Counties and Cities

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CalMHSA—JPA Agreement/Purpose

Counties join CalMHSA through a JPA Agreement that specifies their purpose is to jointly develop and fund mental health services and educational programs.

Such Programs May Include, But Are NOT Limited To, the Following:

- Addressing Suicide Prevention
- Ethnic/Cultural Outreach
- Stigma/Discrimination Reduction Related to Mental Illness
- Student Mental Health/Workforce Training and Education
- Training, Technical Assistance, and Capacity Building
- Provision of Necessary Administrative Services

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CalMHSA—Membership

Month	Member/Quarter Count	Population Representation
July 2010	55	0.01%
July 2011	65	0.01%
January 2012	77	0.01%
January 2012	75	0.01%
May 2012	77	0.01%

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Statewide PEI Programs



Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Statewide Programs:

In eight months, CalMHSA went from Implementation Work Plan approval to releasing Requests for Proposals, awarding contracts, and has completed 25 contracts for the distribution and delivery of services of \$130 million in funds!

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PEI Statewide Initiatives

- Three Initiative/Program Areas:
 - Suicide Prevention
 - Stigma and Discrimination Reduction
 - Student Mental Health
- Programs conclude June 30, 2014
- Statewide Evaluation


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Suicide Prevention – Approved Programs

Program	Provider
1 Suicide Prevention Network Program	Didi Hirsch Community Mental Health Services
2 Regional Local Suicide Prevention Capacity Building Program	
A Ventura, San Bernardino, Riverside, Orange, San Diego, Imperial & Los Angeles	Didi Hirsch Community Mental Health Services
B San Luis Obispo, Santa Barbara & Kern	Transitions Mental Health Association
C Monterey & Santa Cruz	Family Services Agency of the Central Coast
D Marin, Sonoma, Napa, Lake, Mendocino & Solano	Family Services Agency of Marin
E San Francisco, Santa Clara, San Mateo & Contra Costa	San Francisco Suicide Prevention
F Sacramento, El Dorado, Placer, Yolo, Sutter/Yuba, Amador, Butte, Colusa, Glenn, Trinity, Humboldt, Siskiyou, Tuolumne, Calaveras & Modoc	Institute on Aging Center
G Fresno, Madera, Merced & Stanislaus	Kings View
3 Social Marketing	AdEase
4 Suicide Prevention Training Workforce Enhancement Program	LivingWorks


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Suicide Prevention – Intended Outcomes

- Increase # of accredited suicide prevention programs/call lines
- Reduce disparities in the availability, accessibility and quality of services for age, gender, region and racial, ethnic and cultural groups that have been historically underserved
- Increase # of articles and air time that media devotes to suicide prevention and improve adherence to suicide reporting guidelines
- Increase # of informed individuals of warning signs and how to seek appropriate and available help
- Increase # of local suicide survivor groups that have access educational and relevant suicide prevention materials that are age, region, gender and culturally and linguistically appropriate.
- Provide statewide training for recognition and referral of suicide warning signs that are culturally competent and age appropriate.
- Improve delivery of services by integrating crisis intervention systems, including physical health, mental health, substance abuse, aging and long term care, social services, first responders and emergency hotlines


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Student Mental Health - Outcomes

- Improved relationships between school systems, foster care systems and county mental health departments
- Increased access to and awareness of services, increased linkages with community resources
- Increased collaboration among the higher education to improve student mental health
- Increased identification of early signs of mental illness
- Increased school attendance, or performance
- Reduced incidents of suicide or suicide attempts
- Reduced stigma and discrimination

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Draft Implementation Work Plan Amendment

- Since the CalMHSA Implementation Work Plan was approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) in February 2011, 13 new counties and cities beyond those included in the original work plan have elected to participate in CalMHSA PEI statewide projects. To date, new participation has resulted in an additional \$7.7 million of assigned program funds for redistribution into new communities.

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Draft Implementation Work Plan Amendment

Principles for Funding Allocations

The primary principles driving the allocation of additional program funds are:

- Implement PEI projects in an expeditious manner.
- Strengthen local and regional capacity by ensuring new CalMHSA participants are included in funded activities.
- 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%.
- Consider the unique characteristics of communities participating in CalMHSA, including local factors such as capacity, population, and setting (rural, suburban, urban).
- DMH Information Notices No.: 08-25 and 10-06, "The goal... is to ensure that California maintains the significant and intended investment in the three program areas as originally intended."



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Draft Implementation Work Plan Amendment Recommendations

Suicide Prevention (SP): Increase by approximately \$1.9M (25% of \$7.7M).

Regional Local Capacity Building Programs:

- As new communities participate in CalMHSA, many regional SP providers are being asked to serve additional counties and/or cities. Augment regional programs to serve an expanded geographic and/or racial/ethnic/cultural and underserved population.



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Draft Implementation Work Plan Amendment Recommendations

Student Mental Health Initiative (SMHI):- Increase by approximately \$2.9M (37.5% of \$7.7M).

Higher Education: California Community Colleges (CCC):

- SMHI Higher Education funds were allocated equally to each system. The CCC serves a student population that is 6 to 11 times that of the California State University and University of California.

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Draft Implementation Work Plan Amendment Recommendations

Stigma and Discrimination Reduction (SDR): This amendment will set aside approximately \$2.9M (37.5% of \$7.7M) for Work Plan Amendment #2 (planned for Fall 2012).

- Nine out of 10 SDR projects are in the initial stages of implementation; the other project (SDR Program 2, Component 4) has been re-released for bid. It is recommended that program enhancements be delayed until Work Plan Amendment #2, so that they can be informed by implementation data.



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PEI Statewide Evaluation

Invests up to \$10 million to implement a complex multi-phase evaluation of all programs individual and collective impact to capitalize on the unique statewide investment in Student Mental Health, Suicide Prevention and Stigma and Discrimination Reduction.

To evaluate if the strategies of PEI Statewide Projects are effective in



- Preventing Suicides
- Improving Student Mental Health and
- Reducing Mental Health Stigma and Discrimination

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PEI Statewide Evaluation

Key objectives include:



- Establishing baselines and community indicators
- Conducting thorough program evaluations
- Identifying innovative programs for replication
- Promoting continuous quality improvement efforts

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PEI Statewide Evaluation



Statewide Evaluation Experts (SEE):

- SEE Launched in March 2012
- SEE represents 20 experts that support and guide PEI Statewide Projects Evaluation effort
- SEE members will liaison with CaMHSA program partners, as needed, to ensure support and success in evaluation

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Any Questions?



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Finance Summary

Implementation Plan Budget <small>(from January 27, 2011 MHSOAC approved Work Plan)</small>
\$129,399,879
Program Funds Received 9/20/2011
\$135,716,145
Program Funds Receivable as of 9/20/2011
\$375,680
Program Dollars Expended through 9/20/2011
\$1,500,000
Planning Dollars Expended Since 7/1/2009
\$2,243,437
Total Program Funds Assigned
\$136,090,825

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CalMHSA – We’re Here to Answer Questions

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