# Executive Committee Teleconference Meeting

## AGENDA

## January 25, 2011

## 4:00 p.m. – 5:00 p.m.

Teleconference Information:

**Call-In Information: 1-877-339-2412,**
**Conference Code: 8850044352**

# California Mental Health Service Authority (CalMHSA) Executive Committee Meeting Agenda

Tuesday, January 25, 2011

4:00 p.m. – 5:00 p.m.

**Call-In Information: 1-877-339-2412,**
**Conference Code: 8850044352**

George Hills Company
3043 Gold Canal Drive, Suite 200
Rancho Cordova, CA 95670

Teleconference Meeting Locations:

Glenn County
242 N. Villa Ave
Willows, CA 95988

Los Angeles County
550 S. Vermont Ave, 10th Floor
Los Angeles, CA 90020

Monterey County
1270 Natividad Road
Salinas, CA 93906

Orange County
405 W. 5th Street, Rm 726
Santa Ana, CA 92701

Placer County
11512 B Avenue
Auburn, CA 95603

San Bernardino County
268 West Hospitality Lane, Ste 400
San Bernardino, CA 92415

Stanislaus County
800 Scenic Drive
Modesto, CA 95350

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*Materials relating to an item on this agenda submitted to this Committee after distribution of the agenda packet are available for public inspection at 3043 Gold Canal Drive, Suite 200, Rancho Cordova, CA, 95670, during normal business hours.*

1. **CALL TO ORDER**

2. **ROLL CALL AND INTRODUCTIONS**

3. **INSTRUCTIONS FOR PUBLIC COMMENT AND STAKEHOLDER INPUT -** The Executive Committee welcomes and encourages public participation in its meetings. This time is reserved for members of the public (including Stakeholders) to address the Committee concerning matters on the Agenda, however due to duration and single issue on this agenda time will be limited to two minutes per person and ten minutes total.

   For Agenda items, public comment will be invited at the time those items are addressed. Each interested party is to indicate their interest at the request of the Chair upon conclusion of Committee discussion. When it appears there are several members of the public wishing to address the Committee on a specific item, at the outset of the item, the Committee Chair may announce the maximum amount of time that will be allowed for presentation of testimony on that item.

4. **APPROVAL OF AGENDA AS POSTED (OR AMENDED)**

5. **PROGRAM MATTERS**

   A. Report from Implementation Ad Hoc Committee Chair – Wayne Clark
   **Recommendation: Recommend Approval of the Addendum to the CalMHSA Work Plan to the CalMHSA Board of Directors**

6. **CLOSING COMMENTS -** This time is reserved for comments by Committee members and staff to identify matters for future Committee business.

   A. Committee

   B. Staff

7. **ADJOURNMENT**

**PROGRAM MATTERS**
**Agenda Item 8.A.**

**SUBJECT: Report from Implementation Ad Hoc Committee Chair – Wayne Clark**

## BACKGROUND AND STATUS:

Following the CalMHSA Board meeting of December 9, 2010, the Implementation Work Plan (Plan) was submitted to the Mental Health Services and Accountability Commission (MHSOAC) for approval at its January 27 meeting.

CalMHSA received a letter from the MHSOAC on December 15, 2010 with questions seeking clarification and recommendations from their review team. This letter requested detailed information as it relates to process, deliverables and outcomes with a deadline to submit responses by January 5, 2011. This being the case the IAHC and staff, including our added program capacity under the agreement with CiMH, moved quickly working through the holidays to provide the necessary response to the MHSOAC letter by the deadline.

By providing the requested information and answering questions posed to the MHSOAC, IAHC made modifications to the Plan such as greater detail for processes, deliverables and outcomes. The response to the MHSOAC letter generally provided clarifying language, structure and process for coordinating across the strategic initiatives and programs, evaluation, and implementation specifics that would have been part of the RFP process. The Plan's basic features, structure, and policies were not changed. The attached response to the MHSOAC will become an addendum to the Plan. Addendum status was requested by IAHC instead of revising the Plan, which would have made the January 5 submission deadline most difficult to meet and risked not making the January 27 Commission meeting.

The attached addendum was submitted to the MHSOAC on January 5, 2011

The first page of the CalMHSA response further details stakeholder involvement in the continued development, implementation and evaluation of the Plan. The IAHC proposes the CalMHSA Board consider approval of two other methods for including stakeholders: creation of a subject matter expert panel and a workgroup to coordinate the implementation of the Statewide PEI Work programs. The IAHC recommends the development of a workgroup and panel of subject matter experts to provide IAHC consultation and the benefits of expertise and experience.

It was also requested programs be named even if on a temporary basis to draw a clean line between the programs as they are being discussed. On page 3, figure 1 will show the program “Placeholder” names with recommended actions.

On page 32 you will find we decreased the operating reserve by approximately $1.3 million dollars and allocated these dollars back into programs, which is also reflected on Appendix 1, attached.

We understand that MHSOAC staff will be recommending approval of the Plan to the full commission on January 27, 2011. Additionally, in previous conversations with MHSOAC staff we have had positive feedback regarding our response.

Additionally, on January 12, 2011 staff distributed an email to all CalMHSA Board members detailing the above with a copy of the December 15th letter from MHSOAC and CalMHSA’s response. Staff asked the Board to review the CalMHSA response and provide comment of which staff will be providing verbally.

**RECOMMENDATION:**

Approval of the Addendum to CalMHSA’s Work Plan on Statewide PEI
Programs

**RERFERENCE MATERIALS ATTACHED:**

- Addendum to CalMHSA’s Work Plan

## IMPLEMENTATION STRUCTURE

The CalMHSA Board establishes policies, sets priorities and allocates resources for all CalMHSA projects and programs. Statewide PEI implementation approval authority rests with the CalMHSA Board. The Board has delegated responsibility to the Implementation Ad Hoc Committee (IAHC) to establish and oversee the processes for statewide PEI implementation. CalMHSA program development and administrative support will be provided through its contract with George Hills Company, Inc. (GHC). The Program Director is the principal staff to the CalMHSA Implementation Ad Hoc Committee (IAHC). The CalMHSA program development capacity will be supplemented by a contract with the California Institute for Mental Health (CiMH). The CalMHSA Program Director will manage the contract with CiMH, provide the IAHC with regular status briefings and confer with the IAHC Chair. The CalMHSA Board, IAHC, GHC, Program Director, and CiMH contract will provide the structure for program preparation, monitoring and oversight throughout the statewide PEI implementation.

***MHSOAC: 1. Process - Describe the 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 as required by Section 3320.***

### CalMHSA Response: Process

In addition to the stakeholder involvement described in the CalMHSA PEI Implementation Work Plan, CalMHSA will continue stakeholder involvement in the ongoing development, implementation and evaluation of this work plan as required by section 3320. On December 9, 2010 the CalMHSA Board extended the charge of the IAHC.

- The Implementation Ad Hoc Committee (IAHC) Scope of Responsibilities: To include stakeholder participation throughout implementation of the statewide PEI initiatives (CalMHSA Board agenda, 12-09-10): "It has become apparent that the full implementation of the CalMHSA Statewide Strategic work plan requires ongoing oversight and stakeholder participation. Therefore, the Committee is further charged with ensuring that the Statewide PEI Implementation Work Plan is completed, projects initiated, accountability systems established, and presentations made to full Board for review, approval and submission to the MHSOAC as appropriate. In the near term the Committee will review and oversee the request for proposal process, methods for selecting proposals, process for the establishment of contractual relationships, and the process for monitoring of contracts that fully implement statewide PEI."

- The IAHC, CalMHSA will propose to the CalMHSA Board two other methods for including stakeholders, receiving input from subject matter experts and coordinating the implementation of the Statewide PEI Work Plan. Workgroups and panels such as those described below are formed to provide IAHC consultation and the benefits of expertise and experience.

- A Statewide Coordination Workgroup is being proposed (SCW): To build an efficient statewide infrastructure, provide evaluation monitoring of statewide impact, provide implementation of a statewide needs assessment and identify best practices. Members shall be representative of: Consortiums of Suicide Prevention Specialists, Student Mental Health including both K-12 and Higher Education and Stigma and Discrimination Reduction; Regional Collaborations; and a Statewide Panel of Subject Matter Experts.

  Specific to the Student Mental Health Initiative, a K-12 Student Mental Health Policy Workgroup (SMHPW) will be established. The K-12 SMHPW will have a representative on the SCW as well as provide oversight for statewide coordination of K-12 programs across the Superintendent Regions.

- Statewide Panel of Subject Matter Experts (SPSME) scope of responsibilities: CalMHSA IAHC will convene experts from ethnic and cultural groups, consumers, family members and other content specialists to review the draft scope of work, subsequent RFPs and assist RFP review committees. Emphasis will be to focus on unserved and underserved populations in urban, suburban and rural communities, including schools and college campuses. The process will include developing a panel of subject matter experts from ethnic and cultural groups, consumers and family members to provide input and support in the implementation and evaluation of the statewide project. The panel will also include specialists for stigma and discrimination reduction, suicide prevention, student mental health and evaluation. The SPSME role will be ongoing through all phases of implementation.

***MHSOAC: 2. Statewide Impact - Describe how the various local activities or regional approaches throughout this work plan will have statewide impact.***

**CalMHSA Response, Statewide Impact:**

The implementation vision of the Mental Health Services Act is to create a state-of-the-art, culturally competent system that promotes well-being for adults/older adults with severe mental illness and resiliency for children with serious emotional disorders and their families. The MHSOAC PEI Principles and Policy Directions guide CalMHSA in the planning and implementing of the three "Strategic Plans for California Statewide PEI Projects for Suicide Prevention, Stigma and Discrimination Reduction and Student Mental Health". The strategic plans and the recommended actions of the CalMHSA Work Plan embrace this vision of wellness as the cornerstone to eliminating stigma and discrimination through: creation of a supportive environment for all consumers and those at risk for mental health challenges and for family and community members; and by establishing social norms that recognize that mental health is integral to everyone's well being.

In order to ensure statewide impact and local relevance, CalMHSA will weave together implementation of all three strategic plans by assuring that each initiative identifies how it will address the other two initiatives. All three initiatives share in common a prevention focus and

uphold as core values: 1) community collaboration; 2)cultural competency; 3) individual/family-driven programs and interventions, with specific attention to individuals from underserved communities 4) individual/family-driven programs and interventions, with specific attention to individuals from underserved communities; 5) wellness focus including resilience and recovery; and 6) integrated mental health system service experiences supported by outcomes-based program design (see Figure 1 below for the programs to be implemented for each initiative).

Figure 1. CalMHSA PEI Program Placeholder Names and Recommended Actions

| **CalMHSA PEI Program Placeholder Names** | |
|---|---|
| **SUICIDE PREVENTION** | |
| *Priority 1: Create a System of Suicide Prevention* | |
| SP 1 | Suicide Prevention Network Program (SPNP)<br>(SP 1.3, 1.4, 1.11, 1.12, 1.13) |
| SP 2 | Regional and Local Suicide Prevention Capacity-Building Program (RLSPCBP)<br>(SP 1.5, 1.6) |
| *Priority 2: Educate Communities to Take Action to Prevent Suicide* | |
| SP 3 | Social Marketing Suicide Prevention Education Campaign (SMSPEC)<br>(SP 3.2, 3.3, 3.7, 3.8, 3.9, 3.11) |
| *Priority 3: Implement Training and Workforce Enhancements to Prevent Suicide* | |
| SP 4 | Suicide Prevention Training and Workforce Enhancement Program (SPTWEP)<br>(SP 2.1, 2.2, 2.5) |
| *Priority 4: Improve Suicide Prevention Program Effectiveness and System Accountability* | |
| SP 5 | Suicide Prevention Evaluation and Accountability Program (SPEAP)<br>(SP 4.2, 4.3, 4.5, 4.6) (folded into CalMHSA Statewide Evaluation) |
| **STIGMA AND DISCRIMINATION REDUCTION (SDR)** | |
| *Priority 1: Create a Supportive Environment for Consumers, Families & Others that Crosses a Lifespan* | |
| SDR 1 | Strategies for a Supportive Environment Program (SSEP)<br>(SDR 1.1, 1.3, 1.5, 1.6, 1.7) |
| *Priority 2: Promote Awareness, Accountability and Change* | |
| SDR 2 | Values, Practices and Policies Program (VPPP)<br>(SDR 2.1, 2.3, 2.4, 2.6, 2.9, 2.10) |
| *Priority 3: Increase Knowledge of Effective and Promising Programs* | |
| SDR 3 | Promising Practices Program (PPP)<br>(SDR 4.1) |
| *Priority 4: Uphold and Advance Federal and State Laws* | |
| SDR 4 | Advancing Policy to Eliminate Discrimination Program (APEDP)<br>(SDR 3.1 and 3.4) |
| **STUDENT MENTAL HEALTH (SMH)** | |
| *Priority: Higher Education Training, Peer Support and Suicide Prevention* | |
| | University and College Student Mental Health Program: |
| SMH 1 | University of CA – SMHP |
| SMH 2 | California State University – SMHP |
| SMH 3 | California Community College – SMHP |
| *Priority: Kindergarten – Twelfth Grade Training, Peer-to-Peer Support and Suicide Prevention* | |
| SMH 4 | Kindergarten to Twelfth Grade Student Mental Health Statewide Program<br>(K-12 SMHP - Statewide) |
| SMH 5 | Kindergarten to Twelfth Grade Student Mental Health Program<br>(K-12 SMHP - Regional) |

Figure 1 above displays the 14 programs established by the CalMHSA PEI Implementation Work Plan. These are the programs for the three strategic initiatives where the process and strategy (described above) will be implemented in a coordinated manner to ensure local relevance and statewide impact. The programs names may be changed after reviewing these with stakeholders at the next IAHC meeting.

**LINKING LOCAL ACTIVITIES & THEIR ROLE IN CREATING STATEWIDE IMPACT**

To address the needs of diverse populations, the CalMHSA Statewide PEI Implementation Work Plan recognizes that mental health and suicide prevention services need to identify and develop culturally appropriate outreach and engagement activities that are supportive of diagnosis and wellness strategies. Many effective practices integrate suicide prevention into existing community and services and utilize key points of contact of "gatekeepers", such as community health workers or promotoras, school staff, primary care providers and staff, first responders, and Area Agency on Aging personnel and volunteers. These strategies have been found to be effective for groups that are underserved by the traditional mental health system and who are more likely to be identified by or seek help through community support. As such, building capacity at the local level is critical as an outreach strategy for prevention and early intervention in reaching underserved at risk populations.

The prevention campaign proposed in the work plan requires efforts at all levels of society from the grassroots, to the national media, and everything in between. When the tobacco and alcohol industries attempted to normalize their products into American culture, they used super bowl ads to sell the excessive consumption of beer as well as street corner give away of cigarettes. These campaigns to change behavior used movies to normalize smoking by females as well as national lobbying efforts to stop research on the addictive qualities of their products. A campaign to prevent suicides, reduce discrimination and improve student mental health will need to be locally grounded so that city or county ordinances can be changed as needed. In addition, the media campaign will need to develop messages that provide positive images of behavioral and social variation, rather than stigmatizing differences common in popular media and will also need to promote help-seeking and alternatives to suicide.

Suicide Prevention Recommended Action 1.3 at the state level calls for the development of a network of statewide public and private organizations to develop and implement strategies to prevent suicide. The public and private partnerships are to include: community-based and ethnic based organizations; community leaders; client, family, youth, peer support and advocacy groups; employers; health and mental health providers; insurance industries; local educational agencies and institutions of higher education; and spiritual and faith-based groups.

A central tenet of public health prevention campaigns is coalition-building of different individuals, organizations and sectors to work together toward a common goal as reflected by emphasis and capacity building of local groups within and across the three initiatives. Key to ensuring/preserving state-wideness is the building of capacity among local and grassroots groups as a strategy towards the development of: a strong statewide network that can support achievement of the goal of

reducing the rate of suicide; building support towards statewide advocacy efforts; and reducing or eliminating service gaps for historically underserved at-risk populations. County-implemented local PEI provides an opportunity-rich point of departure for statewide PEI programs coalition building.

***MHSOAC: Specify how the work plan will coordinate many of the common goals across the three statewide programs (suicide prevention, stigma and discrimination reduction and student mental health) and within the various programs of each statewide initiative.***

CalMHSA will weave together implementation of all three strategic plans by assuring that each initiative identifies how it will address the other two initiatives. This will be addressed through the RFP process. This implementation strategy will create a unified structure, identify overlapping themes that cross subject areas, avoid redundancies, and leverage opportunities across subject areas. California Mental Health Services Authority (CalMHSA) will serve as a centralized administrative body to oversee the ongoing delivery of statewide California mental health projects, starting with the implementation of the Suicide Prevention, Stigma and Discrimination Reduction and Student Mental Health Initiatives. CalMHSA will 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. In addition, CalMHSA will help optimize the development and implementation of mental health service training, technical assistance and skills-building strategies.

DMH Guidelines specify that investment in statewide programs should result in statewide impact and benefit California by building system infrastructure, expanding community capacity, creating new knowledge and developing needed resources (DMH Information Notice No.: 10-06, *Guidelines*, p.3). CalMHSA (through the IAHC and the SCW) will serve as the centralized coordinating body for all three initiatives and specifically serve as central point for information gathering, dissemination and other activities at the local, regional and state levels. These CalMHSA statewide coordinating efforts for each initiative include:

**Suicide Prevention Initiative**
The CalMHSA work plan calls for a Statewide Suicide Prevention Network Program (SPNP) that will serve as the focal point for statewide suicide prevention activities; establish partnerships across systems and disciplines; convene working groups; develop and disseminate resources; promote programs that reduce or eliminate service gaps to underserved racial ethnic populations; and implement educational, promotional and best practice strategies to prevent suicide in California.

- The CalMHSA intent is to work with the Department of Mental Health Office of Suicide Prevention (OSP) to ensure that there is a single point of contact and a central point of dissemination for information, resources and data about suicide and suicide prevention programs. It is anticipated that OSP will serve as the liaison to CalMHSA as well as national partners and other local or regional partners. During the development of the CalMHSA work plan, OSP provided a matrix of its current and planned work, which was included to

ensure that work plan activities were congruent and complementary with existing efforts of OSP. Specific roles and responsibilities between OSP and CalMHSA will be defined by concluding discussions that are being scheduled for the first week in January 2011. The CalMHSA work plan is implemented under contract with the Department of Mental Health which enhances collaboration and communication within the state and nationally.

- The purpose of the Regional and Local Suicide Prevention Capacity Building Program is to expand the number and capacity of accredited local suicide prevention lines, requiring each suicide prevention line to join a consortium of publically funded Suicide Prevention Call Centers, thus building the local infrastructure that results in the creation of a statewide network.

**Stigma and Discrimination Initiative**

The CalMHSA work plan calls for a statewide presence of local coalitions of diverse representatives including those with mental health challenges. CalMHSA will work with local and statewide organizations to promote coordinated message topics and the timelines for delivery; and will develop statewide support for local speakers' bureaus, presentations and forums that feature peers from across the lifespan and diverse populations.

**Student Mental Health Initiative**

Deliverables include a statewide advisory body that convenes and staffs a "Student Mental Health Policy Workgroup (SMHPW)" The advisory body will assure representation of ethnically and culturally diverse membership, oversee statewide coordination of K-12 programs across the Superintendent Regions and advise on development of SMHI for K-12. Training will include how discrimination or bias toward ethnically and culturally diverse students can result in injuries and other harmful consequences.

Overall framework to ensure statewide impact and local relevance:

- The CalMHSA Board and administrative structure will provide: overarching support for the three initiatives; develop the statewide program such that it weaves together implementation of all three strategic plans of suicide prevention, student mental health, and stigma and discrimination. This implementation strategy will create a unified structure, identify overlapping themes that cross subject areas, avoid redundancies and leverage opportunities across subject areas.

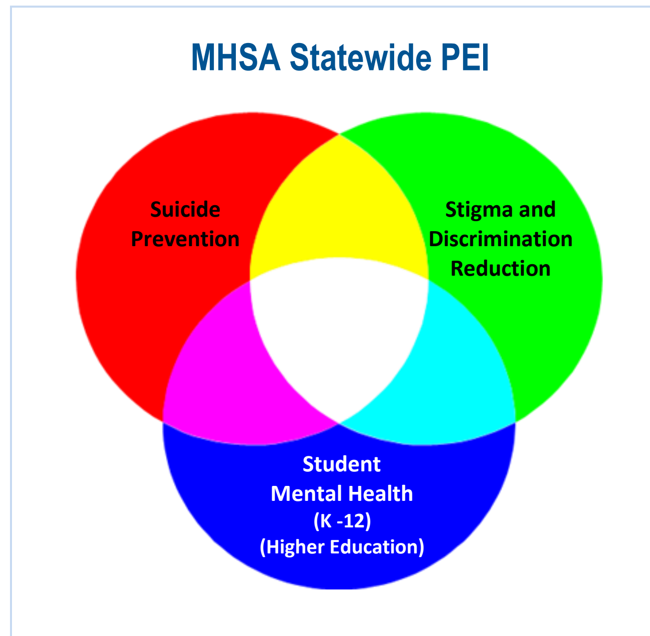
- The CalMHSA Board and administrative structure will be responsible for the development and implementation of an ongoing needs assessment, building statewide capacity, development of system infrastructure, development of educational resources and policy development.

- The CalMHSA work plan is implemented under contract with the Department of Mental Health which requires that implementation conforms to the MHSOAC Guidelines for Statewide PEI.

***MHSOAC: Describe how RFP's will be coordinated among the various entities that will result in programs that have a statewide impact***

CalMHSA enlists the participation of statewide stakeholders from ethnic and cultural groups, consumers and family members that provide-input and support in all phases of CalMHSA's work in weaving together an implementation plan for all three strategic plans, including the development of the RFPs for program implementers. Stakeholder enlistment is addressed through the establishment of the Statewide Coordination Workgroup (SCW). The IAHC, through CalMHSA program management structure and consulting resources, including SCW, will be responsible for evaluating whether or not the services, outreach, training and social marketing components of program providers are achieving statewide performance and outcome impacts; and for advising CalMHSA, staff and programs where midcourse corrections may be needed. RFPs will include instructions requiring that respondents articulate how they will meet this local and statewide impact criterion.

Figure 2. MHSA Statewide PEI Framework




***MHSOAC: 3. Statewide Infrastructure - Describe how statewide programs will be implemented and coordinated at a statewide level to develop a statewide infrastructure. Please clarify how these 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 how CalMHSA will oversee this coordination throughout implementation of these programs.***

**CalMHSA Response: Statewide Infrastructure**

CalMHSA intends to create sufficient infrastructure for coordination that will avoid building a new bureaucracy. CalMHSA will establish a structure that respects the oversight role of the MHSOAC and build the minimal infrastructure necessary to manage the implementation of the statewide PEI initiatives. The CalMHSA Board has stressed the importance of the critical role for a coordinating function that minimizes duplication, provides clear guidance by subject matter experts, continues stakeholder input and uses a systematic method for assuring that projects are efficient and effective. Together, these coordination activities will ensure fidelity to the PEI initiatives. At the same time there will be a coordinating function to monitor and encourage cross-initiative collaboration. CalMHSA is currently finalizing how this coordinating and project management function will ultimately be staffed and structured. Below are the proposed roles of the Board, the IAHC, CalMHSA Program Director and GHC's program contract with CiMH. Later to be identified are the "who, when, and activity frequency" of this coordinating body. The outline that follows is illustrative of the type of structure anticipated:

A. Statewide Coordination Workgroup (SCW) – Purpose is to build an efficient statewide infrastructure that is sustained throughout PEI implementation, provide evaluation monitoring of statewide impact, and provide implementation of a statewide needs assessment and identify best practices:
   i. Under the auspices of CalMHSA, IAHC: operational responsibility - CalMHSA Program Director; and staffed by CiMH
   ii. Informed by Subject Matter Experts
   iii. Membership:
      1. Consortiums of Suicide Prevention Specialists, Student Mental Health including K-12 and Higher Education and Stigma and Discrimination Reduction
      2. Regional Collaborations
      3. Statewide Panel of Subject Matter Experts (SPSME)

***MHSOAC: 4. Evaluation – To evaluate the statewide impact of these programs, describe the proposed methodology for evaluation for each of the three statewide programs: suicide prevention, stigma and discrimination reduction, and student mental health.***

### CalMHSA Response: Evaluation Methodology

The purpose of the CalMHSA Statewide Evaluation is to: serve as a focal point for statewide evaluation activities; improve data collection, surveillance and program evaluation; identify innovative programs that reflect potential for replication; and launch a research agenda to design responsive policies and effective programs to reduce suicide and suicide risks, reduce stigma and discrimination and improve student mental health in diverse populations throughout California. The CalMHSA Statewide Evaluation Experts (SEE) Team will develop measurable performance standards, promote quality and improve statewide data collection activities through continuous quality improvement efforts. Data collection instruments will be identified or developed by the CalMHSA SEE Team. Statewide evaluation primary partners will include CalMHSA, the MHSOAC Evaluation Committee, California Department of Mental Health Office of Suicide Prevention,

CalMHSA Statewide Panel of Subject Matter Experts and the CMHDA MHSA Committee. The 4-year statewide evaluation program is distinguished by two phases:

Phase One aims of the statewide evaluation program are to:

- Establish baseline data points and develop measures and methods to assess and review progress towards implementation of the 14 Suicide Prevention, Stigma and Discrimination Reduction and Student Mental Health Programs (with SP 4, SPEAP, folded into this comprehensive evaluation program)
- Establish and apply measures to assess whether a sustainable infrastructure is being developed statewide and locally to support programs in achieving their objectives
- Identify innovative local practices and assess their replication capability for other localities
- Develop methodologies to promote the evaluation of promising community-based models from which to build an evidence base
- Provide detailed recommendations based on evaluation findings to guide the CalMHSA PEI Implementation Work Plan to achieve a significant reduction in suicides in California by 2014.
- Establish collaborative working relationships with the MHSOAC Evaluation Committee regarding its overall MHSA evaluation and County Mental Health Departments' evaluation of their local PEI efforts

Phase Two aims of the statewide evaluation program will examine:

- Progress towards the original aims of the CalMHSA PEI Work Plan
- Progress towards statewide and local coordination across the 14 programs identified in the CalMHSA PEI Implementation Work Plan
- Effectiveness of targeted campaigns for selected populations across the lifespan
- Linkages between statewide and local levels that contribute to streamlined and collaborative service delivery
- Effectiveness and strategic approaches to statewide, regional and local training
- Effectiveness and impact of the three initiatives on preventing suicides, improving student mental health, and reducing stigma and discrimination

**Evaluation Research Design**

The CalMHSA Statewide Evaluation is designed to address multiple, related dimensions of effectiveness of prevention and early intervention services for suicide prevention, stigma and discrimination reduction and student mental health. The statewide evaluation design is complex and will include quantitative and qualitative methodologies to increase the likelihood that the evidence base will be balanced. In addition, the statewide evaluation examines the linkages between the suicide prevention, stigma and discrimination reduction and student mental health programs; and points at which the outcomes can be evaluated, statewide.

Data analysis for the statewide evaluation includes independent variables such as consumer subgroups and characteristics, provider and program characteristics, and program implementation variables. Dependent variables include performance level factors that are assessed through

assessment instruments at the program and statewide level. Data analysis shall include descriptive statistics (means, standard deviations, graphs, correlations and the conversion of survey data into measures); factor analysis (for grouping implementation variables); multivariate regression (for quantifying the effect of implementation on achievement); and qualitative analysis (for identification of themes and frequencies). Provider reports will be expected every six months and shall include information related to program and consumer cohorts and descriptions, and demographics; program and consumer achievement over time; and the effect of implementation on achievement over time.

**Statewide and Local Evaluation Responsibilities**
CalMHSA program providers, through their project directors, will be required to: implement the statewide evaluation and collect data related to consumer demographics, baseline/follow-up, service utilization studies and service experience at the program level; submit data to the CalMHSA evaluation team according to a pre-established schedule; and will engage stakeholders including community, consumers and family in program evaluation procedures and activities. Data collection instruments will be identified or designed by the evaluation team.

Across the 14 CalMHSA PEI Programs, the statewide evaluation will assess the intended outcomes at the system, community and consumer levels across the three initiatives: Suicide Prevention, Stigma and Discrimination Reduction and Student Mental Health. The CalMHSA SEE Team shall provide training and technical assistance to CalMHSA providers regarding data collection and research design. The CalMHSA SEE Team will work closely with and coordinate with MHSOAC, complementing their evaluation efforts as appropriate.

**Suicide Prevention**
The *California Strategic Plan on Suicide Prevention: Every Californian is Part of the Solution* is built upon the vision that a full range of strategies, from prevention and early intervention to treatment and recovery should be implemented to appropriately target Californians across the lifespan and across diverse backgrounds. In line with this vision and in collaboration with the Office of Suicide Prevention plans for 2011 and beyond, the CalMHSA Work Plan has specifically articulated the efforts to gather baseline data and increase data collection and evaluation for the Suicide Prevention Initiatives.

The CalMHSA Suicide Prevention Evaluation and Accountability Program (SPEAP) consists of five actions to be included in a statewide evaluation RFP:

- Test and adapt evidence-based practices as necessary for effectiveness in a variety of community settings and among diverse population groups (recommended action: SP 4.2)
- Identify or develop methodologies for evaluating suicide prevention interventions, including community-based participatory research methods and provide training and technical assistance on program evaluation to the counties and local partners (recommended action: SP 4.3)
- Develop methodologies to promote the evaluation of promising community models to build their evidence base. Use an inclusive process that considers cultural approaches,

such as traditional healing practices and measures that are relevant to target communities (recommended action: 4.3)

- Increase local capacity for data collection, reporting, surveillance and dissemination to inform prevention and early intervention program development and training (recommended action: 4.5)
- Build local capacity to evaluate suicide prevention programs, including community-based participatory research methods and use evaluation results to make program improvements (recommended action: SP 4.6)

**Stigma and Discrimination Reduction**

There is a wealth of research and evaluation findings to establish what methods or combinations of methods will best aid in reducing stigma discrimination and including stakeholder involvement in community-led programs. The evaluation of stigma and discrimination reduction will examine the merits of individual programs and combined merits of relevant programs; and will be framed by the eight characteristics of a successful social marketing campaign identified in the *California Strategic Plan on Reducing Mental Health Stigma and Discrimination* publication:

- Carefully planned and thought-out approaches to targeting and influencing audiences, including both the general population and specific groups
- Multifaceted, utilizing the full array of methods to achieve change
- Multilevel, focused concurrently at the individual, family, schools, community, organizational and system levels, both locally and statewide
- Focused on changing both attitudes and behaviors
- Long-term, as attitudes and behaviors do not change quickly and reinforcement is necessary
- Adequately funded
- Actively involving key stakeholders and program partners both within and outside the mental health community
- Incorporating benchmarks and evaluation and using the results to inform future efforts

The greater the number of these eight characteristics included in a social marketing campaign, the higher the likelihood of success.

**Student Mental Health**

The evaluation of University and College Student Mental Health Program (UCSMHP) and Statewide K– 12 will cover both performance and outcome measures. The evaluation of University and College Student Mental Health Program (UCSMHP) and Statewide Kindergarten through 12th Grade Program (Statewide K – 12) will include performance and outcome measures. Outcome reviews may evaluate increased knowledge of suicide and risk factors, reduced incidents of suicide or suicide attempts, reduced stigma and discrimination, increased access to services, increased school success, decreased school drop-out rates, reduced school suspensions and expulsions for behavior problems, increased linkages with community resources, reduced disparities in access to services, increase in parent or student awareness of available support resources and students' or families' satisfaction with care.

**Evaluation Framework of the 3 Initiatives**

Each of the three statewide projects is intended to have unique and specific impacts. While implementation throughout California communities will necessarily vary (given the state's significant diversity) to best meet the unique needs of each community, they will share a common foundation. A promising approach is the Centers of Disease Control (CDC) framework which involves six core steps and 30 standards to ensure strong relevance, thorough and appropriate methods and meaningful results. The six steps are listed here from the Summary of the CDC Evaluation Framework[1]:

- Step 1: Engage stakeholders
  Including those involved in program operations, those served or affected by the program and primary users of the evaluation
- Step 2: Describe the program
  Needs, expected effects, activities, resources, stage of development, context, and logic model
- Step 3: Focus the evaluation design
  Purpose, users, uses, questions, methods, agreements
- Step 4: Gather Credible Evidence
  Indicators, sources, quality, quantity, logistics
- Step 5: Justify conclusions
  Standards, analysis and synthesis, interpretation, judgment, recommendations
- Step 6: Ensure use and share lessons learned
  Design, preparation, feedback

This framework lends itself to measuring the effectiveness of the three statewide PEI initiatives (Suicide Prevention, Stigma and Discrimination Reduction and Student Mental Health) at both local and statewide levels and is complementary to the *Spectrum of Prevention* model for suicide prevention strategy development. Moreover, the framework explicitly incorporates involvement of stakeholders at all levels of evaluation, from development to implementation to analysis and reporting.

**Timeline of Major Activities in the CalMHSA Local and Statewide Evaluation**

MHSA funds are provided to CalMHSA for 4 years. Phase One will be carried out in the first 12 to 18 months. Phase Two will be carried out over the three remaining years.

**Statewide Monitoring and Support of the Local Effort**

CalMHSA will coordinate the evaluation of the statewide PEI implementation. CalMHSA contracts with GHC for administrative, financial and program management. GHC is expanding its program management capacity by a contract with the California Institute for Mental Health (CiMH) which will include subject matter expertise for evaluation design and ongoing consultation. CiMH will provide the consultation necessary to assist CalMHSA with writing the scope of work for an RFP for statewide PEI evaluation. CalMHSA's program management will include direct oversight of the

[1] Summary of the CDC Evaluation Framework has been extracted from the CDC Evaluation Working Group publication at http://www.cdc.gov/eval/framework.htm

statewide PEI evaluation.   CalMHSA Board members have already discussed collaboration with the MHSOAC Evaluation Committee throughout this process.

Statewide evaluation primary partners:

- CalMHSA
- MHSOAC Evaluation Committee
- California Department of Mental Health, Office of Suicide Prevention
- CalMHSA Statewide Panel of Subject Matter Experts
- CMHDA MHSA Committee

The CalMHSA SEE Team is responsible for coordinating the statewide, multi-site evaluation for implementation of the three prevention and early intervention strategic plans.  Through its program management arm, CalMHSA will coordinate with entities selected for implementation of the suicide prevention, stigma and discrimination reduction and student mental health programs. Each CalMHSA Statewide PEI program applicant shall propose how and with what methods it will evaluate its effectiveness and outcomes.  Ultimately each program will comply with data requests for the statewide evaluation of all CalMHSA-administered programs.

***MHSOAC:  5. Detailed Program Description – Provide a more detailed description for all programs that includes a 1) name for the program, 2) a scope of work (information-gathering reports), 3) measurable outcomes, 4) how the program furthers the actions of the state strategic plan, and 5) how the program builds an overall statewide framework.***

**CalMHSA Response: Detailed Program Description**

The CalMHSA vision is that mental health becomes part of wellness for individuals and the community, reducing the potential for stigma and discrimination against individuals with mental illness. The CalMHSA Statewide PEI Mental Health and Wellness efforts will address a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements in the areas of Suicide Prevention, Stigma and Discrimination Reduction, and Student Mental Health that together will improve California's capacity to effectively support the local mental health system:

- Mission – Utilizing a "help-first" approach, this initiative will introduce mental health awareness into the lives of all members of the community through statewide public education and training initiatives and practical on-the-ground support through regional and local efforts.  It will improve regional and local services that provide access to the earliest possible interventions and build capacity for mental health early intervention services at sites where people go for other routine activities (e.g., health providers, education facilities, community organizations) by expanding training opportunities and initiating policies that will improve the overall system.

- Core Values - Consistent with the core values of MHSA PEI Guidelines, the core values for this initiative are:
    - Community collaboration
    - Cultural competence
    - Individual/family-driven programs and interventions, with specific attention to individuals from underserved communities,
    - Wellness, resilience and recovery
    - Integrated service experience for individuals and their families
    - Integrated mental health system service experiences supported by outcomes-based program design

**Strategies**

As demonstrated in Figure # 1, the Statewide PEI Mental Health Initiative is a multifaceted effort with several priorities (some of which overlap and some that are unique to the populations served). The recommendations generated by stakeholders span a range of activities, some which have statewide relevance and other that address more local needs. The challenge of integrating the feedback and the guidance of the strategic plans required that a model for implementation be designed to facilitate effective management of the project and meaningful impact.

After reviewing several models, The Spectrum of Prevention was viewed as one of the most comprehensive and paralleled the input given by stakeholder and the strategic plan. *The Spectrum of Prevention* helps expand prevention efforts beyond education models by promoting a multifaceted range of activities for effective prevention. Originally developed by Larry Cohen while he was director of the Contra Costa Health Services Prevention Program, the *Spectrum* is based on the work of Dr. Marshall Swift in treating developmental disabilities. It has been used nationally in prevention initiatives targeting traffic safety, violence prevention, injury prevention, nutrition, fitness and in the Washington State Suicide Prevention Plan.

The *Spectrum* identifies multiple levels of intervention and encourages people to move beyond the perception that prevention is about teaching healthy behaviors. The *Spectrum*'s six levels for strategy development is a framework for a more comprehensive understanding of prevention. These levels are complementary and when used together produce a synergy that results in greater effectiveness than would be possible by implementing any single activity.

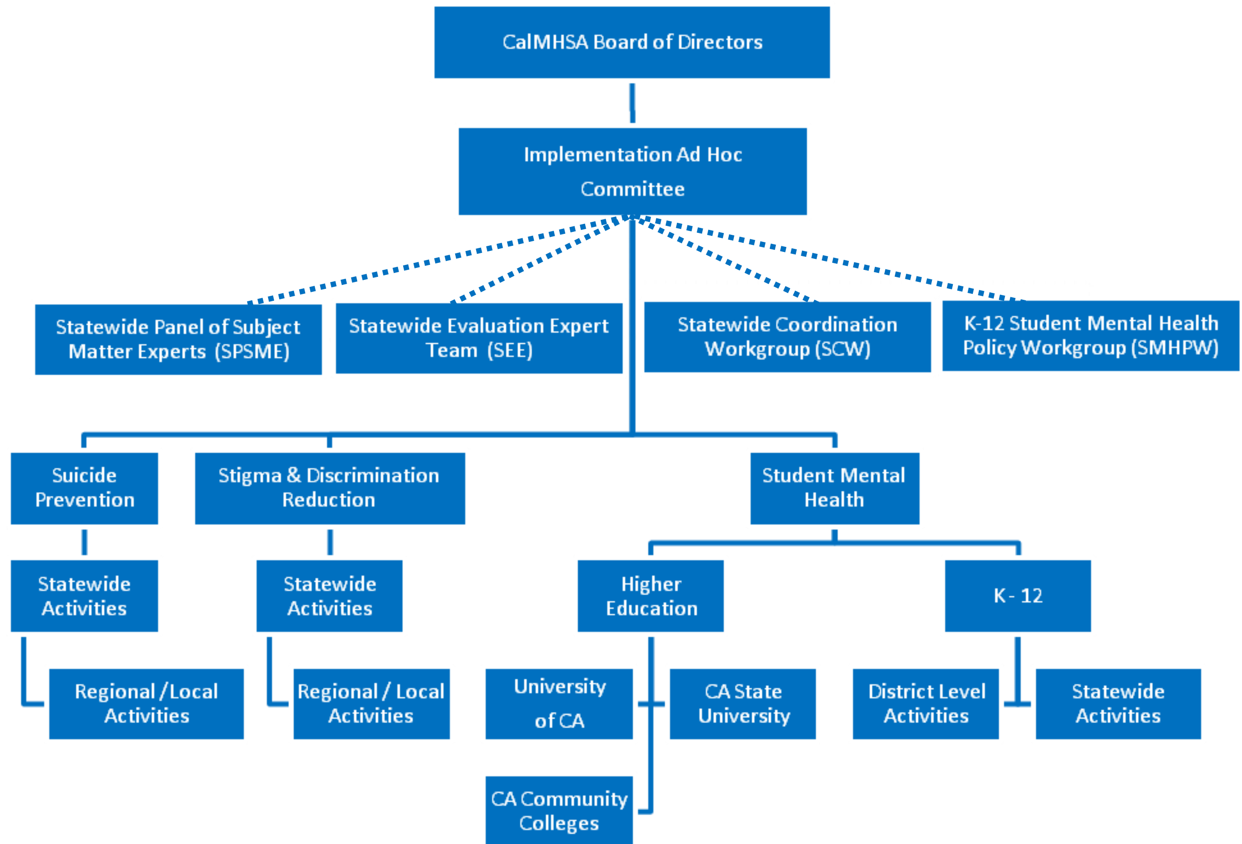
The Spectrum targets six levels of change for implementation of a comprehensive initiative:

- Strengthening individual knowledge and skills,
- Promoting community education
- Educating providers
- Fostering coalitions and networks
- Changing organizational practices
- Influencing policy and legislation

**Components of the CalMHSA PEI Mental Health and Wellness Initiative**

The initiative has several components within its program areas. This section will describe each component and the anticipated outcomes for that area. Input is still being processed from the recent information gathering sessions. Therefore this description is still in its formative stage.

Figure 3: CalMHSA Statewide PEI Mental Health and Wellness Initiative Overview




**Statewide Coordination Workgroup** – Under the auspices of CalMHSA, IAHC who maintains operational oversight and responsibility, in conjunction with the CalMHSA Program Director, the Statewide Work Group will serve as a vehicle for informing the integration of common statewide goals and activities across program areas in order to ensure a more comprehensive and effective approach to improving prevention services throughout California. The purpose of the workgroup is to build an efficient statewide infrastructure, evaluate, monitor and measure statewide impact of the overall initiative. It is also responsible for the implementation of a statewide needs assessment and the identification of common best practices. When appropriate, this group will also provide input into the development of standards for accreditation of education and training programs and statewide policy referendums. The agenda of the workgroup will be guided by input from subject matter experts in suicide prevention, reduction of stigma and discrimination and the student mental health initiative.

Members of the work group will include representatives from:

- The Consortiums of Suicide Prevention Specialists, Student Mental Health including both K-12 and Higher Education and Stigma and Discrimination Reduction
- Regional WET Collaborations
- Statewide Panel of Subject Matter Experts

***Detailed Program Description***

**SUICIDE PREVENTION**

**Priority 1: Create a System of Suicide Prevention**
Suicide Prevention Network Program (SPNP) (SP 1.3, 1.4, 1.11. 1.12 and 1.13)
Regional and Local Suicide Prevention Capacity-Building Program (SP 1.5, 1.6)

**SP 1 Program Name**
**Suicide Prevention Network Program (SPNP) (SP 1.3, 1.4, 1.11 and 1.13)**

**Program Scope of Work**
The statewide Suicide Prevention Network Program (SPNP) serves as the focal point for statewide suicide prevention activities. Potential activities under this program includes the establishment of partnerships across systems and disciplines, convening of working groups, development and dissemination of resources, promotion of programs that reduce or eliminate service gaps to underserved racial, ethnic and cultural groups across the lifespan and implement across the age span and implement age. This program will also support the identification of cultural, linguistic and gender appropriate educational, promotional and best practice strategies to prevent suicide in California. Input from the information gathering sessions suggested that the scope of work for this area also include technical assistance to support the development and accreditation of training curricula and new services that will expand existing service systems, such as warm lines. Participants also recommended that this network include age-specific and specialty workgroups to address the needs of specific target populations. The SPNP will work in close partnership with CA Department of Mental Health Office of Suicide Prevention to enhance a statewide continuum of services. Since there are many deliverables associated with this program, suggestions were made that the deliverables for this request for proposal (RFP) be clustered by activity type, a recommendation that will be considered for the RFP.

**Measurable Outcomes**

- Outcomes that may be specified for SPNP include the following examples:
- Reduced suicides in California by 5% in year one and significantly thereafter
- Improved delivery of services through more complete integration of the systems providing crisis intervention, including physical health, mental health, substance abuse, aging and long term care, social services, first responders and emergency hotlines
- Increased number of evidence-based developmental, gender, cultural/linguistic and region-appropriate suicide prevention and early intervention resources

- Increased number of age, gender, cultural/linguistically and geography appropriate gatekeeper modes to implement education and training programs for all network participants
- Improved outreach, engagement, diagnosis and treatment strategies for age, gender, regional and cultural communities
- Enhanced capacity of organizations to provide suicide prevention and early intervention programs
- Increased number of accredited suicide prevention programs
- Increased number of organizations providing suicide prevention and early intervention activities
- Increased cultural/linguistic and gender-sensitive availability of mental health and suicide prevention services in K-12 schools, college campuses, existing community-based services for older adults, employee assistance programs, the workplace and the criminal and juvenile justice system
- Increased number of organizations integrating suicide prevention and early intervention activities into current efforts
- Increased number of cultural and gender, region and cultural/linguistic appropriate programs that reach out to those who are at high risk of suicide, including older adults, veterans and other high risk populations
- Reduced disparities in the availability, accessibility and quality of services for age, gender, region and racial, ethnic and cultural groups that have been historically underserved

**The SPNP furthers the actions of the state strategic plan through the following:**
Each program is required to coordinate implementation with all three strategic plans. Specifications in program RFPs will emphasize that each proposer design its program in a manner that is complementary to the other programs. CalMHSA's Statewide Panel of Subject Matter Experts (SPSME) will assist with the RFP process to help optimize the integration across the three strategic plans. CalMHSA will establish a Statewide Coordination Workgroup (SCW) to ensure ongoing coordination and cohesive implementation through the life of the project. Statewide depth and vertical integration will be enhanced by linkage with County PEI resources. Current infrastructure, such as DMH OSP will be complemented, not duplicated, and built upon to leave a broader, more resilient infrastructure for the future. Program evaluation will steer implementation by establishing baseline data for improved surveillance, measuring impact of each program and linking program evaluation to statewide evaluation efforts throughout implementation. Each program is required to coordinate with other programs, complement other organizational structures and link their evaluation to progress and activity of statewide evaluation efforts.

**The SPNP builds an overall statewide framework through the following:**
CalMHSA has approached all aspects of planning and implementation from a statewide perspective. A statewide framework is created by 1) establishing the statewide implementation structure and process described in response to question 3 (pages 7-8 above); 2) coordinating implementation across the three strategic plans; 3) establishing the evaluation primary partnership described in response to question 4 (page 11 above) to create a statewide evaluation

framework for the future; and 4) enhancing the existing infrastructure. When the four year implementation is completed, a key benefit will be the opportunity to sustain the statewide coordination and evaluation framework created by CalMHSA's implementation of the three strategic initiatives.

**SP 2 Program Name**
**Regional and Local Suicide Prevention Capacity-Building Program (RLSPCBP) (SP 1.5, 1.6)**

**Program Scope of Work**
The purpose of the Regional and Local Suicide Prevention Capacity-Building Program (RLSPCBP) is to expand the number and capacity of accredited local suicide prevention warm and hotlines. This program also requires that each agency operating a warm or hotline join a consortium of publicly funded Suicide Prevention Call Centers. The goal of this program area is to expand the number and capacity of accredited suicide prevention hotlines based in California by assisting with the accreditation process at the local level and enact policies that make establishing and maintaining suicide prevention accreditation a condition of public funding for suicide prevention hotlines. It will also create a statewide consortium of suicide prevention hotlines and expand the reach of accredited suicide prevention hotlines through other communication means or technology such as web sites.

The scope of work for this program may include activities such as: building linkages and referral connections with warm lines for bi-directional referrals, building capacity for warm lines to address needs prior to crisis, increasing the linguistic and cultural capacity of hotlines and the development of alternative forms of communication that reflects current communication trends for specific age groups and populations. The recent information gathering session recommendations emphasized starting with an assessment of current capacity and needs relying on the expertise of existing AAS-accredited lines. It was also recommended that the RFP require respondents to conduct focus groups to consider best forms of communication for different populations, research existing models and best practices for reaching different groups and add live contact capacity to online outlets.

**Measurable Outcomes**
Outcomes that may be specified for RLSPCBP include the following examples:
For across the age span, gender, linguistic capacity/competence, region and culture individual/ family prevention activities:

- Increased awareness and knowledge of social, emotional and behavioral issues associated with suicide and improved attitudes, beliefs and behaviors
- Increased knowledge about suicide risk and resilience/protective factors

For across the age span, gender, linguistic capacity/competency, region and culture individual/ family early intervention activities:

- Enhanced resilience and protective factors
- Increased help-seeking and referrals from consumers and their family members
- Improved mental health status

- Improved school performance
- Increased social support
- Reduce isolation
- Reduced incidence of suicide

Changes in non mental health partner organizations/systems:

- Enhanced capacity of organizations to provide age, gender, linguistic capacity/competency, and regional and cultural sensitive suicide prevention and early intervention programs
- Increased number of age, gender, linguistic capacity/competency and regional and cultural sensitive accredited suicide prevention programs
- Increased number of organizations providing age, gender, linguistic capacity/competency and regional and cultural sensitive suicide prevention and early intervention activities
- Increased number of organizations integrating age, gender, linguistic capacity/competency and regional and cultural sensitive suicide prevention and early intervention activities into current efforts

**The RLSPCBP furthers the actions of the state strategic plan through the following:**
Please refer to SP 1 strategic plan response on page 16 of this document.

**The RLSPCBP builds an overall statewide framework through the following:**
Please refer to SP 1 statewide framework response on page 16 of this document.

***Priority 2: Suicide Prevention through Social Marketing Campaign***
Social Marketing Suicide Prevention Campaign Program (SMSPCP) (SP 3.2, 3.3, 3.7, 3.8, 3.9, 3.11)

**SP 3 Program Name**
**The Social Marketing Suicide Prevention Campaign Program (SMSPCP)**

**Program Scope of Work**
The Social Marketing Suicide Prevention Campaign Program (SMSPCP) increases public awareness that suicide is preventable and encourages and supports help-seeking behaviors by improving media presentation portrayal of mental illness and suicide through age, gender and regional and cultural sensitive electronic and print media messages and through media education. The scope of work for this program area includes the coordination of the suicide prevention education campaign with existing social marketing campaigns designed to eliminate stigma and discrimination toward individuals with mental illness and their families. It allows for the engagement of news media outlets and the entertainment industry to provide education on standards and guidelines to promote balanced and informed portrayals of suicide, mental illness and mental health services that support suicide prevention efforts.

RFP respondents may be required to consult with stakeholders such as mental health clients and survivors for content development, and demonstrate the experience and capacity to engage high profile individuals to promote and endorse prevention education efforts. Respondents should also

expect to provide materials and support for extending the reach of media campaign to the local level. Information gathering session participants stressed the importance of making sure a suicide prevention campaign meets the following key criteria:

- Utilization of existing best-practice and materials, adhering to safe guidelines
- Coordination with other suicide prevention activities
- Demonstration of culturally-relevant strategies for engaging ethnic and cultural communities
- Collaboration with ethnic and cultural media
- Maximize the use of resources by targeting efforts to populations with greatest need-based on data
- Utilization of a statewide approach while providing guidance and support for extending the campaign at a local level
- Work closely with the SPNP to ensure the activities within this scope of work aligns with other suicide prevention activities

Information gathering participant recommendations regarding educational campaigns point to the importance of having a coordinated, strategic approach to suicide prevention training. Stakeholders were particularly concerned about using existing best practices, making sure they are culturally-relevant and consumer-informed, building an infrastructure for training over conducting trainings throughout the state; and coordinating these trainings with the activities of the SMHI and with the stigma discrimination reduction campaign.

**Measurable Outcomes**

Outcomes that may be specified for SMSPCP include the following examples:

- Increased number of coordinated suicide prevention media campaigns
- Increased availability of collaborative learning opportunities for local media contacts
- Increased number of articles and amount of air time that media devotes to suicide prevention
- Improved adherence to guidelines for reporting of suicide risk
- Increase in number of informed responses to individuals demonstrating suicide warning signs
- Increased number of trained gatekeepers and enhanced capacity for peer support and peer-operated service models
- Increased number of high risk individuals with access to suicide prevention education and peers who have been trained through Gatekeeper Suicide Prevention Models
- Increased number of local survivor support groups
- Increased organizational sustainability of local survivor support groups
- Increased number of coordinated suicide prevention media campaigns

**The SMSPCP furthers the actions of the state strategic plan through the following:**

Please refer to SP 1 strategic plan response on page 16 of this document.

**The SMSPCP builds an overall statewide framework through the following:**

Please refer to SP 1 statewide framework response on page 16 of this document.

***Priority 3: Suicide Prevention through Training and Workforce Enhancements***
Suicide Prevention Training and Workforce Enhancement Program (SPTWEP) (SP 2.1, 2.2, 2.5)

**SP 4 Program Name**
**Suicide Prevention Training and Workforce Enhancement Program (SPTWEP)**

**Program Scope of Work**
The purpose of the Suicide Prevention Training and Workforce Enhancement Program (SPTWEP) is to develop and implement service and training guidelines to promote effective and consistent suicide prevention, early identification, referral, intervention and follow-up care across all service provider systems and organizations. The SPTWEP will develop program curriculum that will address professionals across systems and disciplines and also connect to the Higher Education Student Mental Health Initiative. This program will consist of the following three actions: 1) Convene expert workgroups to recommend, develop, disseminate, broadly promote and evaluate suicide prevention service; and training guidelines and model curricula for targeted service providers, including peer support providers in California. 2) Expand opportunities for suicide prevention training for selected occupations and facilities through long-term approaches, such as embedding suicide prevention training in existing licensing, credentialing and graduate programs. 3) Increase the priority of suicide prevention training through outreach and by disseminating, tailoring and enhancing state training guidelines as necessary to meet local needs.

Information gathering participant input regarding priority target populations includes the following recommendations: campus police and public safety personnel on the list of first responders, health services professionals, adult and juvenile justice system corrections intake staff, credit counselors and employment outplacement personnel, personnel in the Family Law system. Emphasis may be placed on identifying, promoting, and adapting curricula and train-the-trainer trainings to support long-term impact. Adding adaptations for cultural and ethnic populations, different age groups, and paraprofessional and professional staff may be a focus for this program. RFP respondents may be required to identify different training strategies for professions with high turnover to limit the loss of valuable resources through staff turn-over.

**Measurable Outcomes**
Outcomes that may be specified for SPTWEP include the following examples:

- Informed community of appropriate guidelines to support statewide training related to recognition of culturally competent and age and appropriate response to age, gender, region and culture/language specific individuals demonstrating suicide warning signs
- Increased number of trained professionals, gatekeepers, etc.
- Developed statewide infrastructure for identifying and responding to suicide risk

**The SPTWEP furthers the actions of the state strategic plan through the following:**
Please refer to SP 1 strategic plan response on page 16 of this document.

**The SPTWEP builds an overall statewide framework through the following:**
Please refer to SP 1 statewide framework response on page 16 of this document.

***Priority 4: Suicide Prevention Effectiveness and Accountability***
Suicide Prevention Evaluation and Accountability Program (SPEAP) (SP 4.2, 4.3, 4.5, 4.6)

**SP 5 Program Name**
**Suicide Prevention Evaluation and Accountability Program (SPEAP)**

**Program Scope of Work**
The purpose of the Suicide Prevention Evaluation and Accountability Program (SPEAP) is to improve data collection, surveillance and program evaluation and launch a research agenda to design responsive policies and effective programs. The scope of work for this program will include testing and adapting evidence-based practices; the development of methodologies for evaluating suicide prevention interventions, including community-based participatory research methods; providing training and technical assistance on program evaluation to the counties and local partners the evaluation of promising community models; increase local capacity for data collection, reporting, surveillance and dissemination; and building local capacity to evaluate suicide prevention programs, including community based participatory research methods.

Information gathering stakeholder input for this program continued to focus on the importance of identifying existing quality resources rather than developing new ones, keeping the focus on maximizing statewide impact, building capacity, and partnering with community organizations and state entities already doing this work. There was also an emphasis on paying attention to the needs of culturally and ethnically diverse populations and including the expertise of consumer and family members and organizations. Proposers may be asked to build capacity of community and peer and family organizations to assure involvement in participatory research.

**Measurable Outcomes**
Outcomes that may be specified for SPEAP include the following examples:
- Increased number of suicide prevention programs that are conducting local formal evaluations
- Increased number of suicide prevention programs that are participating in statewide evaluation procedures
- Increased quality of data regarding suicide trends, protective and risk factors, and population variables
- Increased amount of evaluation data pertaining to suicide prevention programs

**The SPEAP furthers the actions of the state strategic plan through the following:**
Please refer to SP 1 strategic plan response on page 16 of this document.

**The SPEAP builds an overall statewide framework through the following:**
Please refer to SP 1 statewide framework response on page 16 of this document.

## STIGMA AND DISCRIMINATION REDUCTION

**Priority 1: Supportive Environment of Suicide Prevention Creation**
Strategies for a Supportive Environment Program (SSEP) (SDR 1.1, 1.3, 1.5, 1.6, 1.7)

**SDR 1 Program Name**
**Strategies for a Supportive Environment Program (SSEP)**

**Program Scope of Work**
The purpose of the Strategies for a Supportive Environment Program is to create a supportive environment for all consumers and those at risk for mental health challenges, family members, school and campus personnel and the community at large; establishing social norms that recognize mental health is integral to everyone's well-being. This program emphasizes the creation of public campaigns that will increase awareness within the public and private systems that people at different points in their lives experience different degrees of mental health from wellness to crisis; and persons living with mental health challenges have resilience and the capacity for recovery. Within the scope of work, activities will create opportunities and forums for strengthening relationships between consumers, family members and the larger community, and supporting the recognition that peer run and peer led programs are an important strategy for reducing stigma. Activities will also address the multiple stigmas of persons living with mental health challenges and also face discrimination based on their race, ethnicity, age, sexual orientation, gender identity, physical disability, or other societal biases. Services will also provide increased support for those closely involved with the lives of individuals facing mental health challenges.

Stakeholder participating in the information gathering sessions identified the following target populations as priorities: persons in positions to identify mental illness including educators and broader medical/community, employers, mental health providers, law enforcement and the courts. Stakeholders emphasized the importance of identifying and relying on existing effective resources, coordinating efforts and ensuring inclusion of the stigma and discrimination reduction strategic plan values to guide program implementation. The emphasis on coordinating efforts and ensuring that the specified values and populations are addressed suggests that a statewide anti-stigma and discrimination consortium may need to be created. The consortium can conduct an assessment of current capacity, gaps and recommend strategies for addressing those gaps, best practices, available resources and help promote the values contained in the strategic plan. The Statewide Coordination Workgroup (SCW) may be tasked with the aforementioned activities. RFP recommendations included the following: consider means or structure to achieve a coordinated public message; and structure RFP so applicants with expertise in some areas can be awarded without having to address all areas.

**Measurable Outcomes**
Outcomes that may be specified for SSEP include the following examples:

- Increased support for consumer and family environments

- Increased change in social norms reflecting recognition of mental health as integral to everyone's well-being
- Increased availability of age, gender, region and culture/language specific anti-stigma programs to create widespread understanding of mental health challenges and suicide risk and prevention
- Measurable increase in understanding of mental health challenges and suicide risk and prevention strategies on the part of trained personnel, community gatekeepers and peer-to-peer support providers
- Increased change in knowledge, attitudes, and behaviors that is noted and assessed, statewide

**The SSEP furthers the actions of the state strategic plan through the following:**
Please refer to SP 1 strategic plan response on page 16 of this document.

**The SSEP builds an overall statewide framework through the following:**
Please refer to SP 1 statewide framework response on page 16 of this document.

**Priority 2: Promotion of Awareness, Accountability and Change**
Values Practices and Policies Program (VPPP) (SDR 2.1, 2.3, 2.4, 2.6, 2.9, 2.10)

**SDR 2 Program Name**
**Values Practices and Policies Program (VPPP)**

**Program Scope of Work**
The purpose of the Values Practices and Policies Program is to promote awareness, accountability and changes in values, practices, policies and procedures across and within systems and organizations that encourage the respect and rights of people identified with mental health challenges. The scope of work for this program includes the following activities: systematic reviews to identify and address stigmatizing and discriminatory language, behaviors, practices and policies; the provision of mental health services in non-traditional, non-stigmatizing community and school sites; the promotion of integrative delivery models of mental health, primary health care and social services, parity between medical and mental health services coverage and financing; and the development of spirituality and faith-based practices as tools for wellness and recovery; the education of employers; the development of guidelines and standards for social marketing campaigns to promote balanced and informed portrayals of people living with mental health challenges; promote and enhance initiatives, programs and curricula to change school cultures; and increase social inclusion and social acceptance.

Information gathering stakeholder input emphasized the importance of following best practices with evidence of effectiveness, including people with lived experience from different cultural backgrounds, transforming practices and attitudes in the mental health profession, and promoting a recovery model. Deliverables indicate that this program should primarily focus on providing training and technical assistance to reduce stigma and discrimination by changing behaviors and attitudes of people in various systems. Stakeholder input on RFP program structure included the

following recommendations: include peer-run organizations and community-based organizations focused on ethnic and cultural underserved populations in the review panels.

**Measurable Outcomes**

Outcomes that may be specified for VPPP include the following examples:

- Improvement in knowledge, attitudes, skills and behavior of employers and others receiving training
- Increased awareness of the importance of mental health within organizations
- Specific changes in policies and procedures related to the program goals within organizations receiving services
- Increased respect and awareness of the rights of people identified with mental health challenges

**The VPPP furthers the actions of the state strategic plan through the following:**

Please refer to SP 1 strategic plan response on page 16 of this document.

**The VPPP builds an overall statewide framework through the following:**

Please refer to SP 1 statewide framework response on page 16 of this document.

**Priority 3: Effective and Promising Programs Knowledge Increase**

Promising Practices Program (PPP) (SDR 4.1)

**SDR 3 Program Name**
**Promising Practices Program (PPP)**

**Program Scope of Work**

The purpose of the Promising Practices Program (PPP) is to increase knowledge of effective and promising programs and practices that reduce stigma and discrimination using methods that include community-led approaches. The scope of work for this program includes the development and implementation of a plan to address the information gaps on how to reduce stigma and discrimination to build effective and promising anti-discrimination programs.

Recommendations from the information gathering session emphasized the importance of identifying already existing effective practices and programs and building capacity of counties and community organizations to implement these practices, evaluating their impact on the local level, and building the evidence for promising practices. Establishing a baseline and identifying, developing, and disseminating evaluation tools was seen as critical considerations for these deliverables. Stakeholder input on RFP structure included the following recommendations: the inclusion of a Resource Directory and require respondents to include as part of their submission all relevant research about stigma and discrimination.

**Measurable Outcomes**

Outcomes that may be specified for PPP include the following examples:

- Greater system and organizational awareness, collaborations, use of community-led approaches and partnerships between academic and community-based participatory research
- Increased use of community-led approaches
- Increased use of identified effective and promising practices that lead to reduced stigma and discrimination

**The PPP furthers the actions of the state strategic plan through the following:**
Please refer to SP 1 strategic plan response on page 16 of this document.

**The PPP builds an overall statewide framework through the following:**
Please refer to SP 1 statewide framework response on page 16 of this document.

***Priority 4: Federal and State Laws Advancement***
Advancing Policy to Eliminate Discrimination Program (APEDP) (SDR 3.1 and 3.4)

**SDR 4 Program Name**
**Advancing Policy to Eliminate Discrimination Program (APEDP)**

**Program Scope of Work**
The purpose of the Advancing Policy to Eliminate Discrimination Program (APEDP) is to uphold and advance federal and state laws to identify and eliminate discriminatory policies and practices. The scope of work for this program includes activities that increase awareness and understanding of existing laws and regulations that protect individuals living with mental health challenges and their family members against discrimination. Activities will also reflect the development of policies and mechanisms within the criminal justice system to more appropriately meet the needs of individuals with mental health challenges, including those located within inpatient psychiatric facilities.

Information gathering stakeholders emphasized the importance of looking at policies within the mental health system as well as state and federal laws and regulations. Stakeholders generally supported the multi-prong approach contained in the deliverables, consisting of: reviewing existing policies and regulations, recommending changes, and increasing awareness of laws and regulations that attempt to eliminate discrimination. Stakeholders added that it was important to include a review of how existing policies, laws and regulations are being implemented and enforced and the importance of turning to people with lived experience to conduct the reviews. Stakeholders recommended that the RFP structure include consumers and family members in the review of proposals.

**Measurable Outcomes**
Outcomes that may be specified for APEDP include the following examples:
- Improved policies and mechanisms that support and appropriately address mental health challenges and help eliminate discriminatory practices within the criminal and juvenile justice system

- Improved juvenile and criminal justice system capability to meet the needs of individuals with mental health challenges
- Reduction in instances of stigmatization and discrimination within the juvenile and criminal justice system

**The APEDP furthers the actions of the state strategic plan through the following:**
Please refer to SP 1 strategic plan response on page 16 of this document.

**The APEDP builds an overall statewide framework through the following:**
Please refer to SP 1 statewide framework response on page 16 of this document.

***STUDENT MENTAL HEALTH***

**Priority 1: Education, Training and Peer Support for Higher Education**
University and College Student Mental Health Program: UC-SMHP, CSU-SMHP, CCC-SMHP
University of CA – SMHP
California State University – SMHP
California Community College – SMHP

**SMHI 1 Program Name**
**Student Mental Health Program – University of California (UC-SMHP)**

**SMHI 2 Program Name**
**Student Mental Health Program – California State University (CSU-SMHP)**

**SMHI 3 Program Name**
**Student Mental Health Program – California Community Colleges (CCC-SMHP)**

**Program Scope of Work**
The purpose of the University and College Student Mental Health Programs (UC-SMHP, CSU-SMHP, CCC-SMHP) is to implement training, peer-to-peer support and suicide prevention within the University of California (UC), California State University (CSU) and California Community Colleges (CCC). One member from each of the UC, CSU and CCC Student Mental Health Programs will also be represented in the CalMHSA Statewide Coordination Workgroup (SCW). The scope of work for the programs will fund training activities for students, faculty, staff or administrators to raise awareness of issues of mental health, wellness on college campuses, and an understanding of the disability and legal rights of students with mental illness. The program will also support the development of peer-to-peer activities that focus on mutual support, student retention, student safety, promoting acceptance of cultural diversity, disability, empowerment strategies and reduction of the stigma associated with mental illness. The suicide prevention programs focus specifically on addressing the unique needs, vulnerabilities and risk factors of university and college students by allocating suicide prevention resources directly onto campuses to raise and to make them as accessible, relevant and effective.

Information gathering stakeholders emphasized the importance of focusing on the long-term impact of program activities. They recommended that activities address infrastructure, capacity building, and training needs with an eye on sustainability and leveraging the resources to maximize the population of students that will benefit from this initiative. The work plan indicates that the University and College Student Mental Health Program shall establish a formal process for ongoing collaboration between higher education and county mental health. The development of a consortium of experts and relevant stakeholders to guide this collaboration, inform the activities under this initiative in each of the higher education systems, and ensure coordination of activities with the other initiatives (Suicide Prevention and Stigma and Discrimination Reduction) may be the best strategy for achieving this goal. This consortium can also help foster relationships and sharing of resources across systems and within systems as recommended by stakeholders. Stakeholder input on RFP program structure centered around the promotion of larger and better funded institutions partnering with less-well funded institutions to share resources.

**UC, CSU and CCC SMHP Measurable Outcomes**

Outcomes that may be specified for the UCSMHP include the following examples:

- Increased knowledge of suicide or its risk indicators
- Reduced incidents of suicide or suicide attempts
- Reduced stigma and discrimination
- Increased access to services
- Increased linkages with community resources
- Increased collaboration among the higher education to improve student mental health
- Reduced disparities in access to services, and students' own satisfaction with access and care

**The UCSMHP furthers the actions of the state strategic plan through the following:**

Please refer to SP 1 strategic plan response on page 16 of this document.

**The UCSMHP builds an overall statewide framework through the following:**

Please refer to SP 1 statewide framework response on page 16 of this document.

**Priority 2: Training, Peer-to-Peer Support and Suicide Prevention for Kindergarten – Twelfth Grade**

**SMH 4 Program Name**
**Kindergarten to Twelfth Grade Student Mental Health Statewide Program (K-12 SMHP – Statewide Policy Coordination)**

**Program Scope of Work**

The purpose of the Statewide Kindergarten to Twelfth Grade Student Mental Health Program (K-12 SMHP – Statewide Policy Coordination) is to provide school-based programs, systems and policy developments, education and training and technical assistance in schools districts. The long-term goal is that programs will be established in each of California's eleven superintendent

regions. The scope of work for this program includes a variety of activities focused primarily on education and training capacity building, resource development, and social marketing. State level activities for training will involve developing or enhancing existing evidence-based trainings to be more culturally and linguistically appropriate which would allow schools or other community organizations to implement the training at the local level; technical assistance to support program development and implementation through the provision of resources on best practices, convening to exchange and share information and lessons learned and access to on-site consultation to increase the effectiveness of SMHI-funded programs; training for those personnel, like teachers, most likely to first identify potential mental health needs; use of appropriate youth peer-to-peer strategies; a continuum of prevention and early intervention services for schools and their districts.

A K-12 Student Mental Health Policy Workgroup (SMHPW) will be established and shall work with the entity selected to implement the K-12 SMHP Policy Coordination. A member of the SMHPW will also be represented in the CalMHSA Statewide Coordination Workgroup (SCW). The SMHPW will be established to provide oversight for statewide coordination of K-12 programs across the Superintendent Regions. The scope for this workgroup will include coordination and redirection of resources through school, district-wide, regional and/or statewide systems to create a cohesive and comprehensive system from prevention and early intervention to intervention and support for student mental health. The workgroup will be responsible for the development of policies within the school, district, region and state that make mental health promotion an integral part of school operations and school improvement efforts; linkages to services provided on campus or otherwise provided through school health centers, foster care systems serving transition age youth, county departments of mental health, special education programs and community-based organizations. The workgroup will also facilitate linkages to services that are inclusive of county/local School Attendance Review Boards (SARBs) pursuant to Education Code Section 48321, use of appropriate youth peer-to-peer strategies and school-based peer-to-peer programs. This committee will be comprised of representatives from the Superintendent Regions and the Department of Education.

Feedback from the information gathering session recommended that training should focus on building capacity and promoting standards and best practices for K -12 student mental health, building capacity to evaluate K -12 student mental health education, training and capacity building strategies and to identify new effective practices, developing materials and resources needed to improve statewide K -12 student mental health capacity and should consolidate all deliverables associated with resource development, developing resources for evaluation and data collection. The social marketing activities should be closely linked with the other initiatives (Stigma and Discrimination Reduction and Suicide Prevention) and be focused on developing infrastructure, strategies, and capacity building for social marketing. It should also focus on building capacity to evaluate social marketing activities and to link data and research with the development of marketing materials.

Stakeholder input on RFP program structure included the following recommendations:

- School-based grants should focus on policy issues and should be sustainable, rather than focus on providing services

- The policy work group should coordinate this area with the other program areas
- All grantees should demonstrate a comprehensive approach rather than a stand-alone approach

**SMH 5 Program Name**
**Kindergarten to Twelfth Grade Student Mental Health Statewide Program (K-12 SMHP – Superintendent Regions)**

**Program Scope of Work**
The purpose of the K-12 SMHP is to develop relationships between school systems, foster care systems and county mental health departments to ensure effective referral process of students between systems and effective use of resources to avoid duplication and fill gaps; procedures for ongoing assessment of student mental health and continuous improvement of school-based program; credentialing of school counselors, school psychologists, school social workers, speech-language therapists and audiologists and front line staff.

Information gathering session stakeholders emphasized the need to coordinate technical assistance at a statewide level and to identify and promote best practices. There were also recommendations on building the capacity to be data-driven. The SMHPW is the best vehicle to coordinate technical assistance at a statewide level, promote best practices, and include the perspectives of key stakeholders. RFP recommendations included a requirement to conduct an assessment of current capacity and gaps in each of the main initiative program areas.

**Measurable Outcomes**
Outcomes that may be specified for the K-12 SMHP Superintendent Regions include the following examples:

- Increased school attendance, or performance
- Decreased school drop-out rates
- Reduced school suspensions and expulsions for behavior problems
- Increased identification of early signs of mental illness
- Reduced stigma and discrimination related to mental health
- Improved relationships between school systems, foster care systems and county mental health departments
- Increased linkages to services that are inclusive of county/local School Attendance Review Boards (SARBs)
- Increased access to services, increased linkages with community resources
- Increase in parent or student awareness of available support resources
- Students' or families' satisfaction with care

**The K-12 SMHP Superintendent Regions furthers the actions of the state strategic plan through the following:**
Please refer to SP 1 strategic plan response on page 16 of this document.

**The K-12 SMHP Superintendent Regions builds an overall statewide framework through the following:**
Please refer to SP 1 statewide framework response on page 16 of this document.

***MHSOAC: 6. Budget – Provide a budget detail with a justification and rationale that logically supports the proposed budget for each program (program explanation). Note: The amount of funding to be approved for this work plan cannot exceed the total amount assigned by Counties at the time of approval.***

### CalMHSA Response: Budget

CalMHSA Board members analyzed and set the allocation for funding the Strategic Initiatives. The IAHC members responsible have extensive experience budgeting, designing, and implementing a wide range of programs, including local PEI and development of the Implementation Work Plan program funding structure. There were no program and budgeting models to draw from given the uniqueness of Statewide PEI. The three strategic plans envision a broad, comprehensive scale that is unprecedented—statewide is literal. The Work Plan, including the program budgets, was reviewed and approved by the CalMHSA Board, whose collective experience and knowledge with designing, budgeting and managing complex service delivery systems is commensurate with the scale of Statewide PEI. Every step of budget development was addressed through the review and input from the Stakeholders and their respective expertise. The program budgets reflect the best professional judgment of CalMHSA Board members and George Hills Company. Taken into consideration for the three strategic initiatives were knowledge and experience such as:

- Suicide Prevention, Program 5, Effectiveness and Accountability: In consideration of information from the OSP and from local epidemiologists baseline data needed to be examined and uniform reporting needed to be implemented. The estimated amount was set at the shown level (see spreadsheet below); and since funding for evaluation for this component was already allocated, additional evaluation funds were not added. For Suicide Prevention Program SR 2, the Regional and Local Suicide Prevention Capacity-Building Program (RLSPCBP), we considered the amount of funds allocated to the five CMHDA regions for the WET programs ($1.8 million) and thought that an approximate equivalent amount would suffice. For the Social Marketing, we understood the initial cost for the CA Department of Health Services Tobacco Cessation campaign was $25 million, so the amount allocated in the Suicide Prevention and the Stigma Reduction Social Marketing approximated the cost of that very successful campaign.

- Stigma and Discrimination Reduction: For SDR Program 1 and 2, we understood the depth and breadth of these initiatives as efforts that would touch communities throughout the state and provide messages that would be broadcast across the state. Assuring that consumers and family members are involved in the development and the implementation of these programs required a substantial investment. In addition, linking the social marketing to suicide prevention would generate a high level of quality and media

attention. In SDR Programs 3 and 4 we determined that much less investment was needed for funding training activities, policy analysis and legal challenges.

- Student Mental Health Initiative: There was clear demarcation and allocations for the Higher Education (60%) and K-12 (40%) SMH Programs. We did not find a compelling data driven method for separating the three university systems, so we divided the amount into three equal amounts. For K-12, we were informed that the School Superintendents had eleven regions and we determined that a portion of K-12 funds would be allocated to them. In addition, a portion of funds were allocated for statewide coordination which we believe should be provided through the State Department of Education.

The above reflects many (but not all) of the points of reference we used for allocating the funds among the programs. The IAHC discussed and debated the allocations, set them at the stated amounts and received approval from the CalMHSA Board.

***MHSOAC: 7. Budget – Provide a budget detail with a maximum of 10% for an operating reserve.***

**CalMHSA Response: Budget**

CalMHSA decreased the operating reserve approximately 1.3 million dollars and allocated these dollars back into programs. The adjustment to the major programs is detailed below and the allocation to specific programs has been calculated based on percentages of each program in each category and disclosed in the attached Revised Implementation Plan Submission Budget.

The additional amount allocated to each program is:

| | |
|---|---|
| Suicide Prevention | $ 323,500 |
| Stigma and Discrimination Reduction | 485,250 |
| Student Mental Health – Higher Ed | 275,136 |
| Student Mental Health – K-12 | 210,113 |
| Total Reallocation from Operating Reserve to Programs | $1,293,999 |

Operating Reserve – will be addressed in the budget. *See spreadsheet below*.

# California Mental Health Services Authority (CalMHSA)
# PEI Statewide Program Funding and Summary Request
# Dept of Mental Health Information Notice No. 10-06
# Funding Request - Enclosure F, F-1, and F-2
## Revised Implementation Plan Submission Budget

| | | REVISED | | | | REVISED | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | Total All Programs | | | | | | | |
| | Program | Funds Assigned At Date of Submission | Prospective Members | Evaluation 7.50% | Enclosure F Program Total | Operating Reserve 9.00% | ADMIN 7.50% | Info Notice 10-06 Phase 2 Enclosure F-2 Program Funds | |
| ***Suicide Prevention*** | | Encl F - #4 | Encl F - #4 | Encl F - #5 | | | | | |
| **Suicide prevention I** | | (1) | (2) | (3) | (4) | (5) | (6) | (7) | |
| | SPNP - SP 1.3, 1.4, 1.11, 1.12, 1.13 | 2,016,628 | 39,306 | 215,808 | 2,271,743 | | | 2,271,743 | |
| | Regional - SP 1.5, 1.6 | 9,410,137 | 183,412 | 1,007,021 | 10,600,569 | | | 10,600,569 | |
| **Suicide Prevention II** | | | | | | | | | |
| | Campaign - SP 3.2, 3.3, 3.7 | 9,410,137 | 183,412 | 1,007,021 | 10,600,569 | | | 10,600,569 | |
| | Disseminate - SP 3.8, 3.9, 3.11 | 1,009,507 | 19,676 | 108,032 | 1,137,216 | | | 1,137,216 | |
| **Suicide Prevention III** | | | | | | | | | |
| | Educate - SP 2.1, 2.2, 2.5 | 1,009,507 | 19,676 | 108,032 | 1,137,216 | | | 1,137,216 | |
| **Suicide Prevention IV** | | | | | | | | | |
| | Effectiveness - SP 4.2, 4.3, 4.5, 4.6 | 1,009,507 | 19,676 | 108,032 | 1,137,216 | | | 1,137,216 | |
| **Total Suicide Prevention** | | **23,865,424** | **465,159** | **2,553,945** | **26,884,528** | **2,911,497** | **2,553,945** | **32,349,970** | 25.00% |
| ***Stigma (SDR)*** | | | | | | | | | |
| **SDR I** | | | | | | | | | |
| | CSDRP-SDR 1.1, 1.3, 1.5, 1.6, 1.7 | 14,999,419 | 392,827 | 1,605,154 | 16,997,400 | | | 16,997,400 | |
| **SDR II** | | | | | | | | | |
| | Awareness-SDR-2.1, 2.3, 2.4, 2.6, 2.9, 2.10 | 14,999,419 | 244,208 | 1,605,154 | 16,848,782 | | | 16,848,782 | |
| **SDR III** | | | | | | | | | |
| | Increase Knowledge-SDR 4.1 | 2,899,649 | 43,260 | 310,304 | 3,253,213 | | | 3,253,213 | |
| **SDR IV** | | | | | | | | | |
| | Regs Laws-SDR 3.1, 3.4 | 2,899,649 | 17,443 | 310,304 | 3,227,397 | | | 3,227,397 | |
| **Total Stigma (SDR)** | | **35,798,136** | **697,739** | **3,830,918** | **40,326,792** | **4,367,246** | **3,830,918** | **48,524,955** | 37.50% |
| ***Student Mental Health Initiative (SMHI)*** | | | | | | | | | |
| **SMHI I** | | | | | | | | | |
| | UC-SMHI Higher Ed 1, 2, 3 | 6,765,781 | 131,871 | 724,043 | 7,621,695 | | | 7,621,695 | |
| | CSU-SMHI Higher Ed 1, 2, 3 | 6,765,781 | 131,871 | 724,043 | 7,621,695 | | | 7,621,695 | |
| | CCC-SMHI Higher Ed 1, 2, 3 | 6,765,781 | 131,871 | 724,043 | 7,621,695 | | | 7,621,695 | |
| **Total Higher Education Allocation (56.7%)** | | 20,297,342 | 395,614 | 2,172,128 | 22,865,084 | 2,476,228 | 2,172,130 | 27,513,442 | 56.70% |
| **SMHI II** | | | | | | | | | |
| | State K-12 SMHI 4 | 1,000,000 | | | 1,000,000 | | | 1,000,000 | |
| | Regional K-12 SMHI 1, 2, 3, 4 | 14,500,772 | 302,145 | 1,658,790 | 16,461,707 | | | 16,461,707 | |
| **Total K-12 Allocation (43.3 %)** | | 15,500,772 | 302,145 | 1,658,790 | 17,461,707 | 1,891,017 | 1,658,787 | 21,011,511 | 43.30% |
| **Total Student Mental Health Initiative** | | **35,798,114** | **697,759** | **3,830,918** | **40,326,791** | **4,367,245** | **3,830,918** | **48,524,953** | 37.50% |
| **Total Anticipated Funds** | | **95,461,674** | **1,860,656** | **10,215,781** | **107,538,111** | **11,645,988** | **10,215,780** | **129,399,879** | 100.00% |

**Prepared by:** ______________________ **Telephone and e-mail:** ______________________

## SUGGESTED RECOMMENDATIONS FROM MHSOAC REVIEW TEAM:

***MHSOAC: 1. Engage Suicide Prevention Subject Matter Experts (SPSME's) in the three program areas of suicide prevention, stigma and discrimination reduction and student mental health.***

**CalMHSA Response:**

As described above, CalMHSA is creating a Statewide Panel of Subject Matter Experts (SPSME) who will influence the overall project design, implementation and evaluation through their participation in the IAHC, SCW and the coalitions for each program area. They will also inform the development of the scope of work and the RFP as well as contribute to the proposal review panels. The Statewide Panel of Subject Matter Experts (SPSME) will focus on unserved and underserved populations and will include specialists for suicide prevention, stigma and discrimination reduction, student mental health and evaluation. CiMH shall:

- Recruit the following SPSME to support the development of a more detailed program description: Bernice Pescosolido, Sam Bloom, Barbara Lurie, Richard Ramsey, Sue Eastgard and Kathryn Von-Boskirk
- Additional subject matter experts will be recruited to provide lived experience expertise for consumer, family, lifespan, diverse cultural communities and disparity risk factors
- Review current input with SPSME and organize a plan to address the details of the subject areas
- Review Scopes of Work drafts based on deliverable and brainstorming sessions

***MHSOAC: 2. Target specific populations and ensure that targeted populations are data-driven from an initial assessment. Consider targeting different high-risk populations (e.g., middle-aged and older males, Native Americans, rural areas, veterans, etc., under the suicide prevention programs. In addition, address the needs and suicide risks of individuals with co-occurring mental health and substance abuse issues.***

**CalMHSA Response:**

The RFP will ask respondents to specifically address the needs of unserved and underserved populations. All proposers will also describe the methods, including current data sources, to be used to conduct assessments and specify how targeted populations are to be addressed. The populations of greatest need and risk will be identified in the RFP. Respondents will be required to specify target populations and identify needs using data driven needs assessment. Subject matter experts in review panels will assess effectiveness of strategies to reduce risk in targeted populations.

***MHSOAC: 3. If programs have specific focus, then the deliverables could be revised to reflect the targeted communities and strategies to be implemented.***

**CalMHSA Response:**

In the RFP process outcomes for each priority area will be described. General examples of the type of anticipated deliverables will be given. Respondents will design and describe their method of reaching the outcomes with specific deliverables for targeted communities. The RFP process will be used to solicit creative competition among proposers.

***MHSOAC: 4. In order for a social marketing campaign to be successful in changing attitudes and behaviors, a comprehensive strategic planning process is needed that considers approaches to targeting and influencing audiences, risk factors, protective factors and includes thorough analysis of the issues (county models are available for implementation consideration).***

**CalMHSA Response:**

Counties with promising models (such as San Diego) will be consulted for guidance and access to existing needs assessment data. The SCW is expected to assist in the coordination of the social marketing campaigns. Successful proposers will need to demonstrate their ability to conduct and incorporate needs assessment data into the design of the proposed campaigns.

***MHSOAC: 5. Allocation of funds suggestions: 1) Increase investment in Suicide Prevention Strategic Direction 4, as California is in a unique opportunity to collect data in order to affect policies and programs; 2) Increase investment under Suicide Prevention Strategic Direction 2 for training and workforce enhancement to build an appropriate infrastructure before education and awareness: and 3) Decrease funds for social marketing program under Suicide Prevention since the social marketing program under Stigma and Discrimination could accomplish similar goals.***

**CalMHSA Response:**

CalMHSA does not propose to change the allocations by program other than as a result of the change in calculation of indirect costs which moves approximately two million dollars back into programs. CalMHSA considers the original allocation of funding to be a sound basis for each program. Coordination of Social Marketing will be taken into account in the development and structure of RFPs, specified in contract negotiations with successful proposers and ensured through monitoring implementation and ongoing program management. Please reference CalMHSA responses to Questions #1, #2, #3, and #4 above. Also reference CalMHSA response to budget item in Question #6.