

**DRAFT FIRST AMENDMENT TO THE  
CaIMHSA STATEWIDE PREVENTION AND EARLY INTERVENTION  
IMPLEMENTATION WORK PLAN**

**BACKGROUND AND STATUS:**

The California Mental Health Services Authority (CalMHSA) is an independent administrative and fiscal government agency focused on the efficient delivery of California mental health projects. California counties established CalMHSA as a Joint Powers Authority (JPA). Member counties worked together to develop, fund and implement mental health services, projects and educational programs at the state, regional and local levels. CalMHSA members developed an Implementation Work Plan in Fiscal Year 2010-11 that describes how \$129 million of Mental Health Service Act funds is being utilized to implement California's Statewide Prevention and Early Intervention (PEI) Plan to Prevent Suicides, Reduce Stigma and Discrimination, and Improve Student Mental Health.

Since the CalMHSA Implementation Work Plan<sup>1</sup> was approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) in February 2011, 13 new counties and cities<sup>2</sup> beyond those included in the original work plan have elected to participate in CalMHSA PEI statewide projects. To date, new participation has resulted in an additional \$7.7 million of program funds for expansion into new communities. This Work Plan Amendment seeks to utilize a portion of these funds to expeditiously address the following:

- Expand the scope of regional projects to include additional geographic areas and underserved populations, and,
- Strengthen racial, ethnic and cultural competency within existing projects.

**Principles for Funding Allocations:**

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

- Implement PEI projects in an expeditious manner.
- Strengthen local and regional capacity by ensuring new CalMHSA participants are included in funded activities.
- Maintain overall consistency in the proportion of funds allocated to Suicide Prevention (25%); Stigma and Discrimination Reduction (37.5%); and Student Mental Health (37.5%).<sup>3</sup>
- Consider the unique characteristics of communities participating in CalMHSA, including local factors such as capacity, population, and setting (rural, suburban, urban).

<sup>1</sup> The Implementation Work Plan approved in February 2011 can be found at: <http://calmhsa.org/programs/other/>

<sup>2</sup> Amador, Calaveras, Del Norte, Lassen, San Francisco, Santa Barbara, Mariposa, Merced, San Benito, San Mateo, Tri-Cities Mental Health Center, Tuolumne, Madera

<sup>3</sup> Per DMH Information Notices No.: 08-25 and 10-06.

## **STAFF RECOMMENDATIONS:**

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

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

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

*Higher Education: California Community Colleges (CCC):* SMHI Higher Education funds were allocated equally to each system<sup>4</sup>. The CCC serves a student population that is six to 11 times that of the California State University and University of California systems<sup>5</sup>, and admits “any student capable of benefiting from instruction.”<sup>6</sup> Augment the CCC contract in order to serve a larger student population than other higher education systems and to serve an expanded geographic and/or racial/ethnic/cultural and underserved population.

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

Eight out of 10 SDR projects are in the initial stages of implementation; the other 2 projects will be re-released for bid in the future<sup>7</sup>. It is recommended that program enhancements be delayed until Work Plan Amendment #2, so that they can be informed by implementation data.

## **Work Plan Amendment Timeline:**

- Pre-meeting with CalMHSA Advisory Committee Co-Chairs: January 5, 2012
- MHSOAC Coordinator’s Meeting: January 9, 2012
- CalMHSA Advisory Committee Meeting: January 12, 2012
- Release draft document for 30 day review for period January 20–February 19, 2012
- CalMHSA Board Meeting: February 10, 2012
  - Request that final approval be delegated to the Executive Committee
- CalMHSA Executive Committee via teleconference: Date TBD (early March, 2012)
- Presentation to MHSOAC Board Meeting: March 22, 2012

## **Second Work Plan Amendment Proposed for Fall 2012**

An additional work plan amendment is proposed for Fall 2012; it will include the \$2.9M set aside for Stigma and Discrimination Reduction and any other available funds (e.g. operating reserve and other unspent dollars). This plan will be informed by emerging program data, determination on whether funds revert on June 30, 2014, and may address other needs identified in prior stakeholder processes.

<sup>4</sup> SMHI Higher Education Initiative funding for UC, CSU and CCC was approximately \$7.5 million each.

<sup>5</sup> Based on FY 10-11 student enrollment data, CCC: 2.61 million, CSU: 412k, UC: 234k.

<sup>6</sup> CA Master Plan for Higher Education [http://ucfuture.universityofcalifornia.edu/documents/ca\\_masterplan\\_summary.pdf](http://ucfuture.universityofcalifornia.edu/documents/ca_masterplan_summary.pdf)

<sup>7</sup> Program 1, Component 1: SDR Consortium, Program 2, Component 4: Promoting Mental Health in the Workforce