



**Advisory Committee Meeting  
AGENDA  
March 14, 2013  
2:45 pm – 5:00 pm**

**Dial-in Number: 877-339-2412  
Access Code: 2250381321**

**WebEx Registration:  
<https://calmhsa.webex.com/calmhsa/onstage/g.php?t=a&d=593880703>  
Registration Password: 1234**

**Public Meeting Locations:**

**Doubletree Hotel Sacramento  
2001 Point West Way  
Sacramento, CA 95815  
(916) 929-8855**

**Family & Youth Round Table  
345 15<sup>th</sup> Street, Suite A  
San Diego, CA 92101  
(619) 546-5852**

**Project Return Peer Support Network  
6055 East Washington Blvd. #900  
Commerce, CA 90040  
(323) 346-0960**

**CalMHSA ADVISORY COMMITTEE MEETING**

**March 14, 2013  
2:45 pm – 5:00 pm**

**Dial-in Number: 877-339-2412  
Access Code: 2250381321**

**WebEx Registration:  
<https://calmhsa.webex.com/calmhsa/onstage/g.php?t=a&d=593880703>  
Registration Password: 1234**

**Public Meeting Locations:<sup>1</sup>**

**Doubletree Hotel Sacramento  
2001 Point West Way  
Sacramento, CA 95815  
(916) 929-8855**

**Family & Youth Round Table  
345 15<sup>th</sup> Street, Suite A  
San Diego, CA 92101  
(619) 546-5852**

**Project Return Peer Support Network  
6055 East Washington Blvd. #900  
Commerce, CA 90040  
(323) 346-0960**

*The Committee welcomes and encourages public participation in its meetings. Following each item, time is reserved for members of the public to address the Committee. Comments on items not on the agenda are reserved for the end of the meeting.*

*Comments will be limited to three minutes per person and twenty minutes total. Each interested party is to complete the Public Comment Card and provide it to a committee member at each location, prior to start of item. 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 Chairs may announce the maximum amount of time that will be allowed for presentation of testimony on that item. Comment cards from each meeting location will be retained as a matter of public record.*

- 1. Call to Order**
- 2. Roll Call & Public Comment Instructions**
- 3. Approval of the Agenda as Posted (Or Amended)**
- 4. Consent Calendar ..... 3**
- 5. Runyon Saltzman & Einhorn (Stigma & Discrimination Reduction Campaign Feedback) – Stephanie Welch ..... 8**
- 6. Student Mental Health Policy Workgroup – Ann Collentine ..... 10**
- 7. Cultural Competency Assessment Status Report – Katherine Elliott ..... 18**
- 8. Prevention and Early Intervention Statewide Projects Implementation Showcase – Ann Collentine ..... 20**
- 9. Advisory Committee Election – Ann Collentine ..... 23**
- 10. Program Director’s Report (verbal) – Ann Collentine ..... 25**
- 11. General Public Comment**
- 12. Adjourn Meeting**

<sup>1</sup> In compliance with the Americans with Disabilities Act, if you are a disabled person and you need a disability-related modification or accommodation to participate in this meeting, please contact Laura Li at (916) 485-4818 (telephone) or (916) 859-4805 (facsimile). Requests must be made as early as possible, and at least one full business day before the start of the meeting.

**Agenda Item 4**

**SUBJECT: Consent Calendar**

---

**BACKGROUND AND STATUS:**

The Consent Calendar consists of items that require approval or acceptance but are self-explanatory and require no discussion. If the Committee would like to discuss any item listed, it may be pulled from the Consent Calendar.

- Meeting Minutes from the November 29, 2012 Advisory Committee Meeting  
The minutes of the previous meeting require approval or acceptance and no additional discussion. If the Committee would like to make a correction to the meeting minutes, they may do so at the time of request for approval.

**RECOMMENDATION:**

Staff recommends approval of the meeting minutes from the November 29, 2012 Advisory Committee Meeting.

**REFERENCE MATERIAL(S) ATTACHED:**

- Meeting Minutes from the November 29, 2012 Advisory Committee Meeting

**MINUTES**  
**CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY (CalMHSA)**  
**ADVISORY COMMITTEE MEETING**

November 29, 2012

Sacramento, CA

**MEMBERS PRESENT**

Maureen F. Baumann, Advisory Committee Co-Chair, CalMHSA Vice President  
Joseph Robinson, Advisory Committee Co-Chair  
Anne Robin, Superior Region, CalMHSA Member  
Donna Jensen, Superior Region  
Jerry Wengerd, Southern Region  
Robin Roberts, Central Region  
Justin Louie Lock, Central Region  
Michael Kennedy, Bay Area Region, CalMHSA Member  
Kurt Schweigman, Bay Area Region  
William Arroyo, Los Angeles Region, CalMHSA Member

**MEMBERS ABSENT**

Donna Ewing-Martó, Southern Region  
Keris Jän Myrick, Los Angeles Region

**STAFF PRESENT**

Ann Collentine, CalMHSA Program Director  
Stephanie Welch, CalMHSA Senior Program Manager  
Sarah Brichler, CalMHSA Program Manager  
Laura Li, CalMHSA Program Analyst  
Amy Shearer, CalMHSA Research Assistant  
Maya Maas, CalMHSA Executive Assistant

**MEMBERS OF THE PUBLIC**

Kimberly Knifong, California Department of Public Health, Office of Human Equity  
Stacie Hiramoto, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO)  
Annie Temple, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO)  
Michael Gause, Mental Health America San Francisco  
Anara Guard, Education Development Center/AdEase  
Dede Ranahan, member of the public  
Delphine Brody, California Network of Mental Health Clients  
Kathleen Derby, member of the public  
Joyce Wright, California County Superintendents Educational Services Association

**1. Call to Order**

Co-Chair, Joseph Robinson, called the meeting to order at 10:05 a.m.

**2. Roll Call and Public Comment Instructions**

Laura Li, CalMHSA Staff, took roll and confirmed a quorum. Ms. Li then reviewed the public comment instructions.

Maureen Bauman	Present	Kurt Schweigman	Present	William Arroyo	Present
Joseph Robinson	Present	Robin Roberts	Present	Keris Jan Myrick	Absent
Anne Robin	Present	Jerry Wengerd	Present	Mike Kennedy	Abstain
Donna Jensen	Present	Justin Louie Lock	Present	Donna Ewing Marto	Absent

**3. Approval of the Agenda as Posted (or Amended)**

Co-Chair Robinson entertained a motion for approval of the agenda.

**Action:**            *Approval of the agenda as posted.*

**Motion:**         *Maureen Bauman*

**Second:**        *Justin Louie Lock*

Maureen Bauman	Aye	Kurt Schweigman	Abstain	William Arroyo	Absent
Joseph Robinson	Aye	Robin Roberts	Absent	Keris Jan Myrick	Absent
Anne Robin	Aye	Jerry Wengerd	Aye	Mike Kennedy	Abstain
Donna Jensen	Aye	Justin Louie Lock	Aye	Donna Ewing Marto	Absent

**Motion approved unanimously.**

**4. Consent Calendar**

Co-Chair Robinson asked if anyone wanted to pull an item from the consent calendar. Hearing none, he entertained a motion for approval of the consent calendar.

**Action:**            *Approval of the meeting minutes from the September 14, 2012 Advisory Committee Meeting.*

**Motion:**         *Maureen Bauman*

**Second:**        *Justin Louie Lock*

Maureen Bauman	Aye	Kurt Schweigman	Abstain	William Arroyo	Absent
Joseph Robinson	Aye	Robin Roberts	Aye	Keris Jan Myrick	Absent
Anne Robin	Aye	Jerry Wengerd	Aye	Mike Kennedy	Abstain
Donna Jensen	Aye	Justin Louie Lock	Aye	Donna Ewing Marto	Absent

**Motion approved unanimously.**

**5. Consortium Update**

Stephanie Welch, CalMHSA Senior Program Manager, provided a brief update on the Stigma and Discrimination Reduction (SDR) Consortium. Staff has been conducting contract negotiations, with the hope of finalizing by December 1, 2012. A transition period would follow contract execution, with a Consortium meeting taking place in January.

*Public comment was heard from the following individual(s):*

*None*

**6. CalMHSA Plan Update – Recommendations**

Ann Collentine, CalMHSA Program Director, gave a detailed review of the background, process and recommendations for the Plan Update. She then called on Ms. Welch to provide a detailed report on the SDR partner proposals, and Sarah Brichler, CalMHSA Program Manager, to give a detailed report on the Suicide Prevention (SP) partner proposals. Ms. Collentine concluded the review with information on the Student Mental Health (SMH) partner proposals.

Maureen Bauman, Co-Chair, praised the simulation game Kognito but asked staff to take note of the time consuming nature of the simulation. She also asked staff to look at the sustainability of training trainers during contract negotiations.

**Action:**            ***Approval of the recommendations for submission to the board at the December 13, 2012 CalMHSA Board of Directors Meeting.***

**Motion:**           ***Maureen Bauman***

**Second:**          ***Justin Louie Lock***

Maureen Bauman	Aye	Kurt Schweigman	Abstain	William Arroyo	Aye
Joseph Robinson	Aye	Robin Roberts	Aye	Keris Jan Myrick	Absent
Anne Robin	Aye	Jerry Wengerd	Aye	Mike Kennedy	Abstain
Donna Jensen	Aye	Justin Louie Lock	Aye	Donna Ewing Marto	Absent

***Motion approved unanimously.***

*Public comment was heard from the following individual(s):*

*Stacie Hiramoto, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO)*

*Jim Gilmer, Cyrus Urban Interchurch Sustainability Network (CUISN)*

*Bobby Fisher-Rubenstein, Fischer Communications*

*Marie Dyak, Entertainment Industries Council, Inc. (EIC)*

**7. Program Director’s Report**

Ms. Collentine provided an update on the Statewide PEI Projects. Staff has been working on communicating without overwhelming interested parties including the creation of the CalMHSA Express, which is issued weekly and posted on [www.calmhsa.org](http://www.calmhsa.org). She highlighted several of the projects and directed the committee and stakeholders to the weekly Express for more information on the numerous Statewide PEI Projects.

*Public comment was heard from the following individual(s):  
 None*

**8. General Public Comment**

Co-Chair Robinson opened the floor for general public comments.

*Public comment was heard from the following individual(s):  
 Jim Gilmer, Cyrus Urban Interchurch Sustainability Network (CUISN)  
 Stacie Hiramoto, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO)  
 Kathleen Derby, Member of the Public*

**9. Adjourn Meeting**

The meeting was adjourned at 11:33 a.m.

**Motion:** William Arroyo  
**Second:** Justin Louie Lock

Maureen Bauman	Aye	Kurt Schweigman	Abstain	William Arroyo	Aye
Joseph Robinson	Aye	Robin Roberts	Aye	Keris Jan Myrick	Absent
Anne Robin	Aye	Jerry Wengerd	Aye	Mike Kennedy	Abstain
Donna Jensen	Aye	Justin Louie Lock	Aye	Donna Ewing Marto	Absent

***Motion approved unanimously.***

## **Agenda Item 5**

**SUBJECT: Runyon Saltzman & Einhorn, Inc. (Stigma & Discrimination Reduction Campaign Feedback)**

---

### **BACKGROUND AND STATUS:**

After meeting with the CalMHSA Advisory Committee in 2012, Runyon Saltzman & Einhorn (RS&E) has further developed its campaign to reach 9–13 year olds (inoculation campaign), which integrates feedback provided by the Advisory Committee.

RS&E's stigma and discrimination reduction campaign uses prevention and early intervention strategies and a lifespan approach to confront the fundamental cause of stigmatizing attitudes and discriminatory and prejudicial actions. RS&E's lifespan audiences include Parents and Caregivers (0–8 year olds), Inoculation (9–13 year olds), Mobilization (14–24 year olds) and Decision-Makers (adults with influence 25+).

Research indicates that stigma is developed during the “tween” years of development (9–13 years old). The goal of the inoculation campaign is to stop stigma from developing by filling gaps in knowledge about mental health.

During each phase of the inoculation campaign development, RS&E engages its Strategic Council to ensure that messages are authentic and do not further perpetuate stigmatizing beliefs. RS&E's Strategic Council is comprised of mental health experts, including consumers, family members, parents/caregivers and several California Reducing Disparities Project partners who are experts in the Latino, Asian Pacific Islander, African-American and LGBTQ cultures. In addition, specifically for the inoculation campaign, RS&E engages with child development experts who review and vet each aspect of the campaign and its content before further development.

Through RS&E's benchmark survey that was distributed to more than 600 middle school students and 50 one-on-one interviews with 9–13 year olds, ten gaps in knowledge that may result in stigmatizing beliefs were identified. RS&E's inoculation campaign is designed to fill those gaps in knowledge through storytelling as several studies, including Dr. Corrigan's research, indicate that adolescents learn best when education is combined with meaningful narratives. Through a literature review, RS&E discovered that adolescents tend to look to teens as a source of information, therefore, narratives are told through the eyes of Transition Age Youth (14–24 year olds) who have experience with mental health challenges.

Four key mental health topics covered throughout the inoculation campaign are:

- Commonality
- Types of mental health challenges
- Resilience, hope, recovery
- Debunking of myths

RS&E combines both new and traditional media to reach the inoculation age group and leverage resources. Media vehicles will include:

- Interactive website featuring real-life narratives from a set of diverse Transition Age Youth;
- 100 school-based theatrical performances through a partnership with B Street Theatre (may be performed multiple times at the same location);



- Distribution of collateral materials at schools that receive the school-based performances; and
- Digital banner ads and radio banner ads that feature real-life teen narratives and direct the audience to the inoculation campaign website.

RS&E continues to work to ensure that the inoculation campaign is sustainable by leveraging resources and developing materials and events that can easily be adapted and move into the future.

**RECOMMENDATION:**

Provide Runyon Saltzman & Einhorn with feedback and guidance.

**REFERENCE MATERIAL(S) ATTACHED:**

- None

## Agenda Item 6

**SUBJECT: Student Mental Health Policy Workgroup**

---

### **BACKGROUND AND STATUS:**

The California Department of Education (CDE), Statewide K-12 Mental Health Program Partner, as part of their contract with CalMHSA, convened a Student Mental Health Policy Workgroup (SMHPW). The purpose of the SMHPW is to make annual policy recommendations to the State Superintendent of Public Instruction (SSPI) and the California State Legislature that favorably impact student mental health, and build capacity among K-12 schools, mental health providers, mental health organizations, youth development agencies, county agencies, and others to appropriately refer and treat students with mental health needs.

As such, the SMHPW is composed of 40 members from diverse sectors and geographical locations, all of whom have both an interest and experience in student mental health. On November 30, 2012, the SMHPW had its third meeting focusing on drafting policy recommendations based on top priorities identified in previous SMHPW meetings. On March 8, 2013, the SMHPW will be convening another meeting for the purpose of voting on which recommendations to move forward. The following recommendations are currently being considered and may change based on the SMHPW meeting being held on March 8<sup>th</sup>:

1. Incorporating a Mental Health Component into *A Blueprint for Great Schools*
  - *A Blueprint for Great Schools* provides key strategies for improving California's school system, but could be greatly enhanced with more emphasis on mental health/wellness;
2. Adding Mental Health Curriculum to Professional Credential Requirements – Curriculum would enable educators to identify, reach, and teach students affected by mental health disorders and promote school environments and strategies that improve school climate and positive discipline
  - Preliminary Multiple/Single Subject Credentials;
  - Induction Multiple/Single Subject Credentials;
  - Preliminary Administrative Services Credential;
  - Induction Administrative Services Credentials;
3. Enhancing Partnerships and Teams to Facilitate Improved Student Mental Health through the following:
  - The State Superintendent of Public Instruction (SSPI) should augment the current School Safety Plans Checklist on the CDE Website to include numerous anti-stigma mental health and youth suicide prevention strategies;
  - SSPI shall recommend districts and schools send teams to the Training Educators Through Recognition and Identification Strategies (TETRIS) training of trainers workshops;
  - SSPI shall request that districts make connections with county mental health offices, community mental health providers and organizations and utilize programs run by people (youth) with lived experience;
  - SSPI shall support state and federal grant legislation that would improve access to comprehensive student mental health services;
4. Improving Accountability
  - Include a requirement in individual School Accountability Report Card (SARC), where each school summarizes its student mental health strategies and accomplishments.

Staff will be discussing the recommendations subsequent to the posting of this agenda which will be based on outcomes of the March 8, 2013 meeting. Staff will post (on the CalMHSA website) any supplemental materials no later than March 11, 2013, for your review.

On March 14, 2013 staff will seek the committee's support in recommendations being proposed by the SMHWP for bringing these recommendations to the CalMHSA Board.

**RECOMMENDATION:**

Support of bringing recommendations being proposed by the SMHWP to CalMHSA Board for their consideration and/or endorsement.

**REFERENCE MATERIAL(S) ATTACHED:**

- SMH Policy Recommendations – Draft prepared for March 5, 2013 SMHPW Meeting

# Student Mental Health Policy Recommendations

(as distributed to the SMHPW on March 5, 2013)

## Background for Recommendations

Over the past decade, American society has become increasingly aware of mental health issues in the general population through tragic events such as the school shootings in Columbine, California, and Connecticut. This increased awareness has created an immediate response from student mental health stakeholders, parents, and policymakers who are demanding that students have access to mental health supports.

There is a growing recognition that educators need more training in recognizing the signs of mental illness and knowing how to refer students and families to appropriate school and community resources. All certificated and classified school staff should be better equipped to recognize key signs of mental health issues and to understand possible actions available to them in addressing student and family needs.

There is also a growing recognition of the need for enhanced partnerships and teams with agencies outside of the public schools to provide mental health services to students and their families.

The recommendations below are the Work Group's response to these training and partnership needs, and we propose addressing them in the context of *A Blueprint for Great Schools* as well in the context of credential standards and the School Accountability Report Card (SARC).

Mental health challenges appear to disproportionately impact students who face stressors such as violence and trauma or poverty. Academic interventions alone will not succeed. California's dropout rate is unacceptably high—especially in these subgroups—and one of the most frequently neglected issues is the social and emotional health of these children.

Research demonstrates that early detection and treatment of mental illness not only helps students reduce the symptoms of their illness, it improves attendance, behavior, and ultimately academic achievement. The time is right to move ahead to empower educators—especially new educators—with more knowledge and training in student mental health. This is especially critical in the highest-need schools, which are frequently staffed with the least experienced and least trained teachers and administrators.

State Superintendent of Public Instruction (SSPI) Tom Torlakson has convened a Student Mental Health Policy Workgroup (SMHPW), with funding from the California Mental Health Services Authority (CalMHSA). The CalMHSA is an organization of county governments working to improve mental health outcomes for individuals, families, and communities.

The CalMHSA administers Prevention and Early Intervention programs funded by Proposition 63: The Mental Health Services Act (MHSA) of 2004 on a statewide, regional, and local basis. Tom Torlakson has brought together individuals with diverse expertise to

develop innovative policy recommendations to address the mental health challenges facing vulnerable youth. Many of these vulnerable youth are in programs for special education, English language learners, children living in poverty, or foster care; but these programs are not enough to help students overcome additional mental health barriers they face in preparing for their futures.

The all-volunteer, unpaid work group is composed of teachers, school counselors, school social workers, school psychologists, school nurses, and school administrators, as well as state and county mental health professionals. This diverse group of experts has reviewed the current mental health needs of California students as well as the existing student mental health practices and believes that educators—including administrators, teachers, and support staff—need more training in the area of student mental health.

A sharper focus on supporting student mental health is needed in the school system. Stronger collaborative partnerships and school-level and district-level teams are needed to link students who face the most severe challenges to appropriate services. We must provide students with greater access to mental health services for students and families. **For our multicultural population, school-based family-oriented services should be emphasized in order to reduce stigma and increase follow-through with referrals to improve student mental health.** The following recommendations from the SMHPW fall into four categories:

- Incorporating a mental health component into *A Blueprint for Great Schools*
- Staff preparation to meet students' mental health needs
- Enhanced partnerships and teams to support student mental health
- Accountability for supporting student mental health

#### **Incorporating a Mental Health Component into *A Blueprint for Great Schools***

*A Blueprint for Great Schools* provides key strategies for improving California's school system, but could be greatly enhanced with more emphasis on mental health/wellness. The SMHPW would like to work with the SSPI's staff to incorporate the following changes to the document:

- Include a glossary to define language that is specific to student mental health for the various educational professions so that people of all professional backgrounds become familiar with key terms and concepts.
- Add student mental health and wellness in the Executive Summary recommendations for "Education Supports" and "Health and Fitness."
- Change the title of Strategy #7 in the Blueprint for Great Schools from "Health, Nutrition, and Physical Fitness" to "Physical and Mental Wellness."

- Include bullet point # 2 under “Physical and Mental Wellness” (previously “Health, Nutrition, and Physical Fitness”) Key Recommendations under Education Support Key Recommendations.
- Include the term physical and mental health/wellness throughout the document as appropriate and specifically in the following strategies under “Key Recommendations”:
  - Strategy 4 – bullet 1, “focus on growth...physical and mental wellness and better assess 21st century skills.”
  - Strategy 5 – Early Childhood Education
  - Strategy 6 – Education Supports
  - Strategy 7 – Health, Nutrition and Physical Fitness
- In “Education Supports Key Recommendations” bullet point #2, “Create a Children’s Cabinet” that is committed to improving systems and developing policies that support children’s programs and services in California. The Children’s Cabinet should focus on ensuring that California children are safe, healthy, well-educated, and productive and should include a strong focus on student mental health **with direct involvement with families.**
- In the section titled, Building School Capacity, include “training school personnel in student mental health strategies” as part of paragraph #7 in Strategy #4, “Accountability and School Improvement.”

## **Staff Preparation**

Since significant mental health knowledge is required to fully address student barriers to education, the State Superintendent of Public Instruction (SSPI) shall recommend that appropriate credentialing programs (starting with multiple/single-subject and administrative services credentials) include mental health curricula with information about mental health disorders and how they manifest at school. The curriculum should enable educators to identify, reach, and teach students affected by mental health disorders and promote school environments and strategies that improve school climate and positive discipline. The specific mental health curriculum should vary in the preliminary and induction credentials for teaching and administrative services credentials:

### *Preliminary Multiple/Single Subject Credentials*

Provide basic information about mental wellness, mental health disorders, and strategies for supporting students in the classroom, including prominent school-wide strategies such as Positive Behavioral Interventions and Supports (PBIS), trauma-informed practices, and Restorative Justice.

### *Induction Multiple/Single Subject Credentials*

Require classroom management standards that address student mental health needs, incorporating social and cultural contexts, linking students and families with mental health professionals, and working with administration and colleagues to directly and indirectly support students in the classroom through school-wide intervention strategies like PBIS, trauma-informed practices, Restorative Justice **and school-based family counseling**, so there is better and more equitable access to the curriculum.

### *Preliminary Administrative Services Credential*

Provide a review of mental health and mental health disorders, effective use of mental health accommodations, and school disciplinary procedures, including manifestation determination for serious offenses and prominent school-wide intervention strategies like Positive Behavioral Supports, trauma-informed practices, and Restorative Justice.

### *Induction Administrative Services Credential*

Identify and use strategies for intervening with students who are chronically absent for reasons related to student mental health and strategies for referral to appropriate resources/services. Demonstrate support for all school personnel (both certificated and classified) in meeting mental health needs of students, including implementation of school-wide intervention strategies like PBIS, trauma-informed practices, and Restorative Justice. Require the inclusion of strategies for designing a Comprehensive School Safety Plan that responds to mental health crises and empowers families during mental health emergencies.

### **Enhanced Partnerships and Teams**

Enhanced partnerships and teams are needed both at the school and district level to support student mental health needs. At the district level, school attendance review boards (SARBs) should be encouraged to include a mental health representative from the school district and the community, because mental health issues often are involved in the most persistent school attendance or school behavior problems. Schools and districts must build collaborative partnerships **with families and communities** that address the mental health needs of students as a key strategy in the continuous improvement process.

School safety committees have been spotlighted because they annually review and update each school's Comprehensive School Safety Plan, which can be critical in the case of school shootings. The State Superintendent of Public Instruction (SSPI) can play a leadership role in encouraging schools to consider student mental health when developing school safety plans:

1. The SSPI should augment the current School Safety Plans Checklist on the CDE Web site to include anti-stigma mental health and youth suicide prevention strategies. Sample strategies should include the following:
  - Designate a trained person to handle referrals related to student mental health.
  - Compose crisis teams that include a variety of all school staff who are designated when each school annually reviews and updates its Comprehensive School Safety Plan. Mental health professionals should also be included as part of this team and should be involved in the development of comprehensive school safety plan.
  - Include partnerships with mental health professionals **and families**, as well as community and county organizations, and agencies focusing on student mental health.
  - Designate a point person, identified by the district, who is charged with overseeing the district suicide prevention policy and review feedback after a school mental health crisis occurs.
  - Schedule annual staff reviews to keep all school personnel current on existing prevention efforts and the school safety plan, to be prepared for any type of crisis, including a mental health crisis and post-crisis (postvention).
  - Schedule annual training in student mental health for all school personnel, including certificated and classified staff. Districts and schools should seek trainings for school staff **and families** on the issue of student mental health.
  - Use the California Healthy Kids Survey data to drive the content of the comprehensive school safety plan.
2. As part of the school safety planning process, the SSPI shall recommend districts and schools send teams to the Training Education Through Recognition and Identification Strategies TETRIS Training of Trainers (TOT) workshops through June 2014. The expectation is for trained teams to return to their sites and train all school staff (certificated and classified) at their sites on an annual basis.
3. The SSPI shall request that districts make connections with county mental health offices, community mental health providers and organizations, and utilize programs run by people (youth) with lived experience. Schools should access community-based organizations that serve communities of color. Parent-Teacher Associations/Organizations (PTA/PTO) should be involved in reaching out to engage all parents in the school. Districts should access mental health experts in their area for consultation in developing policy and in providing services related to student mental health.



4. The SSPI shall support state and federal grant legislation that would improve access to comprehensive student mental health services. For example, one bill to consider supporting is Senate Bill 195, the Mental Health in Schools Act of 2013, which would amend the Public Health Service Act to revise and extend projects relating to children and violence to provide access **for students and families** to school-based comprehensive mental health programs.

### **Accountability**

Since 1988, state law has required all public schools to annually prepare and distribute a School Accountability Report Card (SARC) to provide parents and the community with important information about each public school. The SARC can be used to evaluate and compare schools on important indicators.

In the area of school safety and positive school climate, the SSPI shall recommend that student mental health training, access, and services be included as part of the School Accountability Report Card (SARC). Although there is great variation in the design and content of SARCs, it is important that each school summarize its student mental health strategies and accomplishments because these elements are important to school safety and climate. The SARC can be an effective way for a school to report on its progress in ensuring school safety and a healthy climate for all students to learn.

## **Agenda Item 7**

### **SUBJECT: Cultural Competency Assessment Status Report**

---

The Mental Health Services Act (MHSA) brought issues of mental health disparities to the forefront and prioritized the improvement of mental health care to underserved ethnic and cultural communities. Consistent with the MHSA and CalMHSA principles, statewide PEI programs should promote cultural competency. To address this objective, in July 2012 CalMHSA entered into contract with the California Institute for Mental Health (CiMH) to conduct a cultural competence assessment of CalMHSA and its program partners help identify strengths and gaps.

Phase one of this project has been underway for the last six months and is nearing conclusion. This phase a needs assessment, of CalMHSA and its 25 program partners, was conducted by CiMH. CiMH assessed the following areas regarding cultural competency with each program partner: organizational values/policies, evaluation and monitoring, communication and language access, workforce diversity, community participation, facilitation of a broad service array, and organization resources. In order to gather the necessary information, the needs assessment was given three parts: review of materials including but not limited to scope of work, quarterly reports, and deliverables, an interview with the organization, and an online survey.

The information gathered was analyzed and each program partner was provided with a summary of strengths and opportunities for improvements through training and technical assistance. A cumulative analysis of the strengths and needs of all program partners will be made in a final recommendations report due to CalMHSA by March 31, 2013. This cultural competence status report will include strengths and recommendations for ways to promote further cultural competence.

### **STATUS:**

An analysis of the final recommendations will help determine phase two of this project – the development and delivery of training and technical assistance to support enhanced efforts with racial, ethnic and cultural communities. Participation by program partners will be strongly encouraged. Some quality concerns that must be addressed for contract compliance and performance will require follow-up. To date, program partners have expressed strong interest, the results and are eager for assistance, as needed, to be available as soon as possible.

Preliminary strengths derived from the needs assessments of the program partners include being positive and proactive about collaboration, engaging in collaborative work with other Prevention and Early Intervention (PEI) programs, committing to cultural competence, having a history of immersion within communities, and developing partnerships to enhance work with racial, ethnic and cultural minorities. The summaries also highlight emerging themes with areas for growth, such as building relationships with local ethnic and cultural minority communities and/or statewide ethnic and cultural minority advocates, developing awareness and/or incorporate findings of the California Reducing Disparities Project (CRDP), participating in peer learning workshops specifically focused on improving access to and quality of services for minority communities, and engaging in organization cultural competence curriculum designed to build sustainable strategies for supporting cultural competence within programs.

While final recommendations will not be submitted to CalMHSA until March 31, 2013, due to the urgency and interest in receiving training and technical assistance to support the current efforts of program partners, CalMHSA staff has asked CiMH to provide preliminary recommendations based on their initial assessment results. Three overarching training and technical assistance needs are emerging:

- Skills in outreach and engagement strategies,

- Enhanced understanding of cultural differences and distinctions within suicide prevention, stigma reduction and student mental health, and
- Strategies to adapt and incorporate the cultural competency skills into daily program delivery and overall organizational structure.

Broadly two approaches could supply quality training and technical assistance. The first approach could be a Learning Collaborative model which could include webinars or other strategies to pair program partners with similar needs together to learn from each other. TA would be offered as needed and some on-site assistance could be available as needed for specific program partners.

The second approach could engage the five Strategic Planning Workgroups (SPW) who participated in the California Reducing Disparities Project (CRDP) representing diverse and underrepresented racial, ethnic and minority communities within California: Latino, African American, Asian/Pacific Islander, Native American, and LGBTQ. Each SPW has a completed population report, which describes in detail the unique disparities within each ethnic and minority community. Having a deep understanding of content of these reports and how the information in them can be used by program partners is an incredible learning opportunity. CalMHSA could work directly with the SWPs of the CRDP to explore their interest in designing a timely mechanism that can maximize the investment they have already made and provide an opportunity for the further dissemination and application of their work.

**RECOMMENDATION:**

Staff requests feedback on the CalMHSA approach to date and welcomes insight on the two approaches mentioned above. CalMHSA staff will be developing final recommendations for next steps in spring 2013.

**REFERENCE MATERIAL(S) ATTACHED:**

- None

## Agenda Item 8

**SUBJECT: PEI Statewide Projects Implementation Showcase**

---

### **BACKGROUND AND STATUS:**

CalMHSA Program Partners continue to produce valuable resources as part of their program activities. Below we have highlighted some of the materials and Websites that have been produced to date.

#### **Suicide Prevention Highlights**

- **Suicide Prevention Network:** Didi Hirsch Mental Health Services
  - Suicide Prevention Best Practices Data Handbook – Bay Area Region  
<http://tinyurl.com/be6ouac>
  - Suicide Prevention Best Practices Data Handbook – Superior Region  
<http://tinyurl.com/bgccbzr>
  - Suicide Prevention Best Practices Data Handbook – Southern (San Diego) Region  
<http://tinyurl.com/alnet9y>
  - Suicide Prevention Best Practices Data Handbook – Central Region  
<http://tinyurl.com/a3amc2g>
  - California Suicide Prevention Network – Southern Region  
<http://cspn-socal.com/about-us/calmhsa/>
- **Regional and Local Suicide Prevention Capacity Building**
  - Family Service Agency of the Central Coast- Suicide Prevention Resource Website  
[www.suicidepreventionservice.org](http://www.suicidepreventionservice.org)
- **Social Marketing:** AdEase
  - [www.YourVoiceCounts.org](http://www.YourVoiceCounts.org)
  - [www.SuicideIsPreventable.org](http://www.SuicideIsPreventable.org)
  - [www.DirectingChange.org](http://www.DirectingChange.org)

Directing Change is a contest open to high school students to direct and film a PSA that focuses on suicide prevention or eliminating mental illness stigma.

#### **Save the Date! Directing Change Screening and Award Ceremony**

Thursday, May 23, 2013 from 4 PM to 6:30 PM

Crest Theatre, 1013 K Street, Sacramento, CA 95814

[Directing Change Event Invitation](#) or <http://tinyurl.com/ajdtmj>

#### **Stigma and Discrimination Reduction Highlights**

- **Social Marketing:** Runyon, Saltzman & Einhorn, Inc.
  - [www.ReachOutHere.com](http://www.ReachOutHere.com); [www.BuscaApoyo.com](http://www.BuscaApoyo.com) (Spanish) – Features forums where teens and young adults can connect anonymously to discuss personal issues or support others. The forums are moderated by trained peers.

- Articles featured in LA Youth magazine:
  - [Struggling with OCD](http://www.layouth.com/struggling-with-ocd/): *I saw germs everywhere so I couldn't stop washing my hands* (Henry's struggle to confront and manage his diagnosis of obsessive-compulsive disorder). See the attached LA Youth Letter to the Editor: Henry's Story. (<http://www.layouth.com/struggling-with-ocd/>)
  - [I'm Here to Listen](http://www.layouth.com/im-here-to-listen/): *It's been rewarding working at an online forum where teens get help with their problems* (Eric's experiences working as a Reach Out forum peer leader). See the attached LA Youth Letter to the Editor: Eric's Story. (<http://www.layouth.com/im-here-to-listen/>)
- **Capacity Building**: United Advocates for Children and Families recently conducted a series of focus groups to assess gaps in stigma and discrimination reduction programs in California. The report is available on their Website at [www.uac4hope.org/calmhsa](http://www.uac4hope.org/calmhsa) ([2012 Stigma and Discrimination Reduction Focus Group Report](http://www.uac4hope.org/calmhsa)).
- **SDR Consortium**: Mental Health Consumer Concerns provides guidance from diverse stakeholder perspectives to aid program partners in the development and implementation of the PEI projects. Their SDR Consortium Work Plan is available at <http://tinyurl.com/a9g6und>.
- **Partnering with Media and the Entertainment Industry**: Entertainment Industries Council, Inc. has produced materials to guide reporters and media staff in accurately depicting mental illness ([AP Style Guide](http://www.eiconline.org/calmhsa/), [Interview Tips](http://www.eiconline.org/calmhsa/), [Mental Health Story Ideas](http://www.eiconline.org/calmhsa/), [News Media Analysis](http://www.eiconline.org/calmhsa/), [Sample Articles](http://www.eiconline.org/calmhsa/), all of which are available at <http://www.eiconline.org/calmhsa/>).
- **Promoting Integrated Health**: Community Clinics Initiative ([www.ibhp.org](http://www.ibhp.org)) has created a tool kit of integrated care practices for primary care and mental health providers. [The Partners in Health: Primary Care/County Mental Health Tool Kit](http://www.ibhp.org/uploads/file/IBHP%20Integration%20Tool%20Kit%202009%20B_D_Lurie.pdf) is available at [http://www.ibhp.org/uploads/file/IBHP%20Integration%20Tool%20Kit%202009%20B\\_D\\_Lurie.pdf](http://www.ibhp.org/uploads/file/IBHP%20Integration%20Tool%20Kit%202009%20B_D_Lurie.pdf).
- **Promoting Mental Health in the Workplace**: Mental Health America of California, a relatively new program partner, will provide [assessments](http://www.mhac.org/programs/wellness-works.cfm), materials, and trainings to California's employers through their program Wellness Works! Read more on their Website at [mhac.org/programs/wellness-works.cfm](http://www.mhac.org/programs/wellness-works.cfm).
- **SDR in Mental Health and System Partners**: NAMI California conducted a survey of all 45 of NAMI's affiliates in California to determine their [cultural](http://www.namicalifornia.org) competency improvement needs. The Affiliate Needs Assessment Initial Findings - September 2012 is available at <http://tinyurl.com/b39gopj>.
- **Advancing Policy to Eliminate Discrimination**: Disability Rights California ([www.disabilityrightsca.org/CalMHSA/CalMHSA.html](http://www.disabilityrightsca.org/CalMHSA/CalMHSA.html)) is [disseminating](http://www.disabilityrightsca.org/CalMHSA/CalMHSA.html) information on legal topics that reduce stigma and discrimination and encourage provision of services in the community ([Factsheets, Trainings and Materials](http://www.disabilityrightsca.org/CalMHSA/CalMHSA.html)).

### Student Mental Health Highlights

- **Regional K-12**: California County Superintendents Educational Services Association (CCSESA) ([www.regionalk12smhi.org/](http://www.regionalk12smhi.org/)) has created a [clearinghouse](http://www.regionalk12smhi.org/) of resources and regional best practices that promote the mental health and wellness of students in grades K-8, with linkages to preschool and grades 9-12.

- **Statewide K-12:** California Department of Education's [student](#) mental health policy workgroup Website is located at [www.cde.ca.gov/ls/cg/mh/smhpworkgroup.asp](http://www.cde.ca.gov/ls/cg/mh/smhpworkgroup.asp).
- **California Community Colleges:** California Community Colleges Chancellor's Office Website for student mental health training and technical [assistance](#) through CalMHSA is located at <http://cccstudentmentalhealth.org>. A project brochure has been created, which is available at [http://cccstudentmentalhealth.org/docs/CCCSMHP ProjectBrochure.pdf](http://cccstudentmentalhealth.org/docs/CCCSMHP_ProjectBrochure.pdf). A brochure has been created profiling each of the CCC campus grants (<http://calmhsa.org/wp-content/uploads/2011/11/CCC-SMHP-CBG-Profiles.pdf>).
- **California State University:** Campuses have individual Websites which highlight the campus activities (<http://calmhsa.org/wp-content/uploads/2011/11/CSU-Websites.pdf>). One resource that is customized monthly for each campus is the on-line magazine Student Health 101, which is available to all [students](#) and parents and features a monthly story featuring a topic related to student mental wellness (<http://tinyurl.com/StudentMH101>).
- **University of California:** All UC campuses ([calmhsa.org/programs/student-mental-health-initiative-smhi/](http://calmhsa.org/programs/student-mental-health-initiative-smhi/)) are developing and [distributing](#) a "Red Folder," with resources for assisting students in distress. The red folders are distributed to all campus staff and faculty. Examples of these red folders are available on our Website for viewing:
  - [UC Davis Red Folder – Jan 2013](#)
  - [UC Irvine Red Folder – Jan 2013](#)
  - [UC Riverside – Jan 2013](#)

#### **Evaluation Highlights**

RAND Corporation ([calmhsa.org/programs/evaluation/](http://calmhsa.org/programs/evaluation/)) recently published literature reviews for student mental health, stigma and discrimination reduction, and suicide prevention, which are available at:

- [Stigma and Discrimination Reduction 01-02-13](#)
- [Suicide Prevention 01-02-13](#)
- [Student Mental Health 01-02-13](#)

#### **RECOMMENDATION:**

None, information only.

#### **REFERENCE MATERIAL(S) ATTACHED:**

- None

**Agenda Item 9**

**SUBJECT: Advisory Committee Election**

**BACKGROUND AND STATUS:**

Following the guidelines set forth in the Advisory Committee’s charter, the terms for all Advisory Committee members are to be two (2) years. As a matter of consistency, all CalMHSA committee terms are standardized to end on the last day of the CalMHSA fiscal year, or June 30<sup>th</sup>. The year is dependent on the term limits. Taking into account the CalMHSA Bylaw changes approved by the board in October 2012, the co-chairs are to serve an initial term of three (3) years and will select half of the initial committee members (three board members and three stakeholders) to also serve an initial three (3) year term to establish a staggered turn-over of member seats.

- 6.4.3 Members serve a term of two years, except that half of the original roster of members shall serve an initial term of three years. Each of the co-chairs shall serve initial three-year terms. The stakeholder co-chair shall designate two other stakeholder members to serve initial three-year terms, and the Director co-chair shall designate two other Director members to serve initial three-year terms.

*CalMHSA Bylaws (revision October 11, 2012)*

To assist in selecting the three board member and three stakeholder seats to serve an initial three year term, Co-Chairs Bauman and Robinson are first asking for volunteers willing to extend their commitment until June 30, 2015. Ideally, to ensure continuity of geographic representation, CalMHSA will attempt to ensure that staggered terms allow for no more than one (1) representative from each region to term out annually. The current Advisory Committee roster is as follows:

Role	Member	Term Length	Start Date	End Date <sup>1</sup>
Co-Chair	Maureen Bauman, Placer County	2 years <sup>2</sup>	10/13/2011	6/30/2014
Co-Chair	Joseph Robinson, CASRA	2 years <sup>1</sup>	10/13/2011	6/30/2015 <sup>3</sup>
Bay Area Region	Michael Kennedy, Sonoma County	2 years	10/13/2011	6/30/2014
	Kurt Schweigman, Native American Health Center	2 years	9/14/2012	6/30/2014 <sup>4</sup>
Central Region	Robin Roberts, Mono County	2 years	9/14/2012	6/30/2014 <sup>5</sup>
	Justin Louie Locke, Mental Health America of Northern CA	2 years	10/13/2011	6/30/2014
Los Angeles Region	William Arroyo, Los Angeles County	2 years	10/13/2011	6/30/2014
	Keris Jan Myrick, Project Return Peer Support Network	2 years	10/13/2011	6/30/2014
Southern Region	Jerry Wengerd, Riverside County	2 years	10/13/2011	6/30/2014
	Donna Ewing Marto, Family & Youth Roundtable	2 years	10/13/2011	6/30/2014
Superior Region	Anne Robin, Butte County	2 years	10/13/2011	6/30/2014
	Donna Jensen, CSU, Chico	2 years	10/13/2011	6/30/2014

<sup>1</sup> Since the initial year served was less than one year, and to make terms end on the last day of the fiscal year (consistent with other CalMHSA committees), inaugural members serve a term ending June 30, 2014, except that half of the original roster of members shall serve an initial term of three years, or a term ending June 30, 2015. (CalMHSA Bylaws, Section 6.4.3)

<sup>2</sup> Each of the co-chairs shall serve initial three-year terms. (CalMHSA Bylaws, Section 6.4.3)

<sup>3</sup> Co-chair Robinson volunteered to serve a term ending June 30, 2015.

<sup>4</sup> Mr. Schweigman was elected to finish out the term of Mr. Molin Malicay.

<sup>5</sup> Ms. Roberts was elected to finish out the term of Ms. Michelle Callejas, Sacramento County.

**RECOMMENDATION:**

None, information only.

**REFERENCE MATERIAL(S) ATTACHED:**

- None



**Agenda Item 10**

**SUBJECT:** Program Director's Report *(verbal)*

---

**BACKGROUND AND STATUS:**

The Program Director will be reporting out on the following items:

- Stigma and Discrimination Reduction (SDR) Conference
- May Mental Health Month Activities
- Evaluation

**RECOMMENDATION:**

None, information only.

**REFERENCE MATERIAL(S) ATTACHED:**

- None