



**Advisory Committee Meeting
AGENDA
May 9, 2013
3:00 pm – 4:00 pm**

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

**WebEx Registration:
<https://calmhsa.webex.com/calmhsa/onstage/g.php?t=a&d=597015708>
Registration Password: 1234**

Public Meeting Locations:

**Marriott Cal Expo
1782 Tribute Road
Sacramento, CA 95815
(916) 929-7900**

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

**452 Old Mammoth Road, Suite 304
Third Floor, Sierra Center Mall
Mammoth Lakes, CA 93546
(760) 924-1740**

**Family and Youth Roundtable
345 15th Street, Suite A
San Diego, CA 92101
(619) 546-5852 Ext. 868**

**California Association of Social Rehabilitation Agencies
815 Marina Vista Ave, Suite D
Martinez CA, 94533**

CalMHSA ADVISORY COMMITTEE MEETING

**May 9, 2013
3:00 pm – 4:00 pm**

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

**WebEx Registration:
<https://calmhsa.webex.com/calmhsa/onstage/g.php?t=a&d=597015708>
Registration Password: 1234**

Public Meeting Locations:¹

**Marriott Cal Expo
1782 Tribute Road
Sacramento, CA 95815
(916) 929-7900**

**452 Old Mammoth Road, Suite 304
Third Floor, Sierra Center Mall
Mammoth Lakes, CA 93546
(760) 924-1740**

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

**Family and Youth Roundtable
345 15th Street, Suite A
San Diego, CA 92101
(619) 546-5852 Ext. 868**

**California Association of Social Rehabilitation Agencies
815 Marina Vista Ave, Suite D
Martinez CA, 94533**

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 4**
- 5. SDR Consortium Administration – Stephanie Welch..... 11**
- 6. Plan Update- Proposed Contract Amendments for Remaining Stigma and Discrimination Reduction (SDR) Contractors – Stephanie Welch..... 22**
 - Mental Health Association of California
 - Community Clinics Initiative – Integrated Behavioral Health Project

¹ 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.

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.

7. Enhancing Efforts to Reduce Disparities – Supporting Cultural Responsiveness – <i>Stephanie Welch</i>	27
8. Strategic Planning Framework– <i>Ann Collentine</i>	30
9. Program Director’s Report (<i>verbal</i>) – <i>Ann Collentine</i>	32
10. General Public Comment	
11. Adjourn 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 March 14, 2013 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 March 14, 2013 Advisory Committee Meeting.

REFERENCE MATERIAL(S) ATTACHED:

- Meeting Minutes from the March 14, 2013 Advisory Committee Meeting

MINUTES

CALIFORNIA MENTAL HEALTH SERVICES AUTHORITY (CalMHSA) ADVISORY COMMITTEE MEETING

March 14, 2013

Sacramento, California

San Diego, California

Commerce, California

MEMBERS PRESENT

Maureen F. Baumann, Advisory Committee Co-Chair, CalMHSA Vice President

Joseph Robinson, Advisory Committee Co-Chair

Kurt Schweigman, Bay Area Region

Justin Louie Lock, Central Region

William Arroyo, Los Angeles Region, CalMHSA Member

Keris Jän Myrick, Los Angeles Region

Jerry Wengerd, Southern Region, CalMHSA Member

Donna Ewing-Martó, Southern Region

Donna Jensen, Superior Region

MEMBERS ABSENT

Michael Kennedy, Bay Area Region, CalMHSA Member

Robin Roberts, Central Region, CalMHSA Member

Anne Robin, Superior Region, CalMHSA Member

STAFF PRESENT

Ann Collentine, CalMHSA Program Director

Stephanie Welch, CalMHSA Senior Program Manager

Sarah Brichler, CalMHSA Program Manager

Benita Ramsey, CalMHSA Contract Specialist

Laura Li, CalMHSA Program Analyst

Maya Maas, CalMHSA Executive Assistant

Michelle Yang, CalMHSA Executive Assistant

Jaikelle Meeks, CalMHSA Administrative Assistant

MEMBERS OF THE PUBLIC

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

Kirsten Barlow, California Mental Health Directors Association (CMHDA)

Estelle Saltzman, Runyon Saltzman & Einhorn

Pat Ryan, California Mental Health Directors Association (CMHDA)

Ashley Bradley, Runyon Saltzman & Einhorn

Nicole Jarred, Runyon Saltzman & Einhorn

Steve Fong, Runyon Saltzman & Einhorn

Norma Rivera, Runyon Saltzman & Einhorn

Scott Rose, Runyon Saltzman & Einhorn

Donnell Ewert, Shasta County

David Kopperud, California Department of Education
 Brad Luz, Sutter/Yuba County
 Doretha Flournoy, California Institute for Mental Health (CiMH)
 Kristee Haggins, California Institute for Mental Health (CiMH)
 Theresa Ly, Education Development Center
 Kimberly Ganade-Torres, San Francisco City & County
 Karen Markland, Fresno County
 Morris Lawson III, Los Angeles County
 Kasey Clarke, Marin County
 Kim Suderman, Yolo County
 Katherine Elliott, California Institute for Mental Health (CiMH)

1. Call to Order

Co-Chair, Maureen Bauman, called the meeting to order at 2:46 p.m.

2. Roll Call and Introductions

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	Absent	Keris Jan Myrick	Present
Anne Robin	Absent	Jerry Wengerd	Present	Mike Kennedy	Abstain
Donna Jensen	Present	Justin Louie Lock	Present	Donna Ewing Marto	Present

Co-Chair Bauman then asked for introductions, first from those on the phone and then from those in the room.

3. Approval of Agenda as Posted (or Amended)

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

Action: *A motion was made to approve the agenda as posted.*

Motion: *Donna Jensen*

Second: *Joseph Robinson*

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

None

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

Motion approved unanimously.

4. Consent Calendar

Co-Chair Bauman asked if there were any items to be pulled from the consent calendar. Hearing none, she entertained a motion for approval of the consent calendar.

Action: *Approval of the meeting minutes from the November 29, 2012 Advisory Committee Meeting.*

Motion: *Jerry Wengerd*
Second: *Donna Jensen*

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

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

Motion approved unanimously.

5. Runyon Saltzman & Einhorn, Inc. (Stigma & Discrimination Reduction)

Stephanie Welch, CalMHSA Senior Program Manager, gave a brief overview of Runyon Saltzman & Einhorn’s (RS&E) project. The presentation provided an update on the inoculation campaign, which focuses on children ages 9 to 13 years old. She requested that the committee and stakeholders provide guidance and feedback following RS&E’s presentation. She then introduced Scott Rose, Principal, RS&E. Mr. Rose illustrated the lifespan of stigma and the genesis of misunderstandings related to mental health and resilience. In response to feedback provided by the Advisory Committee in 2012, RS&E’s staff has been working with child development experts, CalMHSA’s Student Mental Health Program Partners, and schools and counselors to determine the age range to be the focus and what the inoculation campaign should look like. As well as working with their strategic council to make sure there was cultural competency across the plan, Ann Collentine, CalMHSA Program Director, helped RS&E network with child development experts, who have been reviewing the entire plan.

RS&E has created a campaign called “Walking in Someone Else’s Shoes,” after eliminating other ideas. The selected concept was most consistently ranked high by the subjects in the age range for interest in learning more about mental health and produced empathy. Some pieces of the campaign will include an interactive Website, a school-based theatrical tour of California schools, digital banner and radio ads, and ads in rural cable TV markets.

RS&E staff has collected narratives of wellness from transitional age youth for the interactive Website with assistance from their PEI and RS&E partners—including CAYEN and Inspire USA (ReachOut.com). Those narratives will be vetted by RS&E’s strategic counsel, CalMHSA and the child psychologists that are part of their team. While staff discussed using actual pictures for some of the narratives, they realized that the youth featured may change

their mind at a later date and regret having used a real photo. The Website will include a special corner for parents and teachers, which will provide them with resources to fuel a conversation with their children as well as access crisis information. The Website will be tested in the following weeks by United Advocates for Children and Families and other organizations. A Spanish language version is being considered and the site will be made accessible to the deaf and hard of hearing.

RS&E is forming an Inoculation Campaign Workgroup to assist in the development of the campaign. Ms. Welch asked for a volunteer from the Advisory Committee to participate in the workgroup and assist in rolling out the campaign by August 2013. Donna Ewing Marto volunteered to participate on behalf of the committee.

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

None

6. Student Mental Health Policy Workgroup (SMHWP)

Ann Collentine, CalMHSA Program Director, introduced David Kopperud from the California Department of Education. After thanking the Workgroup participants, who included administrators, educators, students, family members, and consumers, Mr. Kopperud gave a review of the recommendations from the March 8, 2013 meeting. Mr. Kopperud stated that this is a recommendation regarding including curriculum on Mental Health in credentialing standards for educators and, since credentialing standards are only updated every 10 years, it is vital that these recommendations be submitted now. If the recommendation is enacted, the state will audit credential programs to ensure compliance in teaching the standard requirements.

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

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

*Stacie Hiramoto, Racial and Ethnic Mental Health Disparities Coalition (REMHDCO)
 Morris Lawson III, Los Angeles County*

Motion: William Arroyo

Second: Jerry Wengerd

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

Motion approved unanimously.

7. Cultural Competency Assessment Status Report

Ms. Welch provided an introductory review of the Cultural Competency Assessment project status and introduced Katherine Elliott, from the California Institute of Mental Health. Dr. Elliott gave a snapshot of what is to be expected in the final assessment report. Dr. Elliot

and her team have been using the needs assessment data to develop a plan for technical assistance. CalMHSA's Program Partners have been positive, cooperative and have demonstrated impressive partnerships with each other. Dr. Elliott and her team provided assistance to CalMHSA Program Partners with community engagement and additional understanding of culture related to PEI programs. A report will be created for each Program Partner and a summary report for CalMHSA as a whole.

Committee members raised concerns regarding the success of the assessment, the potential gaps in the cultural competency of the Program Partners, and the budget that may be needed to bridge those gaps.

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

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

8. PEI Statewide Projects Implementation Showcase

Ms. Collentine directed the committee and stakeholders to the display table, which held Statewide PEI Project materials. The materials were presented at the February 15, 2013 board meeting and are posted on the CalMHSA Website.

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

None

9. Advisory Committee Election

Advisory Committee members' terms are to be two years, but 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, 2014. Taking into account the CalMHSA Bylaw changes approved by the board in October 2012, the co-chairs will serve an initial term of three years and will select half of the initial committee members (three board members and three stakeholders) to also serve an initial three year term to establish a staggered turn-over of member seats.

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 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 representative from each region to term out annually. Justin Locke volunteered to hold a three year term. Donna Jensen expressed an interest but will confer with Anne Robin, Butte County, as to which of them will accept the third year.

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

None

10. Program Director's Report (verbal)

Ms. Collentine provided an update on the Statewide PEI Projects. On March 21st and 22nd, Mental Health America – San Francisco will hold a Stigma conference. May is Mental Health Month and some CalMHSA events include the Directing Change Screening and Awards Ceremony on May 23rd as well as the release of the PBS documentary on May 30th. The first draft of the RAND evaluation report will be reviewed in August 2013.

Ms. Collentine called on Joseph Robinson, Co-Chair, to provide an update on the SDR Consortium. Mr. Robinson expressed concerns with the transition and changes in the Consortium. He talked about the opportunity for the Committee to provide support and asked if any Committee members would like to participate on the Consortium. Ms. Welch seconded Mr. Robinson’s request saying it was an excellent idea and an opportunity for great collaboration. Kurt Schweigman said he would consider participating.

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

11. General Public Comment

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

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

12. Adjournment

The meeting was adjourned at 4:59 p.m.

Motion: William Arroyo
Second: Joseph Robinson

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

Motion approved unanimously.

Agenda Item 5

SUBJECT: SDR Consortium Administration

BACKGROUND:

The purpose of the Stigma and Discrimination Reduction (SDR) Consortium program is to bring together diverse perspectives to review efforts of the overall SDR component in order to support consistent messaging that reflects the values of resilience, recovery and wellness. Due to its diversity, the Consortium is also designed to reach and network with key partners in SDR efforts, such as educators, primary care providers, law enforcement, veterans and others. Consortium members are from all over the state and can provide input from local communities as well as support the local dissemination of SDR efforts and tools. The Consortium provides recommendations and takes action to support smaller scaled efforts at local and regional levels. All of this work is guided by their Strategic Work Plan.

Timeline and Current Status

- The original budget for the SDR Consortium from the approved Work Plan was \$1.5 million.
- CalMHSA was unable to execute a contract with California Network of Mental Health Clients, the organization that was selected through the competitive RFP process, to administer the contract in the fall of 2011.
- CalMHSA's board supported a transition plan, which brought in a consultant to build and then staff the work product of the SDR Consortium with CiMH providing administrative support from the fall of 2011 through the fall of 2012. During this time, \$300,000.00 of the contract was expended.
- During this time the membership created a Strategic Work Plan that identified five outcomes for the consortium to achieve by June 30, 2014 (or upon conclusion of the contract with CalMHSA).
- CalMHSA staff, with direction from the Board and the Consortium, created a Request for Interest (RFI) for a consumer-run organization with statewide voice to take over the administration of the Consortium. After a competitive review process, Mental Health Consumer Concerns (MHCC) was awarded a contract for the remaining funds—\$1.2 million. The contract was signed December 10, 2012.
- To support a smooth transition, the interim consortium program manager provided some support and training to MHCC through February 2013.
- CalMHSA terminated Mental Health Consumer Concerns (MHCC) contract on Monday, April 8th due to performance failure. The decision to terminate the contract came after a performance improvement plan (PIP) was provided to MHCC on April 2nd. In discussions with the interim executive director and representatives of their board, it was determined that MHCC could not comply with a Performance Improvement Plan (PIP) and there was mutual agreement with CalMHSA that the contract should be terminated immediately. CalMHSA appreciates that MHCC has been collaborative and cooperative in this process.

Key Issues

- Roughly \$1 million remains in the contract to implement the activities of the Strategic Work Plan within a less than 14-month-timeframe (April 2013–June 2014). The budget supports an “up to” 30 member body that meets quarterly in person with a variety of workgroup meetings via webinar or conference call during the remaining months of the year. Staffing includes program support with needed expertise in SDR work to staff the five consortium workgroups, facilitation of a statewide coalition, and administrative support to support compliance with CalMHSA reporting and the RAND evaluation, necessary IT systems and tools, and management of travel, stipends and meeting planning.
- The time to select another contractor and get the organization up to speed with all of the activities of the CalMHSA PEI statewide projects and how they relate to the work of the SDR consortium, including training for compliance with CalMHSA reporting requirements, would be at least three to six months.
- Based on previous solicitations for qualified contractors, there might not be a pool of qualified candidates.
- Consortium members are fatigued and concerned by all of the transition and are seeking CalMHSA’s involvement to provide stability and swift action so that the Strategic Work Plan can be implemented within the short remaining timeframe.

STATUS AND NEXT STEPS:

To expedite meeting deliverables with quality and efficiency, CalMHSA staff is recommending direct administration of the SDR consortium effective immediately. The intent is not for CalMHSA to continue to administer this program after June 2014, but to stabilize and strengthen it. CalMHSA’s administration would build towards a transition effective after June 2014 to sustainable leadership of the SDR Consortium by a qualified organization that can provide expertise and statewide voice for those with lived mental health experience consistent with the California Statewide Plan to Reduce Stigma and Discrimination. This recommendation has been vetted and supported by the SDR Consortium members as of April 23, 2013. The scope of tasks includes:

- Assuming the all management, administration and organizational functions of the existing SDR consortium, including compliance with reporting requirements and the independent statewide evaluation conducted by RAND,
- Ensuring statewide voice on the critical impact of stigma, resulting discrimination, and disparities experienced by individuals, families, and communities,
- Maintaining and supporting the current configuration of the consortium’s membership that prioritizes and is reflective of diverse sectors and disciplines, in addition to the mental health field; and individuals representing consumers, family members and parents,
- Fulfilling the networking, coordination and collaboration role of the consortium by staffing workgroups, webinars, meetings and supporting the statewide dissemination and local use of Each Mind Matters and other educational tools and resources, and

- Implementing the Consortium's Strategic Work Plan through activities and tasks that support the achievement of the outcomes identified in the work plan.

Staffing Plan:

- The administration of the SDR Consortium will begin by hiring a program manager, program coordinator, administrative assistant and clerical/information technology assistant to execute the work of the SDR Consortium in an expedited manner.
- Seek to retain consultation services of the former interim program manager, Adele James, in a reduced role as the consortium's facilitator. SDR Consortium members trust and respect Ms. James. Ms. James facilitation provides continuity and allows for new program staff to focus on staffing workgroups and accomplishing needed tasks. Ms. James has expressed interest and availability.
- Seek to develop consultation contracts with organizations or experts, as needed, to provide subject matter expertise to conduct the tasks identified in the Strategic Work Plan and to act as a link to local/regional SDR activities.

Due to the need to expeditiously move forward on the Consortium work, CalMHSA staff is making the following recommendation to the CalMHSA Executive Committee meeting being convened on May 9th:

Authorize conduct of SDR consortium by CalMHSA staff effective immediately. Authorize contract for up to \$1,000,000 between CalMHSA and staff employer George Hills Company for such work, with provisions similar to the prior contracts negotiated with MHCC. The contract's administrative fee shall not exceed standard practice with other CalMHSA contractors. Authorize Wayne Clark and Scott Gruendl to negotiate and sign contract with George Hills Company consistent with Board's authorization.

Staff will be reporting out to the Advisory Committee on regarding any action taken by the CalMHSA Executive Committee on May 9th.

RECOMMENDATION:

None, information only.

REFERENCE MATERIAL(S) ATTACHED:

- Stigma and Discrimination Reduction Consortium Strategic Work Plan



STIGMA & DISCRIMINATION REDUCTION CONSORTIUM STRATEGIC WORK PLAN

October 11, 2012

SDR Consortium Members

Name	Affiliation
Brianda Alanis	Inspire USA Foundation
Kirsten Barlow	CA Mental Health Directors Association
Adrian Bernard	Second Story Peer-Run Respite, NAMI
Rocco Cheng	Pacific Clinics
Shawn Davis	Youth in Mind
Azizza Davis Goines	Sacramento Black Chamber of Commerce
Kathleen Derby	NAMI California
Andrew Duch	Butte County Sheriff's Office Rural Law Enforcement
Renu Garg-Peterlinz	Pool Of Consumer Champions (POCC)
Myel Jenkins	Sierra Health Foundation
Nga Le	Community Health for Asian Americans
Pamlyn Millsap	Eureka Police Department
Ralph Nelson	MHSOAC
Victor Ojakian	Asian Americans for Community Involvement (AACI)
Tara Pir	Institute for Multicultural Counseling & Education Services (IMCES)
Suamhirs Rivera	Youth In Mind
Stephen Salva	CA Association of School Counselors
Peter Schroeder	Mental Health Association in CA
Tracy Tripp	
Karen Ventimiglia	County of San Diego
Ken White	Ken White & Associates
Scott Whyte	Stigma Elimination Task Force
Chong Yang	Stanislaus Behavioral Health and Recovery Services
Sally Zinman	CA Client Action Workgroup

SDR CONSORTIUM VISION STATEMENT

Californians embrace evolutionary movement for wellness through social inclusion and social justice.

SDR CONSORTIUM VALUES

Our overarching PRINCIPLE is:

To reduce mental health stigma and discrimination by promoting wellness, social justice and social inclusion by framing and articulating our work around the following VALUES:

1. People first: recognize and utilize the strengths of individuals, families, friends and community allies to reduce stigma and discrimination and foster recovery, resiliency and wellness for all.
2. Respect and promote responsiveness to California's diversity of culture, ethnicity, age, sexual orientation and all people from un- and underserved populations in various geographic locations (urban, suburban, rural).
3. Support transparency and open dialogue to promote wellness, social justice and social inclusion.
4. Recognize and support collaboration between and among public and private sectors within and outside of the public mental health system to assure systemic and sustainable change.
5. Emphasize the importance of resiliency, recovery and wellness by supporting the development and research of creative and innovative consumer and family driven approaches to reduce mental health stigma and discrimination.
6. Commitment to learning within a historical framework and working toward evolutionary progress.

SDR CONSORTIUM ROLE

Our ultimate ROLE is:

To share our collective experience to inform and partner with CalMHSA and its Program Partners to reduce mental health stigma and discrimination by improving outcomes that promote wellness, social justice and social inclusion by being or doing the following:

1. Be an ambassador, liaison, and advocate for consumers, families, and communities through sharing our collective experiences to reduce mental health stigma and discrimination by promoting wellness, social justice and social inclusion.
2. Be a think tank, consultant, and advisor for CalMHSA board and staff regarding essential elements of stigma and discrimination reduction in statewide programs and policies.

3. Promote wellness, social justice and social inclusion with the goal of reducing mental health stigma and discrimination through our own work product, partnership with CalMHSA statewide partners, and other possible statewide collaborations.
4. Identify and support the dissemination of consumer and family driven best practices aimed at reducing mental health stigma and discrimination through a clearinghouse and local contacts, particularly in partnership with the California Center for Dignity, Recovery & Stigma Elimination.
5. Encourage and help shape public policy that reduces mental health stigma and discrimination through promotion of wellness, social justice and social inclusion.

SDR CONSORTIUM OUTCOMES

CALMHSA AND CALMHSA PROGRAM

Outcome 1: Build strong relationships with CalMHSA Program Partners and CalMHSA to reduce mental health stigma and discrimination by promoting wellness, social justice and social inclusion as evidenced by:

- Meeting with all SDR Program Partners (Disability Rights California; Entertainment Industries Council, Inc.; Mental Health Association of San Francisco; NAMI California; Runyon, Saltzman & Einhorn; United Advocates for Children & Families; Community Clinics Initiative; Mental Health America of California) to learn about their work, share the Consortium's Strategic Work Plan and description of assistance offered by the Consortium;
- Meeting with key liaisons/Program Partners for the Student Mental Health & Suicide Prevention Initiatives in order to learn about their work, share the Consortium's Strategic Work Plan, description of assistance offered by the Consortium, encourage and strategize about programmatic recommendations for SDR via promotion of wellness, social justice and social inclusion;
- Strengthening the Consortium's understanding of Program Partners' work through review of quarterly Initiative Reports and presentations by Program Partners;
- Sharing SDR Consortium Recommendations Forms with Program Partners after presentations to the Consortium, and a summary of those recommendations to CalMHSA;
- Strategizing with Program Partners from all Initiatives, key CalMHSA staff, and CalMHSA Board members about opportunities to strengthen/leverage SDR efforts through integration/coordination of work both within and across Initiatives;
- Review future work products of CalMHSA Statewide PEI Program Partners to assure promotion of SDR.

STATEWIDE NETWORK FOR MENTAL HEALTH SDR SUSTAINABILITY

Outcome 2: Promote sustainability of wellness, social justice and social inclusion efforts to reduce mental health stigma and discrimination by cultivating opportunities for development of an integrated network of local and state level partners and coalitions, both within and outside of the mental health system as evidenced by:

- Sharing Consortium vision and aligning with local and state level partners and coalitions;
- Maintaining ongoing dialogues with local and state level partners and coalitions both within and outside of the mental health system;
- Developing a self-sustaining network of local and state level subject matter experts, as well as CalMHSA Program Partners, as an organizing body in order to coordinate, leverage and advocate for SDR work throughout California;
- Collaborating with Disability Rights California to developing one informational “white paper” for distribution to private sector organizations (including but not limited to business, employers, private foundations, insurance industry, law enforcement, faith/spiritual groups, K-12 and higher education, health and mental health, social services, consumer and client organizations, family organizations, military partners, County Behavioral Health) addressing the commonality of mental health challenges, with recommendations or action steps that can be taken to promote SDR, wellness, social justice and social inclusion in each sector. Developing a statewide plan for media release including a minimum of 3 public relations efforts, dissemination of a minimum of 1,000 print copies of the “white paper”, and make an electronic printable version available for wide distribution throughout the state to private sector organizations.
- As a component of Mental Health Association of San Francisco’s March 21-22, 2013 resource dissemination conference, host an SDR policy/advocacy working meeting track, designed in collaboration with local and state level partners and coalitions, both within and outside of the mental health system, in order to develop and implement a coordinated statewide SDR Plan.

ROLES OF CONSUMERS & FAMILY MEMBERS

Outcome 3: Support meaningful roles for consumers and family members in mental health SDR advocacy, education and collaboration aimed at promoting wellness, social justice and social inclusion by being a champion of causes as evidenced by:

- Strengthening the Consortium’s understanding of Program Partners’ work with consumers and family members by reviewing quarterly summaries of Partner Reports on the role of these stakeholders in PEI projects;
- Evaluating the impact/benefit of working with consumers and family members in CalMHSA contracts;

- Collaborating with Mental Health America California, and building on previous efforts including the Working Well Together Report, research, identify and synthesize a report on benefits of working with people with lived experience to promote transformation of stigma and discrimination to wellness, social justice and social inclusion. Developing a statewide plan for media release including a minimum of 3 public relations efforts^[1], and dissemination of a minimum of 1,000 print reports, as well as statewide availability of an electronic printable version of the report;
- Educating legislators, making recommendations and advocating for increased roles and positions for consumers and family members in the formulation of mental health SDR policy, program design, implementation, and service provision.

POLICY & ADVOCACY

Outcome 4: Increase advocacy to promote mental health stigma and discrimination reduction policies as evidenced by:

- Collaborating with Disability Rights California on development of report on strategies for changing organizational practices in order to reduce mental health stigma and discrimination, as well as a statewide dissemination plan for the report, distributing a minimum of 1,000 copies of the report and making electronic printable version of the report available statewide;
- Establishing collaborative relationships with 10 group representing diverse sectors and disciplines from across the state, both within and outside of the mental health system, including SDR Program Partners, to develop a strategy for implementation of 2 statewide mental health stigma and discrimination reduction policies/strategies;
- Working with groups such as Mental Health Association of San Francisco, NAMI, and UACF, as well as groups that can appropriately represent diverse ethnic and cultural communities, to educate 20 elected officials and their staff about the impact of mental health stigma and discrimination, its unintended consequences on their constituents, and best practices for its reduction.

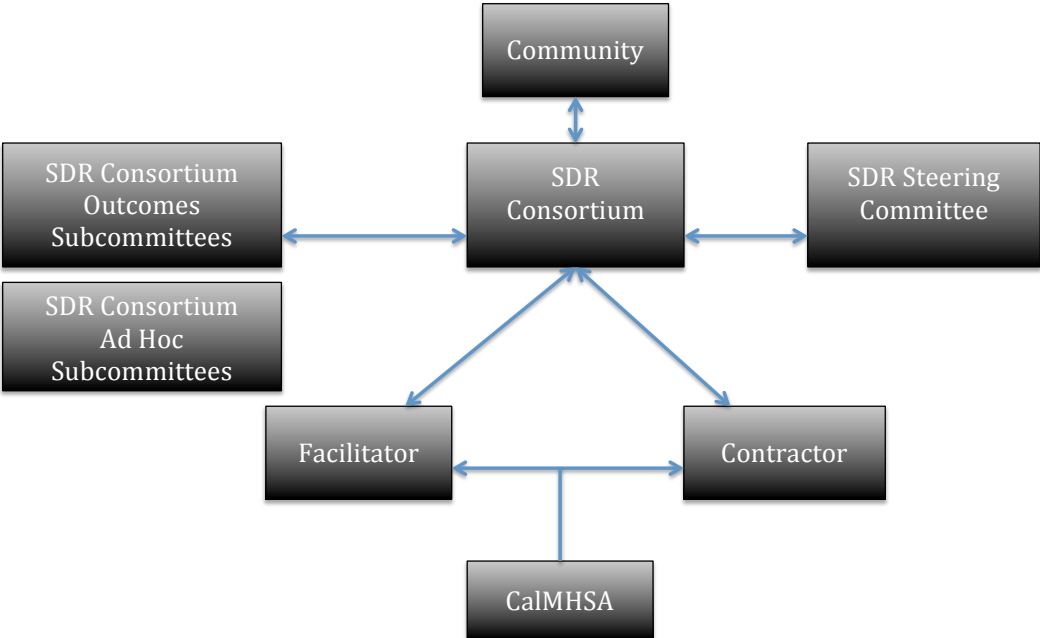
ENGAGING DIVERSE COMMUNITIES

Outcome 5: Educate and engage diverse community sectors in the SDR conversation about wellness, social justice and inclusion as evidenced by:

- Seeking ways to partner with California Reducing Disparities Project (CRDP), and identifying resources to support this collaboration in order to build on CRDP's statewide PEI disparity reports for African American, Asian & Pacific Islander, Latino, LGBTQIAS, and Native American communities. In collaboration with CRDP, identifying how the reports can serve as guides in developing "toolkits" to engage these diverse communities in culturally relevant ways in conversations about SDR, wellness, social justice and social inclusion. Developing a statewide dissemination plan for "toolkits," distribute a minimum of 1,000 toolkits

statewide, and making electronic printable version of the “toolkits” available to diverse community sectors statewide.

SDR CONSORTIUM ORGANIZATIONAL CHART



Agenda Item 6

SUBJECT: Plan Update- Proposed Contract Amendments for Remaining Stigma and Discrimination Reduction (SDR) Contractors

BACKGROUND:

As approved by the CalMHSA Board on August 9, 2012, available funding includes previously approved contingency/operating reserve and planning funds, and changes in CalMHSA participation by counties and cities. In total, **the CalMHSA Plan Update shifted an additional \$14.2 million into program activities**, resulting in approximately:

- \$3.6 million for Suicide Prevention,
- \$5.3 million for Student Mental Health and,
- \$5.3 million for Stigma and Discrimination Reduction, plus approximately \$2.2 million held on reserve from the approved First Work Plan Amendment.

These new program funds are intended to **strengthen the existing, approved statewide PEI programs, consistent with Key Principles for Funding Allocations** vetted through the CalMHSA Advisory Committee, Board and the MHSOAC.

- In October 2012, current providers of PEI Statewide programs were invited to submit proposals to enhance the scope of their contracts, in keeping with these adopted principles.
- **Proposals were reviewed and scored by a review panel including CalMHSA members, CalMHSA Advisory Committee stakeholder members, cultural competency experts, and CalMHSA staff.**
- Factors considered in the review process included: adherence to the principles, reasonableness of the program design and budget, capacity to implement by June 2014, and contract performance to date. **Review panels recommended approval of proposals which, in many cases, were contingent upon modifications to proposals.**
- Program staff reviewed programs in aggregate to identify opportunities to increase coordination and synergy (e.g., buying power, leveraged resources) across programs and initiatives.
- It is important to note that the level of funding for each program is contingent upon contract negotiations and modifications requested by the review panels. Any available funds unspent in the Plan Update will be reserved for future program activities.
- Allocations maintain overall consistency in the proportion of funds allocated to each initiative, within one percentage point.

STATUS:

At this point in time nearly all contract amendments have been executed consistent with the process above. There were two unique circumstances pertaining to SDR contractors, The Mental Health Association in

California (MHAC) and The Community Clinics Initiative – Integrated Behavioral Health Care Project (CCI-IBHP). These contractors had to undergo a second review process for different reasons. The review process was consistent to the one outlined above and took place in April 2013.

1. In December 2012, the CalMHSA Board voted for the funding available to **MHAC** (\$750,000.00) is set aside pending review panel approval of a resubmitted proposal. MHAC submitted a revised proposal which was reviewed by the review panel.
2. In December 2012, the CalMHSA Board approved CCI-IBHP's original proposal as recommended, but the organization only requested 50% of the funds available to them under the Plan Update formula. After identifying appropriate unmet needs that are consistent with the plan update principles and forging a partnership with a new subcontractor, California Association of Social Rehabilitation Agencies (CASRA), CCI-IBHP requested remaining available funds, (\$374,100.00). CCI-IBHP submitted a revised proposal to request the additional available funds which was reviewed by the review panel.

The table below provides information regarding current contract funding levels, requested additional funding, key deliverables, general comments from the review panel and recommendations.

Program Partner	Current Funding	Amend Contract Up To:	Key Deliverables	Comments	Recommendation
MHAC Values, Practices, and Policies: Promoting Mental Health in the Workplace	\$3,000,000	\$750,000	<ul style="list-style-type: none"> • Seek augmented funding to increase resources to Regional Hubs, which are mostly non-profit Mental Health of America (MHA) chapters. The additional funds will support increased reach and scope of local chapters in their implementation of the Wellness Works Program. • Funds will also expand MHAC's capacity to administer the statewide effort including increased collaboration with counties, trainings, material distribution and learning dissemination. • Some training will be culturally adapted/ translated/conducted in Spanish and Chinese. 	<p><u>Comments</u></p> <ul style="list-style-type: none"> • Appreciated that the majority of funds went to affiliates/"regional" hubs at the local level • Appreciated the effort to adapt tools for Spanish and/or Chinese employers <p><u>Modifications</u></p> <ul style="list-style-type: none"> • Contract Manager will review Quarterly Program Report (Due April 30, 2013) and Deliverables prior to contract negotiations to assess capacity and performance <ul style="list-style-type: none"> • Contract negotiations should determine and then specify regional hubs with capacity to provide the amount of trainings identified in the proposal in a region • Provide clarification on Wellness Works! translation in Spanish and/or Chinese • Must demonstrate a plan for outreach, engagement, and dissemination with counties regarding the impact of deliverables on local communities 	Approve with significant modifications
CCI-IBHP Values, Practices, and Policies: Promoting Integrated Health	\$3,375,900	\$374,100	<p>Through a partnership with CASRA, CCI-IBHP will foster the utilization of peers with lived experience in integrated behavioral health settings through:</p> <ol style="list-style-type: none"> 1. development of a business case for involving peers in integrated setting, including data that demonstrates the effectiveness of peer inclusion, 2. identifying and assessing models currently being used, and 3. Creating a tool kit for communities and organizations interested in involving peers from financing to performance assessment. 	<p><u>Comments</u></p> <ul style="list-style-type: none"> • Will include the use of racially and ethnically diverse peers • Appreciated commitment to data collection and program evaluation that will have long-term impact • Low administrative fees • Support for local organizations to use this information at the local level <p><u>Modifications</u></p> <ul style="list-style-type: none"> • Need clarity on how racially and ethnically diverse individuals will be included in the project 	Approve with modifications

			<p>The products above will be enhanced through partnerships with consultants with expertise with rural communities and diverse racial, ethnic and cultural communities. Trainings will be provided for the products use at the community-level.</p>	<ul style="list-style-type: none">• Explore and/or resolve how this information gets delivered if there's a lack of capacity at the local level, particularly a lack of a CBO with members and/or leadership who have lived experience	
--	--	--	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

While contractors have requested the above funding levels, the awarded contract level will depend upon the direction given by the Board and the willingness of current providers to modify their proposals and/or improve contract compliance or performance as requested. Approval of this recommendation by the Advisory Committee or CalMHSA's Board confers no rights on the part of the proposing parties.

RECOMMENDATION:

Support the above recommendations for submission to the CalMHSA Board of Directors at the June 13, 2013 meeting.

REFERENCE MATERIAL(S) ATTACHED:

- None

Agenda Item 7

SUBJECT: Enhancing Efforts to Reduce Disparities – Supporting Cultural Responsiveness

BACKGROUND:

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 to further enhance efforts to reduce disparities.

Phase one of this project has been underway for the last eight months and is now concluded. In 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 additional needs to support enhanced efforts to reduce disparities is provided in a final recommendations report that was submitted to CalMHSA for review in April 2013.

Final Report Findings:

Overall the analysis noted a demonstration by program partners which affirmed commitment to cultural competence and responsiveness. While program partners are extremely diverse in their own capacities ranging from small non-profits to large system partners, they are similar to the behavioral health system at large, which is eager but challenged in developing preparedness to meet the wide racial, ethnic and cultural diversity of California's population. According to the U.S. Census over 60% of Californians identify as a member of an ethnic or racial group or belong to more than one race or ethnicity. A step that can be taken to develop this preparedness is to build strong organizational cultural competence and the capacity to develop culturally responsive products and services that would yield high impact in un-served, underserved or inappropriately served ethnic, racial and cultural communities.

From the assessment several themes emerged, including: challenges regarding the development of relationships with communities of color, implementation of language access services, data collection, and culturally appropriate adaptations of products and services. The following recommendations are organized into two categories: strategies to enhance cultural responsiveness of products and services and strategies to improve organizational cultural competence.

Recommendations to enhance cultural responsiveness of products and services:

1. Utilize culturally appropriate community-defined practices to adapt products and services for targeted racial and ethnic populations
2. Improve strategies for collecting and analyzing demographic data by race, ethnicity, sexual orientation and gender identity

3. Enhance linguistic competence and language access by providing appropriate translation and interpretation services
4. Develop culturally appropriate strategies for assessing the impact of project implementation in targeted un-served, underserved and inappropriately served communities

Recommendations to improve organizational cultural competence:

1. Strengthen and/or build formal relationships with community members and community-based organizations for the purpose of institutionalizing relationships with un-served, underserved, and inappropriately served communities
2. Create a mechanism for regular, on-going self-assessment of the organizational cultural competence and capacity to be responsive to racial, ethnic, linguistic and cultural populations
3. Continually assess individual staff development needs and skill-sets necessary to ensure cultural responsiveness

NEXT STEPS:

CalMHSA staff has asked CiMH to provide recommendations for immediate training and technical assistance to strengthen the cultural responsiveness of program partners and to enhance efforts to reduce disparities for diverse racial, ethnic and cultural communities based on the assessment results and analysis. Three overarching training and technical assistance needs emerged:

- Improve skills in outreach and engagement strategies,
- Enhance understanding of cultural differences and distinctions within suicide prevention, stigma reduction and student mental health, and
- Develop strategies to adapt and incorporate the cultural competency skills into daily program delivery and overall organizational structure.

RECOMMENDATION:

Support the following recommendations for consideration by the CalMHSA Board for next steps to strengthen and enhance program partners' efforts to reduce disparities:

1. Extend contract with CiMH for up to \$100,000 to coordinate and deliver expedited training and technical assistance based on findings from the assessment to enhance efforts to reduce disparities through the following:
 - Provide technical assistance calls, webinars, or other amendable methods to build skills in outreach and engagement strategies, data collection and analysis, strategies to use culturally appropriate community-defined practices to adapt products and services for targeted racial and ethnic populations, and other topics as determined in consultation with CiMH.
 - Support initiative-specific technical assistance (e.g., Suicide Prevention, Stigma and Discrimination) cohorts on specific topics which address specific initiative needs (e.g., data collection and community engagement).

- Provide one-on-one technical assistance with individual program partners, as needed, and requested by contract manager(s).
2. Explore with the organizations that are a part of the California Reducing Disparities Project (CRDP), how findings from the statewide population reports for African Americans, Asian and Pacific Islanders, Latinos, LGBTQ and Native Americans can provide **timely** key learnings and cultural considerations in the area of suicide prevention, stigma and discrimination reduction and student mental health strategies. Possible tools and products:
- Further analysis of existing data from the statewide population reports that extract additional specific cultural considerations for Suicide Prevention, Stigma and Discrimination Reduction and Student Mental Health strategies.
 - Accessible toolkits or other training tools that can be shared with program partners, counties and their constituencies and stakeholders.

REFERENCE MATERIAL(S) ATTACHED:

- None

Agenda Item 8

SUBJECT: Strategic Planning Framework

BACKGROUND AND STATUS:

The current PEI Statewide Implementation Work Plan ends on June 30, 2014. At the CalMHSA Board of Directors Annual Strategic Planning Meeting on April 13, 2013, the Board of Directors discussed whether and how to sustain PEI Statewide Initiatives after June 30, 2014. Program Director, Ann Collentine, presented a status update on the implementation of the PEI Statewide Plan and initial impacts, a sample of county impacts from the statewide projects, and a projected timeline with milestones for the development of plan for sustaining PEI statewide projects. After discussion, the Board voted to renew their commitment to sustaining some version of the PEI statewide initiatives and directed staff to begin developing a plan for the PEI statewide initiatives, which includes:

- Funding options for sustaining projects
- Principles and methodology for determining which projects to sustain and proposed funding level for each project
- Application of findings from the first initial impact report written by RAND

The Advisory Committee will be asked to provide feedback to the planning and plan development during committee meetings on May 9, July 11, September 12 and November 15, 2013. Staff anticipates the CalMHSA Board of Directors will approve a PEI Statewide Plan at their December 12, 2013 meeting. The plan will then be taken to local members' counties for consideration of allocating local PEI funds to sustain PEI Statewide Initiatives.

RECOMMENDATION:

Provide feedback to CalMHSA staff on the Strategic Planning Framework and Timeline.

REFERENCE MATERIAL(S) ATTACHED:

- Draft Strategic Planning Framework (May 9, 2013)

California Mental Health Services Authority
STRATEGIC PLANNING FRAMEWORK

Methodology

For determining the statewide projects to be funded or sustained:

1. Value of Statewide-ness (a case for local stakeholders to invest in statewide initiatives)
 - a. Cost/benefit estimate (might include cost savings)
 - b. Population based approach and long-term impact
 - c. California – pilot for national model
2. Performance to date
3. Evidence of impact to date
4. Adverse consequence if discontinued
5. Opportunity to leverage other funds such as: Federal dollars, foundation match

Budgets (Possible Scenarios)

- All counties assign a percent of local PEI dollars
- Possible minimum threshold for very small counties
- Based on fluctuation of MHSA PEI funding allocation
- Other formula

Agenda Item 9

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

BACKGROUND AND STATUS:

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

- Directing Change Public Service Announcement Contest Screening and Awards Ceremony, May 23rd
- PBS Documentary, May 30th
- Each Mind Matters- California Mental Health Movement

RECOMMENDATION:

None, information only.

REFERENCE MATERIAL(S) ATTACHED:

- None