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CalMHSA Top Stories

Message from CalMHSA Board Vice President and Advisory Committee Co-Chair, Maureen Bauman



As we recognize Mental Health Month this May, CalMHSA has turned its focus to Stigma and Discrimination Reduction (SDR). Having been a part of the eye-opening and inspiring launch of CalMHSA's SDR consortium, I can tell you our dynamic and diverse group of stakeholders are energized and focused on the opportunity MHSAs have provided to confront issues that for too long have been shoved under the rug.

This groundbreaking SDR effort is just one way California counties are working together to transform California's mental health system and to address the underlying attitudes that prevent Californians from attaining mental wellness. We look forward to providing more updates as these exciting programs unfold!

Training/Technical Assistance and Capacity Building Update

In 2009, seven CalMHSA members elected to utilize Proposition 63 Prevention and Early Intervention (PEI) Statewide Training/Technical Assistance and Capacity Building (TTACB) funds by participating in the Evaluation Continuous Improvement Technical Assistance and Capacity Building Program, for which the final program report was presented to the CalMHSA Board in December 2011. In response and through collaboration between the CalMHSA officers and the CMHDA MHSA Committee, CalMHSA has developed the Multi-year Regional Data Workgroups Program, which seeks to build community capacity to use data to inform decision-making and to comply with county performance contracting requirements. The program will help counties better understand how PEI efforts impact the mental health system/continuum of care, how the investment in PEI results in cost savings, how to build the capacity of local providers and other stakeholders to utilize data, and how to strategically allocate future dollars to maximize benefits.

Goals for this program include:

- Identifying areas where coordination can leverage the efforts of counties and other partners.
- Providing a forum for counties for peer-to-peer exchange, skill building, coordination and problem-solving.
- Strengthening community capacity to formulate and conduct evaluations and to use appropriate data and analytic techniques to inform planning and resource allocation.
- Identifying and addressing infrastructure gaps in order to promote data-driven decision-making, including resources and training.
- Establishing baseline indicators and methods of tracking and analyzing community level indicators.
- Engaging stakeholders in evaluation efforts and increase capacity to understand and utilize outcome data through focused group training, providing accessible resources, and consultation.

The program is proposed to contain three phases:

- Phase I (February – June 2012)—Hire Program Team, Develop Regional Workgroups, Assess Needs, Plan for Phase II, Provide Initial Stakeholder Training
- Phase II (FY 2012–13, possibly Fiscal Year 2013–14)—Implement Regional Work Plans, Facilitate Ongoing Workgroup Meetings
- Phase III (FY 2012–13, possibly Fiscal Year 2013–14)—Provide Technical Assistance to Community Based Organizations and Training to Stakeholders

In addition, the requested services are of a specialized nature that must be provided in coordination with existing evaluation efforts. Thus, it was critical that a contractor with specific expertise that can provide services during the required timeframe be selected. RAND Corporation (RAND), as the existing evaluation provider for CalMHSA, was deemed to have the relevant experience and organizational capacity to staff this program with qualified professionals within the required timeframe. The contract amendment with RAND was signed and work began in February. RAND has been visiting participating counties to provide technical assistance and is working on scheduling regional workgroups (open to any county). A second contract amendment is planned to include those counties who had indicated an interest in participating in the project yet needed more time to secure local approval.

Counties that are interested can modify existing or enter into new participation agreements with CalMHSA. Interested counties should contact the Program Director as soon as possible to allow time to finalize participation agreements and contracts prior to implementation. It will be important for interested counties to demonstrate that a stakeholder review process and a request for these funds was completed, and that the request for funds is inclusive of this use of PEI Statewide TTACB funds

SDR Consortium Launched

On April 2nd, the first meeting of the Stigma and Discrimination Reduction (SDR) Consortium was held at the Sierra Health Foundation in downtown Sacramento. The Consortium is an advisory body to the CalMHSA SDR Initiative and also serves as a resource to the other initiatives under the CalMHSA Prevention and Early

Intervention (PEI) Program. In this capacity, the Consortium provides feedback on materials, products and tools as well as recommendations on outreach to broader communities among its networks as a way to extend the reach of the SDR and other PEI Initiatives.

The focus of the first meeting was to allow group members to become familiar with each other and to establish parameters and processes for working together through 2014 when the contract will come to an end. Of the 21 people on the Consortium, 10 are people of color, 11 are female and 10 male. The group is split evenly in terms of geographic expertise with 10 individuals each for urban and suburban, and nine with knowledge of rural areas. Regarding lived experience, nine identify as consumers/clients, 14 as family members, two as parents, eight as peer support advocates, five as survivors of suicide attempts, and two as caregivers. Among the groups that we will continue to seek representation from are veterans, transition age youth and the Native American and Central Valley Asian Pacific Islander communities.

The decision making process focused on identification of applicants reflective of consumers, family members and other stakeholders from diverse communities, age groups, geographies, underrepresented/underserved populations, as well as sectors and disciplines from throughout the state. A panel with representation from consumers and family members was identified to assist in review of Consortium Membership Applications, and to ensure diversity in perspective of the Consortium members. An additional criterion for the makeup of the Consortium was that at least 50% of its members be consumers/family members. Because in previous experiences it was found that representation from the business community/employers/human resources; rural communities; insurance industry; law enforcement, and juvenile justice; and military partners such as Veterans Affairs had been lacking, emphasis was placed on outreach to these communities and sectors.

The SDR Consortium held a working meeting on May 3rd and, although there was not a public comment period because of the nature of the meeting, those interested in observing were welcome to attend.

Campaign Launched to Engage Youth in Fight against Stigma and Discrimination

On May 21st, Runyon Saltzman & Einhorn launched the California Mental Health Services Authority (CalMHSA) social marketing campaign on widespread stigma and discrimination experienced by Californians with mental illness with a focus on Californians in their mid-teens and 20s. The campaign will make use of online, radio, public relations and social media. [Read more](#)

CalMHSA in Action

Membership Keeps Growing

CalMHSA is well on its way to the goal of 100% participation of California counties, with one new member having joined CalMHSA since November—Del Norte County. With 42 members representing 43 entities, the portion of the State's population served by CalMHSA now stands at 89.6% or 34.5 million residents.

As of late January, four counties have assigned funds and are in the membership process—Amador, Calaveras, Merced and Santa Barbara counties—along with two counties scheduled to present membership applications at the February CalMHSA Board of Directors meeting—Shasta and Ventura counties.

Implementation Statewide

[Statewide Project Summary](#)

Mental Health Month Media Toolkit

In preparation for May being Mental Health Month, CalMHSA Statewide PEI contractors, subcontractors and consultants have been provided a CalMHSA Mental Health Month Media Toolkit designed to help program

partners actively communicate about CalMHSA's Prevention and Early Intervention initiatives during Mental Health Month and reach out to as many people as possible through traditional media outlets, as well as through newer outlets such as social networking.

The toolkit includes:

- Suggested key messages
- Sample blog/newsletters
- Sample press release
- Letter to the Editor (provider)
- Letter to the Editor (consumer)
- How to submit a letter-to-the-editor
- Media Engagement Best Practices
- Frequently Asked Questions

The toolkit is just one way that CalMHSA actively works with strategic partners to ensure CalMHSA's marketing guidelines are followed and a consistent, transparent message is being communicated.

Mental Health in the Workplace

On April 13th, the CalMHSA Board of Directors awarded a contract to the Mental Health Association in California (MHAC) to oversee Program 2, Component 4 of the Stigma and Discrimination Reduction (SDR) Initiative—Promoting Mental Health in the Workplace.

On December 15, 2011, the board had approved the CalMHSA Advisory Committee's recommendation to re-release the Promoting Mental Health in the Workplace RFP as the initial release in February 2011 had not rendered a response but subsequent inquiries had been made by interested organizations. MHAC was one of seven proposers who responded to this second release. To review the proposals received, Subject Matter Experts (SME) with relevant experience were recruited by CiMH to meet in March 2012, for the purpose of discussing and scoring proposals. On March 22, 2012 CalMHSA, with support from CiMH, performed a staff analysis of reviewer comments and scores to assist in making final recommendations to the CalMHSA Board.

MHAC has worked to improve the California mental health system for more than 50 years, including the development and implementation of Proposition 63, the Mental Health Services Act. MHAC's proposal demonstrated its significant connections to employer stakeholders in the state through statewide networks—including its management of the California Coalition for Mental Health, 32 organizations and over 115,000 mental health professionals, advocates, clients, and family members, its understanding of the SDR Initiative; and its collaboration with the Partnership for Workplace Mental Health, which works with employers to increase access to quality mental health care and promote the business case for investing in the mental health of employees.

MHAC's program design includes:

- Implementation of the Wellness Works program—a workplace mental health program aimed at fostering systems change, adaptation and deployment of existing best-practice tools for workplace wellness, and management of mental illness while countering fear, bias, and discrimination in the workplace. Wellness Works will develop an array of customized resources for employers, offering evidence-based educational trainings, materials and best practices models for organizational wellness and resiliency.
- Utilizing MHA and its California chapters' connections with Chambers of Commerce, Rotary Clubs, trade associations and other business partners.
- Focusing on creating policies and protocols that support employees with mental health needs and their families.
- Using MHAC's 9 chapter agencies across California which will be used as their Regional Wellness Hub Partners to build upon existing relationships with business leader in local communities:
 - Alameda County
 - Central Valley
 - Los Angeles

- Orange County
- San Diego County
- San Francisco
- Santa Barbara County
- Northern California
- MHA Transitions (serving the Central Coast)
- Convening a statewide steering committee of state associations of private and public employers.

CalMHSA staff is currently in contract negotiations with MHAC and anticipates contract execution to take place at the end of May 2012.

Unqualified Opinion Given in Inaugural Audit

In accordance with the CalMHSA bylaws, James Marta & Company has completed their inaugural audit of the JPA for the years ended June 30, 2010 and June 30, 2011. CalMHSA was issued an unqualified opinion—the best opinion that can be given. David Becker of James Marta concluded his presentation to the board saying, “CalMHSA has a strong management team with a good reporting process in place.”

The next audit process will begin in August or September 2012 with an audit completed by the end of the 2013 fiscal year.

Standing Finance Committee Launched

On May 21, 2012, the CalMHSA Finance Committee held their first teleconference meeting. As CalMHSA progresses into the implementation phase of the Statewide Prevention and Early Intervention (PEI) programs and as the board explores future roles for the JPA, the board of directors recognized the need for a standing finance committee to address and oversee all fiscal matters on behalf of the entire board. The Committee is made up of the CalMHSA Treasurer and a representative from each of the five (5) CMHDA regions—the Committee Charter directs that at least three (3) of the members shall be CalMHSA Board Members and two (2) may be Chief Financial Officers of CalMHSA member counties. The CalMHSA President also serves as a non-voting Ex Officio member. The inaugural committee is:

- Chair—Scott Gruendl, Treasurer
- Bay Area—TBD
- Central—Tom Sherry, Sutter-Yuba Counties
- Los Angeles—William Arroyo, Los Angeles County
- Superior—Amy Wilner, Butte County
- Southern—Tanya Bratton, San Bernardino County
- Ex Officio—Wayne Clark, CalMHSA President

The Committee participated in a brief orientation and then reviewed the 2012-2013 CalMHSA budget and was presented with an investment update by CalMHSA’s Investment Manager, John Liddle of Morgan Stanley Smith Barney.

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