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CaIMHSA PLAN UPDATE
CaIMHSA STATEWIDE PREVENTION AND EARLY INTERVENTION
IMPLEMENTATION WORK PLAN
July 5, 2012

BACKGROUND AND STATUS

The California Mental Health Services Authority (CaIMHSA) is an independent administrative and fiscal government agency focused on the efficient delivery of California mental health projects. California counties established CaIMHSA as a Joint Powers Authority (JPA). Member counties worked together to develop, fund and implement mental health services, projects and educational programs at the state, regional and local levels. CaIMHSA members developed an Implementation Work Plan in Fiscal Year 2010-11 that describes how \$136 million of MHSOA funds is being utilized to implement California's Statewide Prevention and Early Intervention (PEI) Plan to prevent suicides, reduce stigma and discrimination, and improve student mental health.

The CaIMHSA Implementation Work Plan was approved by the Mental Health Services Oversight and Accountability Commission (MHSOAC) in February 2011. Since the original work plan, new counties and cities joined CaIMHSA, resulting in a work plan amendment to serve these communities. The First Work Plan Amendment was approved by the MHSOAC in March 2012.

An update to the CaIMHSA Statewide PEI Implementation Work Plan is proposed in order to expeditiously shift available funding into program activities. Available funding includes the previously approved contingency/operating reserve (\$9,662,072) and planning funds (\$2,869,658), and funds resulting from changes in CaIMHSA participation by counties and cities (\$1,698,675). In total, the CaIMHSA Plan Update seeks to increase program funding by \$14,230,405. In addition, funds set aside from the First Work Plan Amendment for Stigma and Discrimination Reduction will be utilized as approved and consistent with new principles adopted with this Plan Update.

It is the intention of CaIMHSA staff to strengthen existing statewide PEI programs. However, if any new programs are proposed to be funded, they must be posted for 30 days for public comment and be approved by the MHSOAC.

Key Principles for Funding Allocations

Key principles were adopted by CalMHSAs and were utilized in determining funding priorities for the First Work Plan Amendment approved in March 2012.

1. Maintain overall consistency in the proportion of funds allocated to Suicide Prevention (25%); Stigma and Discrimination Reduction (37.5%); and Student Mental Health (37.5%).
2. Strengthen local and regional capacity by ensuring new CalMHSAs participants are included in funded activities.
3. Strengthen racial, ethnic and cultural competency within existing projects.
4. Implement PEI projects in an expeditious manner.
5. Expand the scope of regional projects to include additional geographic areas and underserved populations.
6. Consider the unique characteristics of communities participating in CalMHSAs, including local factors such as capacity, population, and setting (rural, suburban, urban).

This CalMHSAs Plan Update continues to utilize the above principles and CalMHSAs staff is recommending that two additional principles be adopted for determining the utilization of program funds. The recommended principles are:

7. Consider performance, sustainability and leveraging opportunities to maximize available funding.
8. Enhance capacity for data-driven decision making and contribute to the body of knowledge of emerging PEI best practices to improve student mental health, prevent suicide and reduce stigma and resulting discrimination.

Staff recommends the addition of these new principles in order to plan for sustainability and maximize the impact and legacy of CalMHSAs projects, per the MHSOAC PEI Statewide Project Guidelines¹.

PROPOSED FUNDING ALLOCATIONS

This CalMHSAs Plan Update dedicates an additional \$14,230,405 to program activities. Within each initiative, CalMHSAs staff will apply the key principles to determine the utilization of program funds. Based on Key Principle #1, newly available program funds will be allocated to Suicide Prevention (25%); Stigma and Discrimination Reduction (37.5%); and Student Mental Health (37.5%) as follows:

Suicide Prevention (SP): Increase by approximately \$3.6M (25% of \$14.2M).

Student Mental Health Initiative (SMHI): Increase by approximately \$5.3M (37.5% of \$14.2M).

¹ DMH Information Notice 10-06.

Stigma and Discrimination Reduction (SDR): Increase by approximately \$3.6M (37.5% of \$14.2M). In addition, increase by the approximately \$2.9M that was set aside during the First Work Plan Amendment (approved by the MHSOAC on 3/23/12). Overall, increase SDR programs by approximately \$6.5M.

The chart below includes approved funding allocations to date (the budget from the CalMHSA Implementation Work Plan and additional funding from the First Work Plan Amendment) and proposed changes (program funds made available as part of the CalMHSA Plan Update).

| Funding | 5% Phase I Planning | 71% Program/Direct | 9% Contingency Reserve ¹ | 7.5% Evaluation ² | 7.5% Admin ² | 100% Total |
|--------------------------------------|--|---|--|---------------------------------|----------------------------|----------------------|
| Work Plan Budget | \$6,810,520 | \$97,322,330 | \$11,645,988 | \$10,215,780 | \$10,215,780 | \$136,210,398 |
| First WP Amendment | \$409,155 | \$5,810,001 ³ | \$736,479 ³ | \$613,733 | \$613,733 | \$8,183,100 |
| Subtotal | \$7,219,675 | \$103,132,331 | \$12,382,467 | \$10,829,513 | 10,829,513 | \$144,393,498 |
| Changes in CalMHSA membership | \$119,625 | \$1,698,675 ^{4,7} | \$215,325 | \$179,438 | \$179,438 | \$2,392,500 |
| CalMHSA Plan Update | \$2,869,658 moved to program/direct → | \$2,869,658 ⁵ + \$9,662,072 ⁶ = \$12,531,730 ⁷ | \$9,662,072 moved to program/direct ← | | | |
| Revised Total | \$4,469,642 | \$117,362,736 | \$2,935,720 | \$11,008,950 | \$11,008,950 | \$146,785,998 |
| Revised Percentage | 3.0% | 80.0% | 2.0% | 7.5% | 7.5% | 100% |

1. Originally, the Contingency Reserve was calculated as 9% of the Approved Plan. It is the intent of CalMHSA to maximize the delivery of services. In this Plan Update, \$9,662,072 of this reserve will now be utilized for program activities.
2. The maximum allocation permitted by DMH for Indirect Administration services is 15%. Included in this 15% is the requirement to provide evaluation of programs.
3. These dollars differ slightly from those shared during the First Work Plan Amendment; this change is due to the program/direct percentage being calculated as 71%, based on the approved plan.
4. Changes in CalMHSA membership and the assignment of funds by counties and cities resulted in an additional \$1,698,675 for program funds.

5. Based on the FY 12-13 CalMHSA Budget approved by the CalMHSA Board on June 14, 2012, planning dollars (\$2,869,658) were moved to fund program/direct activities. The new overall percentage of funds dedicated to planning is 3.0%.
6. Contingency reserve dollars (\$9,662,072) were moved to fund program/direct activities. The new overall percentage of funds dedicated to the contingency reserve is 2.0%.
7. The total increase in program funds is \$14,230,405 (Shift planning and contingency reserve: \$12,531,730, plus changes in CalMHSA membership: \$1,698,675).

CalMHSA Plan Update Timeline

To expeditiously implement enhanced program activities, staff developed a tentative timeline for the CalMHSA Plan Update as follows:

- July 5: Public Posting of CalMHSA Plan Update to www.calmhsa.org
July 12: Obtain feedback on CalMHSA Plan Update at CalMHSA Advisory Committee meeting. Utilize feedback to refine CalMHSA Plan Update
August 9: CalMHSA Board Action on Proposed CalMHSA Plan Update
August/September: Submission of CalMHSA Plan Update to MHSOAC and DHCS
September: Implement CalMHSA Plan Update

Instructions for Public Comment

30 DAY PERIOD FOR PUBLIC COMMENT

(July 5, 2012 thru August 4, 2012)

1. The CalMHSA Plan Update to the Statewide PEI Implementation Work Plan will be posted and distributed for an invitation to submit public comment. All input must be submitted in writing via email or regular mail.
2. CalMHSA must receive public comment by 5:00 PM on August 4, 2012.
3. Please provide name, organizational affiliation (if any) and contact information with your comment submissions.
4. Send comments to:
Regular Mail
CalMHSA
Attn: Laura Li
George Hills Company
3043 Gold Canal Drive, Suite 200
Rancho Cordova, CA 95670-6394

Email

calmhsa@georgehills.com

5. Staff will post all public comment on the CaMHSА Website in a timely manner for viewing.
6. A final Plan Update to the Statewide PEI Implementation Work Plan will be presented to the CaMHSА Board in August 2012.

Note: Full consideration will be given to all submissions, but staff would appreciate early submissions if possible.

DRAFT