

# Board of Directors Strategic Planning Session and Regular Board Meeting

## AGENDA

April 11, 2014

9:00 a.m. – 3:30 p.m.



### Meeting Location:

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

***(Business Casual Dress)***

**BOARD OF DIRECTORS STRATEGIC PLANNING SESSION  
AND REGULAR BOARD MEETING**

Friday, April 11, 2014

**9:00 am – 3:30 pm**

*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) 859-4818 (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 Board 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.*

8:00 a.m. – 9:00 am	Breakfast
9:00 am – 9:45 am	<p><b>Welcome and President’s Message</b> <i>(Wayne Clark)</i></p> <ul style="list-style-type: none"> <li>▪ President’s Message and Objectives of Strategic Planning Session</li> <li>▪ Open Board Meeting</li> <li>▪ Recent RAND Corporation Results (Handout)</li> <li>▪ Each Mind Matters Letters (Handout)</li> </ul> <p><b>Recommendation: None, information only.</b></p>
9:45 am – 10:15 am	<p><b>State of the Authority</b> <i>(John Chaquica/Ann Collentine)</i> (Handout)</p> <p><b>Recommendation: None, information only.</b></p>
10:15 am – 10:30 am	Break
10:30 am – 12:30 pm	<p><i>Introduction of Facilitator Eric Douglas, Leading Resources, Inc.</i></p> <p><b>CalMHSA Structure/Resources</b><i>(Wayne Clark/Maureen F. Bauman)</i></p> <ul style="list-style-type: none"> <li>▪ Vision and Proposal</li> <li>▪ Next Steps (Implementation)</li> </ul> <p><b>Recommendation: Approval of the Restructure Proposal.</b></p>
12:30 pm – 1:15 pm	Lunch
1:15 pm – 2:00 pm	<p><b>Funding and Strategic Opportunities</b> <i>(CaSonya Thomas)</i></p> <p><b>Recommendation: None, information only.</b></p>

<p>2:00 pm – 2:45 pm</p>	<p><b>PEI 3.0 and Beyond</b> (<i>Ann Collentine/Alfredo Aguirre</i>)</p> <ul style="list-style-type: none"> <li>▪ Status and Input: Phase I</li> </ul> <p><b>Recommendation: Approve Phase I Prioritized Program Activity recommendations by the Sustainability Task Force and Advisory Committee to be implemented based upon available funding.</b></p> <ul style="list-style-type: none"> <li>▪ Status and Input: Phase II and Plan for Next 15 Months</li> </ul> <p><b>Recommendation: None, information only.</b></p> <ul style="list-style-type: none"> <li>▪ Other Non-PEI Activities</li> </ul> <p><b>Recommendation: None, information only.</b></p>
<p>2:45 pm – 3:30 pm</p>	<p><b>Wrap-up</b> (<i>Eric Douglas/ Maureen F. Bauman</i>)</p> <ul style="list-style-type: none"> <li>▪ Eric Douglas</li> </ul> <p><b>Recommendation: None, information only.</b></p> <ul style="list-style-type: none"> <li>▪ Maureen F. Bauman</li> </ul> <p><b>Recommendations:</b></p> <ol style="list-style-type: none"> <li><b>1. Approval of New County Membership (Santa Barbara County).</b></li> <li><b>2. Approval of Nominating Committee Member Appointments.</b></li> </ol> <ul style="list-style-type: none"> <li>▪ Other Board Discussion</li> </ul> <p><b>Recommendation: None, information only.</b></p>

California Mental Health Service Authority  
(CalMHSA)  
Board of Directors Meeting  
Agenda

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**1. CALL TO ORDER**

**2. ROLL CALL AND INTRODUCTIONS**

**3. INSTRUCTIONS FOR PUBLIC COMMENT AND STAKEHOLDER INPUT** – The Board welcomes and encourages public participation in its meetings. This time is reserved for members of the public (including Stakeholders) to address the Board concerning matters on the Agenda. 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.

For Agenda items, public comment will be invited at the time those items are addressed. Each interested party is to complete the Public Comment Card and provide it to CalMHSA staff prior to start of item. When it appears there are several members of the public wishing to address the Board on a specific item, at the outset of the item, the Board President may announce the

maximum amount of time that will be allowed for presentation of testimony on that item. Comment cards will be retained as a matter of public record.

**4. WELCOME AND PRESIDENT’S MESSAGE**

- A. President’s Message and Objectives of Strategic Planning Session
- B. Open Board Meeting
- C. Recent RAND Corporation Results
- D. Each Mind Matters Letter

**5. CONSENT CALENDAR** - If the Board would like to discuss any item listed, it may be pulled from the Consent Calendar.

A. Routine Matters

- 1. Minutes from the February 13, 2014 Board of Directors Meeting 7

**Recommendation: Approval of the Consent Calendar.**

**6. STATE OF THE AUTHORITY**

- A. Report from CalMHSA Executive Director – John Chaquica

**Recommendation: None, information only.**

- B. Report from CalMHSA Program Director – Ann Collentine 16

**Recommendation: None, information only.**

**7. CalMHSA STRUCTURE/RESOURCES**

- A. Vision and Proposal 23

- B. Next Steps (Implementation)

**Recommendation: Approval of the Restructure Proposal.**

**8. FUNDING AND STRATEGIC OPPORTUNITIES DISCUSSION**

**Recommendation: None, information only.**

**9. PEI 3.0 AND BEYOND**

- A. Status and Input: Phase I 25

**Recommendation: Approve Phase I Prioritized Program Activity recommendations by the Sustainability Task Force and Advisory Committee to be implemented based upon available funding.**

- B. Phase II and Plan for Next 15 months 38

**Recommendation: None, information only.**

- C. Other Non-PEI Activities

**Recommendation: None, information only.**

## **10. WRAP-UP**

A. Eric Douglas

**Recommendation: None, information only.**

B. Maureen F. Bauman

**Recommendations:**

**1. Approval of New County Membership (Santa Barbara County).**

**2. Approval of Nominating Committee Member Appointments.**

C. Other Board Discussion

**Recommendation: None, information only.**

**11. PUBLIC COMMENTS** - This time is reserved for members of the public to address the Board relative to matters of CalMHSa not on the agenda. No action may be taken on non-agenda items unless authorized by law. Comments will be limited to three minutes per person and twenty minutes in total. The Board may also limit public comment time regarding agenda items, if necessary, due to a lengthy agenda.

## **12. ADJOURNMENT**



*"A George Hills Company Administered JPA"*

**CalMHSAs Board of Directors  
Meeting Minutes from February 13, 2014**

***BOARD MEMBERS PRESENT***

Wayne Clark, PhD, CalMHSAs President, Monterey County  
Maureen F. Bauman, LCSW, CalMHSAs Vice President, Placer County  
CaSonya Thomas, MPA, CHC, CalMHSAs Secretary, San Bernardino County  
Scott Gruendl, MPA, CalMHSAs Treasurer, Glenn County  
Rita Austin, LCSW, Central Region Representative, Tuolumne County  
William Arroyo, MD, Los Angeles Region Representative, Los Angeles County  
Karen Stockton, PhD, MSW, Superior Region Representative, Modoc County  
Terence M. Rooney, PhD, Colusa County  
Warren Hayes, Contra Costa County (alternate)  
Don Ashton, El Dorado County  
Gary R. Blatnick, Del Norte County  
Asha George, Humboldt County  
Kristy Kelly, MFT, Lake County  
Van Do-Reynoso, MPH, Madera County  
John Lawless, Mariposa County  
Tom Pinizzotto, Mendocino County  
Robin Roberts, MFT, Mono County  
Jaye Vanderhurst, LCSW, Napa County  
Jenny Qian, MA, Orange County (alternate)  
Nancy Peña, PhD, Santa Clara County  
Alfredo Aguirre, Southern Region Representative, San Diego County  
Vic Singh, San Joaquin County  
Jean Anderson, MFT, San Joaquin County  
Frank Warren, San Luis Obispo County (alternate)  
Anne Robin, MFT, San Luis Obispo County  
Stephen Kaplan, San Mateo County  
Donnell Ewert, MPH, Shasta County  
Madelyn Schlaepfer, PhD, Stanislaus County  
Halsey Simmons, MFT, Solano County  
Michael Kennedy, Bay Area Region Representative, Sonoma County  
Tom Sherry, PhD, Central Region Representative, Sutter/Yuba Counties

Noel J. O'Neill, MFT, Trinity County  
Mark Bryan, MSW, Yolo County

***MEMBERS/ALTERNATES LISTENING IN***

Donna Taylor, RN, Fresno County

***BOARD MEMBERS ABSENT***

Aaron Chapman, Alameda County  
Karyn Tribble, PsyD, LCSW, City of Berkeley  
Gail Zwier, PhD, Inyo County  
Andrea Kuhlen, MPA, Imperial County (Alternate)  
James Waterman, PhD, Kern County  
Mary Ann Ford Sherman, MA, Kings County  
Melody Brawley, Lassen County  
Suzanne Tavano, PHN, PhD, Marin County  
Michael Heggarty, MFT, Nevada County  
Jerry Wengerd, LCSW, Riverside County  
Dorian Kittrell, Sacramento County  
Alan Yamamoto, LCSW, San Benito County  
Jo Robinson, San Francisco City and County  
Erik Riera, Med, CAS, MBA, Santa Cruz County  
Terry Barber, Siskiyou County  
Jesse Duff, Tri-City Mental Health Center  
Timothy Durick, PsyD, Tulare County  
Susan Kelly, Ventura County

***STAFF PRESENT***

John Chaquica, CPA, MBA, ARM, CalMHSA Executive Director  
Doug Alliston, CalMHSA Legal Counsel, Murphy Campbell Alliston & Quinn  
Allan Rawland, MSW, ACSW, Associate Administrator - Government Relations  
Ann Collentine, MPPA, CalMHSA Program Director  
Stephanie Welch, MSW, CalMHSA Senior Program Manager  
Sarah Brichler, MEd, CalMHSA Program Manager  
Laura Li, CalMHSA JPA Administrative Manager  
Kim Santin, CPA, CalMHSA Finance Director  
Michelle Yang, CalMHSA Executive Assistant

***MEMBERS OF THE PUBLIC PRESENT***

Sophia Perrea, Humboldt County  
Robert Oakes, California Mental Health Directors Association (CMHDA)  
John T. Liddle, Financial Consultant, Morgan Stanley



Uma Sikoski, Sacramento County  
Alissa Nourse, Alpine County  
Michelle Violet, Nevada County  
Margaret Jakobson-Johnson, Disability Rights California  
Laura Wright, Disability Rights California  
Anara Guard, Education Development Center – Know the Signs Campaign  
Peter Livingston, Plumas County  
Katrina, Monterey County  
Eduardo Vega, Mental Health Association of San Francisco (MHA-SF)

**1. CALL TO ORDER**

The Board of Directors of the California Mental Health Services Authority (CalMHSA) was called to order by President Wayne Clark, PhD, Monterey County, at 2:48 p.m. on February 13, 2014, at the Marriott Cal Expo Sacramento, located at 1782 Tribute Road, Sacramento, California. President Clark welcomed those in attendance as well as those listening in on the phone.

President Clark asked Laura Li, CalMHSA JPA Administrative Manager, to call roll in order to confirm a quorum of the Board.

**2. ROLL CALL AND INTRODUCTIONS**

Ms. Li called roll and informed President Clark a quorum had been reached.

**3. INSTRUCTIONS FOR PUBLIC COMMENT AND STAKEHOLDER INPUT**

Doug Alliston, CalMHSA Legal Counsel, reviewed the instructions for public comment, including the process of public comment cards, and noted items not on the agenda would be reserved for public comment at the end of the agenda. President Clark then asked for members of the public to introduce themselves. Mr. Alliston informed the Board of the changes to the Brown Act, amended on January 1, 2014, which requires that specific votes be recorded on each agenda item. Moving forward, a roll call vote will be taken for all action items on the agenda, until such time as better option is presented. Agenda items will require a record of how each member voted, therefore, staff will take a roll call of the board for every item that requires a vote until another technological option is presented. Mr. Alliston then asked for anyone present on the phone to introduce themselves.

**4. CMHDA STANDING REPORT**

Robert Oakes, Executive Director, California Mental Health Directors Association (CMHDA), briefly reported on discussions amongst CalMHSA and CMHDA staff, and confirmed regular reporting on standing agenda item for CMHDA.

**Action:** *None, information only.*

**5. STATEWIDE PEI PROGRAMS**

**A. Program Partner Presentation – Disability Right California – SDR Program Four: Advancing Policy to Eliminate Discrimination Program**

Stephanie Welch, Senior Program Manager, introduced the Program Partner Disability Rights California (DRC), represented by Margaret Jakobson-Johnson and Laura Wright. They provided a detailed overview of their current work, including upcoming projects focusing on:

- Systemic change and institutional stigma and discrimination
- Examining the existing laws and policies
- Understanding of the federal parity as well as a state parity and the role of the ACA
- Officer training, services, and Prevention and Early Intervention (PEI) issues
- Developing materials and a state tool kit on becoming familiar with the appeal process on how to appeal parity at the state level
- “Tips of the Month” posted on the DRC Website and monthly posts on various social media networks

**Action:** *None, information only.*

Public comment was heard from the following individual(s):  
*Katrina, Monterey County*

**6. CONSENT CALENDAR**

President Clark acknowledged the consent calendar and asked for comment from the Board. Hearing none, President Clark entertained a motion to approve the consent calendar.

**Action:** *Approval of the consent calendar.*

Alameda County		Madera County	x	San Joaquin County	x
Berkeley, City of		Marin County		San Luis Obispo County	AB
Butte County		Mariposa County	x	San Mateo County	x
Colusa County	x	Mendocino County	x	Santa Clara County	x
Contra Costa County	x	Modoc County	x	Santa Cruz County	
Del Norte County	x	Mono County		Shasta County	x
El Dorado County	x	Monterey County	x	Siskiyou County	
Fresno County	x	Napa County	x	Solano County	x
Glenn County	x	Nevada County		Sonoma County	x
Humboldt County	x	Orange County	x	Stanislaus County	x
Imperial County		Placer County	x	Sutter/Yuba County	x
Inyo County		Riverside County		Tri-City Health Center	AB
Kern County		Sacramento County	AB	Trinity County	
Kings County		San Benito County		Tulare County	x
Lake County	x	San Bernardino County	x	Tuolumne County	

Lassen County		San Diego County	x	Ventura County	
Los Angeles County	x	San Francisco City & County		Yolo County	

**Motion:** *Andrea Kuhlen, Imperial County*  
**Second:** *Anne Robin, San Luis Obispo County*

**Motion passed unanimously.**

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

*None*

**7. FINANCIAL MATTERS**

**A. Unaudited Financial Statements as of September 30, 2013 and December 31, 2013 – Kim Santin**

Kim Santin, CalMHSA Finance Director, provided an update on the Finance Committee, which met on November 25, 2013. CalMHSA staff provided the Board with the unaudited financial statements as of September 30, 2013 and December 31, 2013. Ms. Santin directed the Board to the Financial Report attachments and provided highlights regarding the report, including major expenditures in Statewide PEI Projects. Invoices sent to counties for the new Feasibility Study and Department of State Hospital beds program.

**Action:** *None, information only.*

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

*None*

**8. MEMBERSHIP**

**A. County Outreach Report – Allan Rawland, Associate Administrator – Government Relations**

Allan Rawland, CalMHSA Associate Administrator – Government Relations, directed the Board to the report within the agenda packet outlining current outreach activity. Mr. Rawland thanked non-member counties who joined the Board meeting. Mr. Rawland stated he is in open communication with Betsy Gowan, the Mental Health Director for Tehema County, a non-member county. Mr. Rawland noted he was in constant communication with counties who are not yet members, providing them with the technical assistance they need to move forward in joining the JPA.

**Action:** *None, information only.*

**9. ADMINISTRATIVE MATTERS**

**A. Statewide Prevention and Early Intervention (PEI) Sustainability Taskforce**

President Clark acknowledged the participation of the Board Members and CalMHSA staff on the Funding Taskforce who have been working with CalMHSA Vice President Maureen F. Bauman, on coming up with a potential reinvesting plan in Statewide PEI Projects. Ms. Bauman did a full review of the recommendation below.

**Action: 1) The Executive Committee recommends that the Board approve the following funding plan for Phase One of Sustaining Prevention and Early Intervention (PEI) Statewide Projects:**

1. One-time funds (contingency, unspent, and interest) to be fully utilized in the first three year plan and split equally over the three years
2. Matching funds required from program partners ranging from 1050% match, with emphasis on education
3. Private/other and alternate funding to include all other funding beyond State and County (i.e., private, foundation, endowment, grant, federal, other)
4. State funding sought annually ranging from \$510M (if none attained the first year due to time or other constraints, funds from current program partner contracts with unexpended funds shall be inserted)
5. Local Funding
  - a) All members to annually fund PEI Statewide Plans within the target range of 47% of local annual PEI funds
  - b) For Phase 1, counties shall have the option of selecting which initiative(s) to support
6. Minimum annual local funding shall be established at 1%
7. Counties to submit a Letter of Intent to commit funding by May 1<sup>st</sup>, and in accordance with regulations and statutes that govern the Mental Health Services Act. Letters of Intent to commit funding shall be reviewed by the Finance Committee, in conjunction with CalMHSA annual budget development, with a recommendation to the CalMHSA Board each June

Alameda County		Madera County	x	San Joaquin County	x
Berkeley, City of		Marin County		San Luis Obispo County	x
Butte County		Mariposa County	x	San Mateo County	
Colusa County	x	Mendocino County	x	Santa Clara County	
Contra Costa County	x	Modoc County	x	Santa Cruz County	
Del Norte County	AB	Mono County		Shasta County	x
El Dorado County	AB	Monterey County	x	Siskiyou County	
Fresno County	x	Napa County	x	Solano County	x
Glenn County	x	Nevada County		Sonoma County	x
Humboldt County	AB	Orange County	x	Stanislaus County	x
Imperial County		Placer County	x	Sutter/Yuba County	x
Inyo County		Riverside County		Tri-City Health Center	
Kern County		Sacramento County	x	Trinity County	x
Kings County		San Benito County		Tulare County	
Lake County	x	San Bernardino County	x	Tuolumne County	x
Lassen County		San Diego County	x	Ventura County	
Los Angeles County	x	San Francisco City & County		Yolo County	AB

**Motion:** *Noel J. O'Neill, MFT, Trinity County*  
**Second:** *Donnell Ewert, MPH, Shasta County*

**Motion passed unanimously.**

Public comment was heard from the following individual(s):  
*Eduardo Vega, Mental Health Association of San Francisco*

**10. PROGRAMS MATTERS**

**A. Report from CalMHSA Program Director – Ann Collentine**

President Clark called on Ann Collentine, CalMHSA Program Director, to give a report to the Board. Ms. Collentine referred the Board to their packet, and encouraged members to take the time to read through the report. CalMHSA staff wants to hear from member counties and to provide a response for a clear understanding of current activities.

William Arroyo, Los Angeles County, shared that Directing Change staff are looking for judges for the upcoming High Student 60-Second Video Contest, which aims to prevent suicide, reduce stigma and discrimination related to mental illness, and to promote the mental health and wellness of students.

Stephanie Welch, CalMHSA Senior Program Manager, updated the Board about the Mental Health Matters Day event taking place at the State Capitol in Sacramento on Tuesday, May 13, 2014. Sacramento's local minor league baseball team, the River Cats, are eager to participate in this event by providing tickets and to incorporate and promote lime green in their attire for the month of May. Ms. Welch expressed her excitement and invited all members to participate in the event.

Sarah Brichler, CalMHSA Program Manager, briefly recognized Kings View Behavioral Health, a SP program in the Central Valley area that has responded to the need for a crisis center. There is now a fully functioning crisis center that is operational 24-hours a day because of the Board's support of the program.

**Action:** *None, information only.*

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

**B. Department of State Hospitals Updates**

John Chaquica, CalMHSA Executive Director, announced the workgroup has continued to meet, including visits to two of the state hospitals. The CalMHSA participation agreements have been finalized and distributed to counties for BOS approval and execution. The Department of Mental Health (DSH) MOU was finalized and distributed to counties; however, errors were found and staff is working with the department to correct and redistribute. The first meeting with DSH is scheduled for February 26, 2014 to further discuss the FY 14-15 MOU, proposed blended rate, and trailer bill.

Additionally, Mr. Chaquica indicated the workgroup has expressed interest in pursuing a request for interest (RFI) in an effort to solicit alternatives to state hospital beds and requested Board support for proceeding with option. Members were in support of proceeding with the RFI but noted “alternatives” should be rephrased as “opportunities.” Mr. Chaquica also stated discussion had taken place regarding formalizing the workgroup into a committee and given there were no current board members on this workgroup, extended an invitation to the members for participation. This request is to be presented at the June Board meeting.

**Action :**        *Discussion and/or action as deemed appropriate.*

**Motion:**        *Noel J. O’Neill, MFT, Trinity County*

**Second:**       *Donnell Ewert, MPH, Shasta County*

**Motion passed unanimously.**

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

*None*

**C. New Behavioral Health Billing System Feasibility Study Update**

Ms. Brichler has been working closely with CMHDA and DHCS to identify solutions to the Short-Doyle system in efforts to maximize county dollars that are funding these quality improvement efforts. Ms. Brichler stated staff is in the process of creating a more in-depth project plan which can be shared with the Board in the future.

**Action:**        *None, information only.*

**11. GENERAL DISCUSSION**

**A. Report from CalMHSa President – Wayne Clark**

President Clark discussed the following:

- Columbia University symposium on preventing brain disorders
- Requested staff provide an update on American Public Health Association (APHA) conference
- CalMHSa’s annual Strategic Planning Session that will be held April 11<sup>th</sup>
- Mental Health Services Oversight and Accountability Commission (MHSOAC) provided comments about CalMHSa accomplishments, expressing some concern with the sustainability system

**B. Report from CalMHSa Executive Director – John Chaquica**

Mr. Chaquica stated the Executive Committee filled the position for the CMHDA-at-Large member with Jerry Wengerd, Riverside County, who volunteered. Mr. Chaquica announced there is still a vacancy for the alternate Superior Region Representative. Mr. Chaquica briefly discussed the 2015 International Stigma and Discrimination Reduction (SDR) Conference, having secured the Hyatt in San Francisco for February 2015. Mr.

Chaquica also reminded the members of CalMHSA's move to an electronic filing system for the FPPC filing of Form 700s. Members would be receiving an email notice shortly.

**Action:** *None, information only.*

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

*None*

**12. PUBLIC COMMENTS**

**A. Public Comments Non- Agenda Items**

President Clark invited members of the public to make comments on non-agenda items.

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

*None*

**13. NEW BUSINESS AND CLOSING COMMENTS**

President Clark asked the Board if there was any new business or closing comments.

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

*None*

**14. ADJOURNMENT**

Hearing no further comments, the meeting was adjourned at 4:14 p.m.

**Action:** *A motion was made to adjourn the meeting.*

**Motion:** *Scott Gruendl, Glenn County*

**Second:** *Tom Pinizzotto, Mendocino County*

*Motion passed unanimously.*

Respectfully submitted,

\_\_\_\_\_  
CaSonya Thomas, MPA, CHC  
Secretary, CalMHSA

\_\_\_\_\_  
Date

### CalMHSA Program Partner Counts, January – December 2013:

#### Trainings/Education, Directly Reached, Reach through Media, and through Informational Resources

Number of program partners who trained and/or educated populations:

During January 1 – December 31, 2013, approximately **124,774** individuals were directly trained and/or educated through CalMHSA Program Partners.

#### Individuals Directly Reached by Program Partners

Number of program partners who directly reached targeted individuals:

During January 1 – December 31, 2013, approximately **819,881** targeted individuals were directly reached (through crisis services, early intervention services, etc.)

#### Program Partners' Reach through Media

Number of program partners who reached out through media:

During January 1 – December 31, 2013, approximately **265,764,543** individuals were targeted with social marketing efforts (radio, TV spots, internet, ads, etc.)

#### Program Partners' Reach through Information Resources

Number of program partners who provided information resources:

During January 1 – December 31, 2013, approximately **1,475,713** individuals were reached through informational resources.

### Program Partner Counts, Qtr-2 October – December 2013:

#### Trainings/Education, Directly Reached, Reach through Media, and Reached through Information Resources

##### Program Partner Trainings/Education

During October 1 – December 31 2013, approximately **37,992** individuals directly trained and/or educated through CalMHSA Program Partners

##### Individuals Directly Reached by Program Partners

Number of program partners who directly reached targeted individuals:

During October 1 – December 31 2013, approximately **251,797** individuals directly reached (through crisis services, early intervention services, etc.)

##### Program Partners' Reach through Media

Number of program partners who reached out through media:

During October 1 – December 31 2013, approximately **27,401,746** individuals targeted with social marketing efforts (radio, TV spots, internet, ads, etc.)

##### Program Partners' Reach through Information Resources

Number of program partners who provided information resources:

During October 1 – December 31 2013, approximately **532,924** individuals reached through information resources

	January-March 2013	April-June 2013	July- September 2013	October-December2013	Jan-Dec 2013 REACH
Training	24,568	27,329	34,885	37,992	124,774
Directly reached	155,203	187,646	225,235	251,797	819,881
Social marketing	196,983,156	5,475,091	35,904,550	27,401,746	265,764,543
Info resources	303,725	381,034	258,030	532,924	1,475,713





## Student Mental Health Initiative

### CalMHSA's Prevention and Early Intervention Programs Foster Mental Health and Wellness for California's Higher Education Students

American college students are experiencing mental health challenges with greater frequency than ever before. In 2012, the American College Health Association-National College Health Assessment found that over 30 percent of college students reported feeling "so depressed that it was difficult to function" at some time in the past year.

Recognizing this urgent need, California's higher education institutions, the University of California (UC), California State University (CSU), and California Community Colleges (CCC) have made student mental health one of their top priorities.

Through the voter approved Mental Health Services Act and the California Mental Health Services Authority (CalMHSA), California's higher education institutions are increasing direct mental health services to students, providing training to faculty and staff, and reducing the stigma of mental illness.

#### The Student Mental Health Initiative has:

Trained 16,818 CCC students and faculty/staff members about suicide prevention through online role-playing simulations from Kognito Interactive.

Trained 9,763 faculty and staff members and students across California State University campuses in Mental Health First Aid, ASIST, and Question, Persuade Refer suicide prevention programs.

Trained 24,270 students across the UC System about mental health resources on campus during the second quarter, FY 2013-2014.

Screened 69,012 UC Students for depression and offered follow-up resources through campus health centers to date.

Trained 3,418 UC faculty and staff members in crisis response, during the second quarter, FY 2013-2014.

#### Did you Know...?

**Leading epidemiologists say we can't afford not to take a prevention approach to mental health.** Focusing only on mental health crisis misses the opportunity to prevent more people in our communities from reaching the crisis point and costs more in the long run. Prevention in the mental health field is a public health priority, just as working to prevent heart disease must happen at the same time we treat people experiencing heart attacks.

**Half of all mental health challenges begin by age 14 and three-quarters appear before age 24.** Investing in our young minds is an opportunity to improve mental health over a generation. CalMHSA's PEI programs strategically target young people to connect them with preventative services and set them on a lifetime path of mental wellness.

**California voters supported transforming California's mental health system with a prevention approach.** Voters passed Prop. 63 (the Mental Health Services Act) in 2004, dedicating resources to keep individuals healthy so they never reach the crisis point of our jails, hospitals, or homelessness. At the same time this investment saves lives, it reduces the strain on community hospitals, jails, and public safety resources.

EACH MIND  
MATTERS

California's Mental Health Movement

Pain Isn't Always Obvious

KNOW  
THE SIGNS

Suicide Is Preventable

## Helping Underserved Student Populations

An estimated 2.2 million veterans reside in California, and more than 44,000 utilize education benefits at a California Community College. Fifteen California Community College campuses have hosted "Welcome Home" trainings attended by over 600 faculty and staff members to address the needs of student veterans.

*"As the daughter of a World War II Veteran, [I found the] California Community Colleges Student Mental Health Program's training curriculum timely, insightful and informative. The workshop presenters were top-rate and [I] was most appreciative and enlightened by the information and resources presented."*

- Cabrillo Community College Veterans Training attendee

The Student Mental Health Initiative also takes special care to promote self sufficiency for Transition-Aged Foster Youth aging out of California's foster care system. California Community Colleges' Healthy Transitions Curriculum has trained 146 students to help them realize their own strengths and abilities, connecting them to local resources and services, and empower them to reach a higher state of health and well-being.

A hostile school climate is detrimental to LGBTQ student mental health, and since 2000, the number of college students who identify as LGBTQ has roughly doubled. To create a more supportive environment for LGBTQ students, the California Community Colleges have trained 980 students and faculty/staff members through online suicide prevention trainings that teach understanding and offer assistance and referrals to support services on campus when students exhibit signs of distress.

## CalMHSa Partnerships Create Sweeping Systemwide Resources

42,954 faculty and staff members, at ten UC campuses, have received a "Red Folder," which serves as a quick reference guide to mental health resources for distressed students. The customized-by-campus folders identify common signs of student distress and direct faculty or staff through protocol to approach a distressed student, connect that student with the appropriate resource, or make emergency contact.

Every student in the California State University System receives "Student Health 101," an online magazine that contains ways for students to anonymously research health and wellness issues that are most prevalent on campuses. The magazine also incorporates regional resources and tips for students.

For more information about any of the programs described above, contact Jamie Sepulveda at [Jamie.Sepulveda@calmhsa.org](mailto:Jamie.Sepulveda@calmhsa.org).

*In 2008, state strategic plans were developed for suicide prevention, stigma and discrimination reduction and student mental health. CalMHSa, a Joint Powers Authority, was created by counties in 2009 to implement the PEI Statewide projects efficiently and effectively. These are just a few program highlights; for more information please visit: [www.calmhsa.org](http://www.calmhsa.org).*



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Prevention and early intervention save lives and dollars by delivering help before a crisis when it's most effective and less costly.



# Creating Safe Communities

CalMHSA's Prevention and Early Intervention Programs foster partnerships with public safety agencies and promote safe communities.

## To date, CalMHSA's partners have:

- Trained crisis responders so they are better equipped to respond with appropriate intervention when people experience mental health crisis.
- Worked to reduce violence toward people living with mental illness by breaking down stereotypes.
- Expanded resources to prevent people from winding up in the streets or in jail.
- Freed up public safety resources for important community priorities.

### Improving Public Safety by Decreasing the Stigma of Mental Illness

Decades of disinvestment in mental health services has made our public safety systems mental health providers by default, and fueled misconceptions that violence is associated with mental illness. The fact is people with mental illness are far more likely to be victims of violence than to be perpetrators.

CalMHSA's Stigma and Discrimination Reduction Partner Disability Rights California (DRC) partners with San Francisco Crisis Intervention Team officers to develop training curricula for law enforcement to appropriately manage crisis situations involving a person with mental illness. To date, more than 500 public safety partners across the state have been trained.



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## Creating Safe Campus Communities

While the incidence of violence on college campuses are rare, CalMHSA's partnerships with the University of California (UC), the California State University and the California Community Colleges recognize the opportunity to identify mental health concerns among students in a difficult transition period and respond appropriately to crisis situations. Campuses across California have engaged with campus safety and local law enforcement agencies to develop crisis intervention strategies.

- Modesto Junior College is teaming up with local law enforcement to improve response to suicidal crisis on campus and has developed a Behavioral Intervention Team.
- The Los Angeles Harbor Consortium of six local colleges conducted a series of two-day violence prevention trainings that included representatives from 17 local colleges.
- UC Berkeley partnered with Alameda County public safety officials to conduct Mental Health Training for Police Dispatchers, where dispatchers from Oakland, Richmond, Bay Area Rapid Transit, and the City of Alameda attended to learn about mental health issues and crisis intervention.
- West Los Angeles College is working with the lead Sheriff on campus to design workshops for law enforcement personnel that will teach them how to effectively address students with apparent mental health conditions.

For more information about any of the programs described above, contact Jamie Sepulveda at [Jamie.Sepulveda@calmhsa.org](mailto:Jamie.Sepulveda@calmhsa.org).

*In 2008, state strategic plans were developed for suicide prevention, stigma and discrimination reduction and student mental health. CalMHSA, a Joint Powers Authority, was created by counties in 2009 to implement the PEI Statewide projects efficiently and effectively. These are just a few program highlights; for more information please visit: [www.calmhsa.org](http://www.calmhsa.org)*



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# transforming mental health care in California Counties

CalMHSA's statewide Prevention and Early Intervention (PEI) initiatives enhance the ability of counties to meet the mental health needs of their communities through effective and cost-efficient suicide prevention and student mental health programs. The partnership of counties in California's nationally-recognized Stigma and Discrimination Reduction campaign is critical to achieving the transformation of mental health services by communicating to all Californians that help is available and recovery is achievable, thereby removing barriers to seeking help.

In a dynamic policy environment and with the implementation of the Affordable Care Act, the cost-effective delivery of statewide PEI initiatives frees up county resources for community-responsive and innovative local efforts. With participation in this statewide partnership, counties have invested in California's mental health transformation and in development of breakthrough and culturally relevant best practices that serve the needs of California's diverse communities.

## Benefitting all California Counties

- Invest now, save later. Research suggests that for each dollar invested in prevention today, dollars are saved by avoiding suffering, loss of income and lives.
- Achieve economies of scale by purchasing services across counties. Bulk media purchases stretch dollars 35-50% further. Regional county partnerships deliver value in crisis hotline services.
- Prepare counties for Affordable Care Act implementation through Integrated Behavioral Health Care training and technical assistance.
- Create lasting systems change. K-12 educator credential standards now include training to improve early identification of at-risk students.
- Support accurate reporting on mental health through newly adopted Associated Press standards.
- Reduce each county's cost for critical investments, such as culturally adapted training, social marketing, and Stigma and Discrimination Reduction best practices.
- Promote mental health awareness, inclusion and equity for individuals with mental health challenges through a coordinated campaign, Each Mind Matters.

The initial investment in statewide Prevention and Early Intervention programs by counties is \$39 million per year over a four year period. This initial investment built and strengthened California's crisis delivery, student mental health, and stigma reduction infrastructure. These capacities can now be sustained at much lower funding levels.

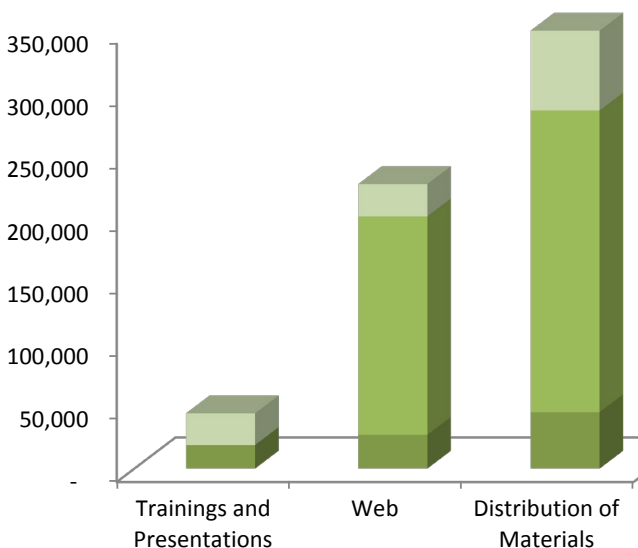
## Statewide Impact: January- December 2013

Approximate reach across all CalMHSA programs:

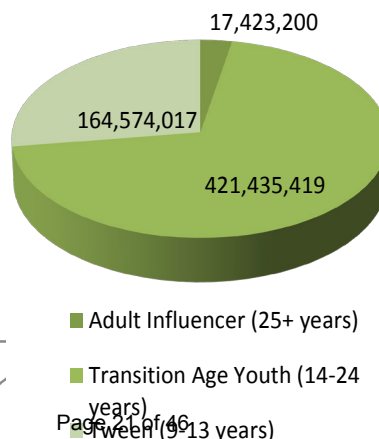
Individuals	Program/Activity
124,774	Trained and/or educated on prevention strategies
819,881	Reached through crisis and early intervention services, etc.
1,475,713	Reached through informational resources
265,764,543	Views of social marketing campaign materials

## Stigma and Discrimination Reduction (SDR) Social Marketing Campaign: Statewide Reach

People Reached



### Estimated Media Impressions



This campaign includes: Each Mind Matters: California's Mental Health Movement; lifespan-specific campaigns including Walk In Our Shoes (9-13 year olds), ReachOutHere (14-24 year olds), the "A New State of Mind" documentary and Community Dialogues (adults 25+); and targeted campaigns for Latino, African American, Native American, Asian Pacific Islander and LGBTQ communities.

## Key Examples of Local Reach into Counties

Prevention and Early Intervention (PEI) Statewide Projects are designed to complement local efforts while building statewide capacity to improve mental health.

### Enhanced Local Crisis Response

*Suicide Prevention Crisis Centers* respond 24/7 to individuals in a mental health crisis. Calls are confidential and answered by skilled, trained counselors. Calls to the National Suicide Prevention Lifeline (**800-273-TALK**) are answered by local crisis centers.

CalMHSA partners with crisis centers to enhance local crisis response. Examples of enhancements include: additional language capacity, outreach and marketing, training, crisis chat and text.

The Common Metrics project tracks information from ten hotlines around the state to inform suicide prevention efforts. Together, these centers **responded to an average of 22,840 calls per month**, resulting in nearly 160,000 calls answered from June-December 2013.



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California's Mental Health Movement

### Identify Warning Signs and Access Help before a Crisis

*The Know the Signs Suicide Prevention campaign* informs Californians of warning signs, how to talk to someone they are worried about and identify helpful resources.

Pain Isn't Always Obvious



Suicide Is Preventable

Statewide, residents received this information through: billboards (**255.3 million impressions or views**), TV (e.g. cable, Univision; **37.1 million views**), online (e.g. Facebook, Hulu; **415.4 million views**), magazines (**12.5 million views**), resulting in **720,378,821 total views** of the campaign materials. During the first 4 months, **471,925** California residents visited the campaign websites to seek information.

[www.suicideispreventable.org](http://www.suicideispreventable.org)

[www.elsuicidoesprevenible.org](http://www.elsuicidoesprevenible.org)

**Why Statewide?** In 2008, state strategic plans were developed for suicide prevention, stigma and discrimination reduction and student mental health. CalMHSA, a Joint Powers Authority, was created by counties in 2009 to implement the PEI Statewide projects efficiently and effectively. These are just a few program highlights; for more information please visit: [www.calmhsa.org](http://www.calmhsa.org)

### Student Mental Health and Stigma and Discrimination Reduction Activities and Resources

*Student Mental Health Partners* offered local resources in the following areas:

- Pre-K-12: Through a partnership with local County Offices of Education, educators are trained in mental health topics such as suicide prevention and bullying prevention. In addition, school demonstration projects are being implemented, bringing promising and/or evidence based practices to local schools.
- Higher education at Community Colleges, California State Universities and University of California: Offerings vary from educator training, student screening for suicide and depression, implementation of best practices in mental health and development of peer to peer programs.

**Prevention and early intervention save lives and dollars by delivering help before a crisis when it's most effective and less costly.**

*Stigma and Discrimination Reduction Partners (SDR)* offered local resources in the following areas:

- Train primary care and provide technical assistance on integrated behavioral health implementation: [ibhp.org](http://ibhp.org)
- Encourage help seeking behavior and eliminate the negative consequences of stigma through targeted age specific campaigns: [WalkInOurShoes.com](http://WalkInOurShoes.com) (ages 9-13), [ReachOutHere.com](http://ReachOutHere.com) (ages 14-24), [EachMindMatters.org](http://EachMindMatters.org) (25+); campaign strategies are culturally and ethnic specific. (RSE)
- Receive technical assistance on stigma reduction strategies, SDR promising practices and resources. To learn more: [www.dignityandrecoverycenter.org](http://www.dignityandrecoverycenter.org) (MHASF)
- Train students, parents and teachers, and health care providers on early identification of mental health concerns and how to access help. (NAMI)
- Eliminate discriminatory policies through policy change and training of public defenders and law enforcement; ensure civil rights protections. (DRC)

## Proposal to Restructure

*April 11, 2014*

### **The Present and the Future**

The California Mental Health Services Authority (CalMHSA), a County Joint Powers Authority (JPA) formed in 2009, has had a productive, rapid organizational journey achieving initial objectives and exceeding expectations' in many more areas. Today, CalMHSA is entering a new era and a quest to reach a higher plateau; one where we can look out and see an internationally recognized mental health promotion campaign to prevent suicide, eliminate stigma and improve student mental health, that is unprecedented in breadth and scope. We have not only proven that Counties acting jointly is an effective, efficient way of using public resources, but that we can make significant changes in the promotion of emotional well-being in our California communities.

These achievements in organizational capacity building and the successful creation of a mental health promotion movement are a significant step forward. In addition to these accomplishments, CalMHSA has brought Counties together in addressing issues like State Hospital contracting, Workforce Education and Training stipends, Technical Assistance and Training Assistance, as well as the Short-Doyle feasibility study. In the near future there will be other exciting collaborations to engage in, such as partnering with our SUD colleagues.

Our goal then is to take advantage of these opportunities, reach the next plateau of organizational development, and broaden the vision of CalMHSA. Achieving this goal requires that CalMHSA be proactive in aligning our structure to match our success to date with new opportunities. The future of CalMHSA is now dependent on securing a variety of funding sources, in contrast to managing the one-time assigned dollars. As such, sound management and administrative acumen needs to be more carefully balanced with county mental health experience, knowledge, and leadership; along with the ability to identify and secure other funding sources.

The purpose of this proposal is to enhance our organizational structure, where CalMHSA will be represented at the leadership level from a county operations background and experience in all our dealings, with other governments, non-profits, or private entities. The challenge is there are some who perceive that CalMHSA operations are led and managed by a corporation. The purpose is to eliminate any perception it is not a county-run JPA, yet maintain the public/private partnership that has benefitted CalMHSA since its inception. This change shall respect the partnership CalMHSA has with George Hills Company (GHC), a collaboration that has led to the outstanding performance of the JPA, not only in results but also in efficiency, accountability, and cost effectiveness.

### **Options and a Solution for CalMHSA**

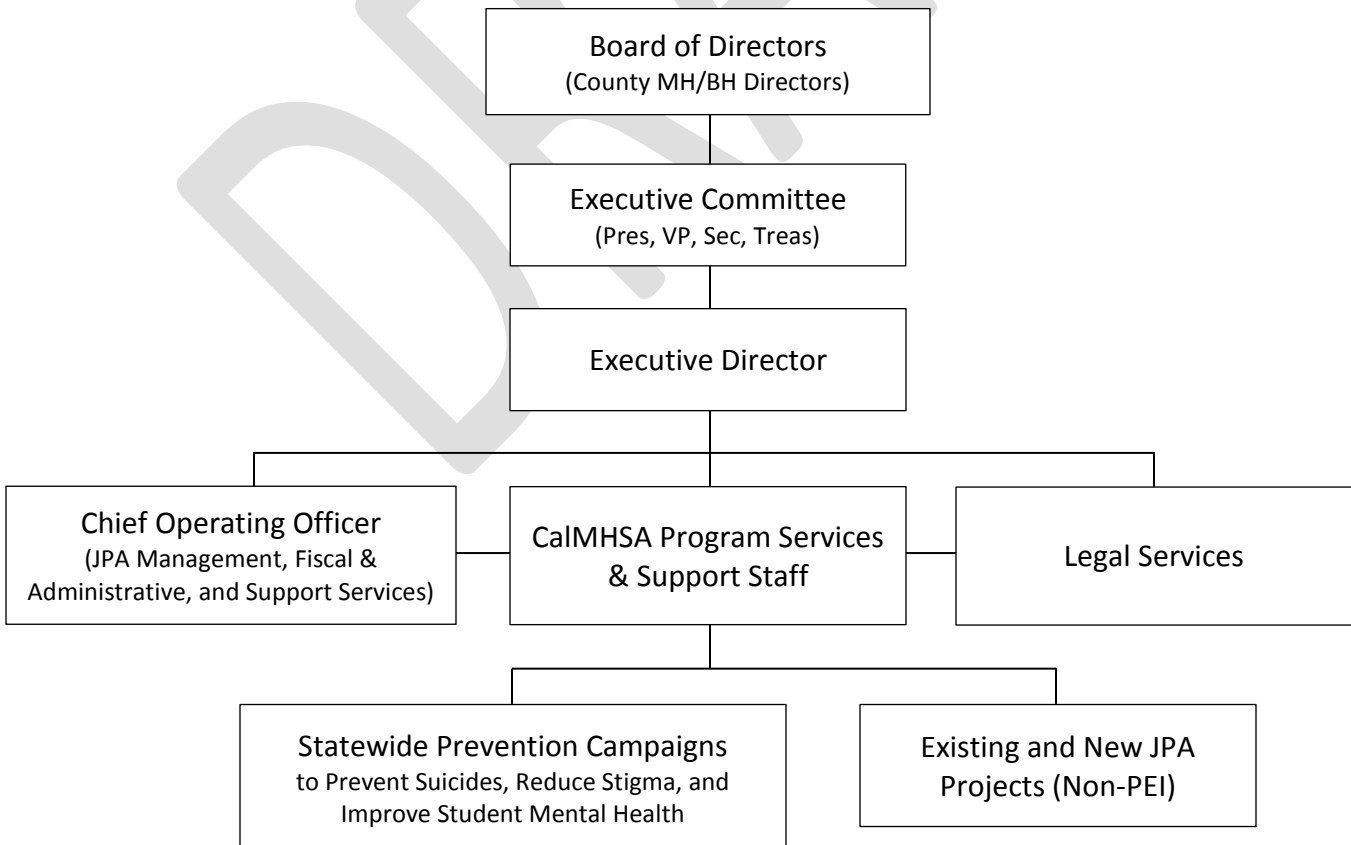
Over a year ago, CalMHSA's sister organizations prepared a Strategic Plan that clearly articulated the unique nature of a 501c3, 501c4 and a JPA, such that each has distinct roles that need to remain coordinated but separate. Re-engineering CalMHSA then becomes the best option for taking the unique characteristics and functions of a JPA to the next level. CalMHSA is now at a place in its organizational development where restructuring the roles and functions of the JPA can be considered. This presents an opportunity for CalMHSA to re-affirm the role county members play in the governance of the JPA, while the role of the administrative entity focuses on management, including fiscal,

administrative and operations support. The solution includes having CalMHSA continue as a JPA with a close supporting role by a knowledgeable experienced management company. It is undisputed that without the existing relationship with our current management company (GHC), CalMHSA would not be where we are today, a true team effort with great success. The value of a public/private partnership and its benefits must be sustained in this evolution. At this time our management company performs two main functions for CalMHSA: program and administrative staff represent CalMHSA at meetings and events, and financial and administrative staff provides operational support for CalMHSA. This plan proposes that there be different structure to the leadership of these functions representing CalMHSA.

**A New Structure**

What we propose is the Executive Director (ED) position, as identified in the CalMHSA bylaws, be an acknowledged subject matter expert with appropriate county background and MH/BH experience who also has strong successful management experience. The Executive Director would report directly to the CalMHSA Board with current CalMHSA program staff reporting to the Executive Director. The Board will maintain the contract with our Management Company for fiscal, program, and administrative support. The management company would provide CalMHSA with a Chief Operating Officer (COO)—Former CalMHSA Executive Director John Chaquica—who organizes, administers, and manages the contractual, financial, clerical, and other administrative functions. The COO would report to the ED and also have a reporting relationship, through the ED, to the Board. The fiscal impact will be based on the compensation package and related costs of the new ED which will be commensurate with the level of experience, knowledge and fit. The intent shall be to minimize additional total cost to CalMHSA.

**Restructured Organization**





## Agenda

### **Agenda Item 9.A**

**SUBJECT: Priority Phase I Projects**

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#### **ACTION FOR CONSIDERATION:**

Approve Phase I Prioritized Program Activity recommendations by the Sustainability Task Force and Advisory Committee to be implemented based upon available funding.

#### **BACKGROUND AND STATUS:**

Since the April 2013 CalMHSA Strategic Planning Meeting, the Board has been working to determine the process and means to determine what and how to sustain the CalMHSA PEI Statewide Projects. As a result of months of prior work by the CalMHSA Sustainability Task Force, the following motion was approved at the December 2013 CalMHSA Board meeting:

- 1) To adopt a one year continuation of the current CalMHSA Statewide PEI Implementation Work Plan from July 1, 2014 – June 30, 2015 (also referred to as Phase I) without a funding recommendation.*
- 2) Requested that staff prioritize current work plan activities based on criteria previously adopted by the Board and present this information to the Sustainability Taskforce for discussion and action.*

Subsequent to the December Board meeting, the CalMHSA Sustainability Task Force provided monthly feedback and guidance to CalMHSA staff on the Phase I Priority Activities. In March, the Task Force met and endorsed the staff recommendations.

As Board members consider the priorities for Phase I, it is important to acknowledge the scope and breadth of implementation to date. During the past three years, the majority of the goals and objectives of the CalMHSA Statewide PEI Implementation Work Plan have been met or are in the process of being met (see referenced materials). CalMHSA's swift execution of the Work Plan is evidenced by notable and completed activities to date, which are the result of County investment in the PEI Statewide Projects.

#### **Notable Activities and Completed Deliverables**

The implementation of CalMHSA PEI Statewide Projects has resulted in numerous notable activities and completed deliverables. The impact of these activities will be independently evaluated as part of the RAND evaluation of the PEI Statewide Projects. Staff selected a few completed activities that illustrate each of the six common core program activities from the PEI Statewide Projects Evaluation Logic Model developed by RAND. These are: 1) development of policies, protocols, and procedures; 2) networking and collaboration; 3) development of information resources; 4) training and education; 5) media campaigns and interventions to influence media production; and 6) and hotline and "warmline" operations. The activities were selected to show several from each initiative and to highlight the breadth of activities being implemented:

- *Know the Signs* Suicide Prevention (SP) Website, and a toolkit with printed materials available for replication and/or enhancements
- SP Common Metrics data collection protocol, training manual, and report template were developed
- Three SP centers developed the necessary policies and procedures and obtained American Association of Suicidology accreditation (for a total of eight regional SP centers now having AAS accreditation)
- Chat and text SP applications
- Increased SP services in Korean, Spanish
- PBS Documentary, *A New State of Mind*, highlighting local Stigma and Discrimination Reduction (SDR) activities accompanied by grants for local community dialogues and speakers bureaus
- Launch of *Each Mind Matters*, California's Mental Health Awareness Campaign
- *Walk in Our Shoes*, SDR Website, school-based performances throughout the state
- *Directing Change High School*, student video contest with training in SP and SDR for participating schools, culminating awards ceremony and legislative briefing in Sacramento, May 2013
- Associated Press adopting a Mental Health style guide on reporting stories related to Mental Health
- Adoption of inclusion of mental health in standards for Administrative Credential for California educators (Summer 2014, anticipated adoption of these standards for the K-12 teaching credential)
- Annual Candlelight Vigil in October adopted by 23 CSU campuses and one UC campus in remembrance of those impacted by suicide and/or mental illness
- *Send Silence Packing*, Active Minds backpack exhibit reached thousands of higher education students throughout California
- A county-by-county list of Applied Suicide Intervention Skills Training (ASIST)/Mental Health First Aid (MHFA) certified trainers
- Thousands of K-12 educators trained throughout the state on mental health related topics

The above list is not inclusive of all deliverables completed to date but rather provides a limited view of the scope and breadth of activities to date. Many program partners were provided additional time to complete current contract deliverables due to unforeseen implementation barriers to completing current deliverables by June 30, 2014 and allowing more time for dissemination of materials for counties and/or stakeholders.

### **Next Steps**

Staff seeks Board approval of recommendations for prioritized program activities by initiative to complete during Phase I. These recommended activities have been endorsed by the Sustainability Task Force and CalMHSA Advisory Committee. Based on the funding available, staff will execute contract extensions with current contractors for completion of these activities. Allocation of funding is to be determined based on new funding available

and source of new funding. If fully funded, the estimated cost for Phase I Priorities (FY 14–15) is \$18.5M, which is a reduction from the current annual funding level of \$39M.

Recommended Programs are shown by initiative and in priority order:

**Suicide Prevention (estimated cost \$8.2M):**

- Suicide Prevention Social Marketing Campaign
- Regional & Local Suicide Prevention Capacity-Building Program (supports regional SP centers)
- Suicide Prevention Training and Workforce Enhancement Program (limited training for trainers)
- Suicide Prevention Network Program (promoting common data collection and best practices projects)

**Stigma and Discrimination Reduction (SDR) (estimated cost \$6.6M):**

- Strategies for a Supportive Environment (targeted social marketing and support dissemination Mental Health Awareness Campaign)
- Values, Practices and Policies Program (education, media training, addressing disparities capacity building, online resources)
- Advancing Policy to Eliminate Discrimination Program (policy, parity education)
- Values, Promising Practices and Policies Program (integrating the Promising Practices)

**Student Mental Health (estimated cost \$3.7M)**

- California Community Colleges (system coordination, training, peer support and capacity building, online resources)
- California State Universities (on-line resources, coordination of system and campus training and activities)
- California Department of Education (policy workgroup)
- California County Superintendents Educational Services Association (statewide coordination of training and technical assistance, online resources, regional network coordination)
- University of California (coordination of system-wide mental health, online resources, limited training)

Funding for the Phase I Plan will be dependent upon new funding designated by counties for the Phase I Plan using the Sustainability Funding Framework that was approved by the Board during the February 2014 meeting. This framework includes seeking new funding from counties as well as using one-time funds remaining from the initial PEI investment from counties (contingency, unspent, and interest).

**RECOMMENDATION:**

Approve Phase I Prioritized Program Activity recommendations by the Sustainability Task Force and Advisory Committee to be implemented based upon available funding.

**TYPE OF VOTE REQUIRED:**

Majority vote of the CalMHSA Board of Directors.

**REFERENCE MATERIAL(S) ATTACHED:**

- Phase I Priority Matrix
- Rating Criteria for Prioritizing Projects
- Goals and Objectives from Original CalMHSA PEI Statewide Projects Work Plan
- Model 2 – Funding Components

## SUICIDE PREVENTION (SP) - Program Priorities Phase One

**Estimated Cost: \$8.2 million**

*(Allocation of funding to be determined based on new funding available and source of new funding)*

PROGRAM (in priority order)	COMPLETED ACTIVITIES	PRIORITY ACTIVITIES TO CONTINUE
Suicide Prevention Social Marketing Campaign	<ul style="list-style-type: none"> <li>• Launched Statewide Suicide Prevention Social Marketing Campaign in English and Spanish</li> <li>• Adapted campaign materials and strategies to be cultural responsive and available in multiple languages</li> <li>• Provided Media forums and technical assistance on safe messaging</li> <li>• Developed and disseminated a Social Media Toolkit</li> <li>• Developed the MY3 mobile phone application</li> <li>• Developed a toolkit for survivor support groups – <i>Pathways to Purpose and Hope</i> – accepted by the Suicide Prevention Resource Center Best Practices Registry</li> <li>• Provided enhanced small county technical assistance and mini-marketing grants</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain SP campaign websites: <a href="http://www.SuicideisPreventable.org">www.SuicideisPreventable.org</a> and <a href="http://www.elsuicidiodoesprevenible.org">www.elsuicidiodoesprevenible.org</a>. Revise Your Voice Counts website to act as an accessible resource center for all campaign tools and materials</li> <li>• Provide technical assistance for local integration and dissemination of materials (including cultural/ethnic specific). Refresh materials as needed based on feedback from local communities</li> <li>• Support the Directing Change 2015 student video contest in collaboration with SDR and SMH partners</li> <li>• Provide low-cost media (digital/online) buys</li> <li>• Print and distribute campaign materials and educational resources to key community constituencies</li> </ul>
Regional & Local Suicide Prevention Capacity-Building Program	<ul style="list-style-type: none"> <li>• Developed a new suicide prevention crisis center in the Central Valley</li> <li>• Invested in innovative approaches such as chat and text services</li> <li>• Increased capacity to respond in multiple languages</li> <li>• Expanded regional capacity to serve additional counties</li> <li>• Supported eight crisis centers in obtaining or maintaining accreditation</li> <li>• Conducted outreach to underserved communities, including media buys</li> </ul>	<ul style="list-style-type: none"> <li>• Provide limited support to local crisis centers to maintain new and expanded capacity and develop ongoing funding strategies (Allocation of funds will be weighted and based on support within each region)</li> </ul>
Suicide Prevention Training & Workforce Enhancement Program	<ul style="list-style-type: none"> <li>• Invested in suicide prevention (safeTALK) and intervention (ASIST) Training for Trainers, resulting in 140 and 311 new trainers, respectively, and increased capacity to respond to at-risk individuals statewide</li> <li>• Adapted suicideTALK curricula as an online tool to explore attitudes related to suicide</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain capacity for statewide coordination of safeTALK and ASIST training</li> <li>• Provide technical assistance and coaching for newly certified safeTALK and ASIST trainers to support the investment made in trainers</li> </ul>

<b>PROGRAM (in priority order)</b>	<b>COMPLETED ACTIVITIES</b>	<b>PRIORITY ACTIVITIES TO CONTINUE</b>
Suicide Prevention Network Program	<ul style="list-style-type: none"> <li>• Developed common metrics project, which allows for aggregated data collection across ten crisis centers</li> <li>• Developed six regional best practices and submitted to national registry</li> <li>• Convened regional network meetings</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain Common Metrics data collection and provide technical assistance to expand project to other suicide prevention crisis centers in the state</li> <li>• Promote utilization of regional best practices within local communities</li> </ul>

# STIGMA AND DISCRIMINATION REDUCTION (SDR) - Program Priorities Phase One

Estimated Cost: \$6.6 million

*(Allocation of funding to be determined based on new funding available and source of new funding)*

PROGRAM (in priority order)	COMPLETED ACTIVITIES	PRIORITY ACTIVITIES TO CONTINUE
Strategies for a Supportive Environment Program	<ul style="list-style-type: none"> <li>• Developed and broadcasted PBS documentary, including over 30 vignettes</li> <li>• Developed statewide mental health awareness/ SDR campaigns in English and Spanish- targeting across the lifespan with websites and educational materials, including public service announcements, illustrated digital stories and other videos.</li> <li>• Adapted campaign materials and/or strategies to be cultural responsive and available in multiple languages</li> <li>• Conducted Community Roundtables in regions across the state, supporting regional SDR efforts, creating trainers, and reaching Transition Age Youth, Veterans and Faith communities</li> <li>• Certified Mental Health First Aid instructors</li> <li>• Developed and Implemented a Statewide SDR Strategic Plan</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain SDR campaign websites in English and Spanish (<a href="http://www.eachmindmatters.org">www.eachmindmatters.org</a>, <a href="http://www.reachouthere.com">www.reachouthere.com</a>, <a href="http://www.walkinourshoes.org">www.walkinourshoes.org</a>)</li> <li>• Provide technical assistance for local integration and dissemination of tools and materials (including cultural/ethnic specific). Refresh (and/or trans-adapt) materials as needed based on feedback from local communities</li> <li>• Administer mini-grants for Speaker's Bureau and Community Dialogues</li> <li>• Provide material distribution to support SDR Campaign dissemination</li> <li>• Provide low-cost media (digital/online) buys,</li> <li>• Print and distribute campaign materials and educational resources to key community constituencies</li> <li>• Seek partners to leverage resources in order to continue the Walk In Our Shoes (9-13 yrs.) School Theatre Performances</li> </ul>
Values, Practices and Policies Program	<ul style="list-style-type: none"> <li>• Provided cultural competency assessments and trainings for affiliates</li> <li>• Produced five cultural adaptations of In Our Own Voice (IOOV)</li> <li>• Developed trainers for programs like IOOV and Ending the Silence (ETS)</li> <li>• Associated Press Style Guide on Accurate reporting on Mental Health and Mental Illness adopted</li> <li>• Developed toolkits (Team-Up) and Trainings (Picture This Forums) for journalists/media and entertainment, including one in Spanish (Muestra Esto).</li> <li>• Created curriculum and training for journalism, film and media educators and students through <i>Generation Next</i> at higher education programs</li> <li>• Updated the Integrated Primary Care/Behavioral Health Toolkit to include tools to address stigma and eliminate</li> </ul>	<ul style="list-style-type: none"> <li>• Provide technical assistance for local affiliates to build cultural competency capacity and to support the use of new and innovative programs like the IOOV cultural adaptations and Ending the Silence (ETS)</li> <li>• Support the Directing Change 2015 student video contest in collaboration with SP and SMH partners</li> <li>• Continue training, consultation and outreach to journalists, media, and educational partners to support accurate reporting on mental health and mental illness.</li> <li>• Continue Integrated Behavioral Health Project dissemination including technical assistance for counties, as available, and supporting parity implementation efforts</li> <li>• Provide technical assistance for the adoption and use of the Peer Provider Toolkit</li> </ul>

PROGRAM (in priority order)	COMPLETED ACTIVITIES	PRIORITY ACTIVITIES TO CONTINUE
	<p>discrimination and to support peer providers in integrated health settings</p> <ul style="list-style-type: none"> <li>• Created a webinar training series on integrated services and stigma for primary care staff in partnership with the California Primary Care Association (CPCA)</li> <li>• Conducted two statewide conferences to support the exchange of best practices in integrated behavioral health services</li> </ul>	
Advancing Policy to Eliminate Discrimination Program	<ul style="list-style-type: none"> <li>• Developed, trained and disseminated fact sheets on rights and service supports to reduce stigma and discrimination such as access to supportive housing</li> <li>• Translated fact sheets and other informational materials into multiple languages</li> <li>• Completed seven policy papers with analysis and recommendations for actions to take to eliminate discrimination and reduce stigma</li> </ul>	<ul style="list-style-type: none"> <li>• Continue work on parity education, identify gaps in policies and develop strategies and address them, including legislation and enforcement</li> <li>• Leverage and partner with other policy and advocacy entities to support systemic elimination of stigma by implementing some of the recommendations identified in completed policy papers</li> </ul>
Values, Promising Practices and Policies Program (integrating in the Promising Practices)	<ul style="list-style-type: none"> <li>• Conducted two statewide conferences to support the exchange of best practices in Stigma Reduction, provided comprehensive SDR training to consumer-run peer programs</li> <li>• Developed and launched a comprehensive website to support stigma reduction with tools and resources, including a promising practices registry for working with underserved and diverse racial, ethnic and cultural communities</li> <li>• Conducted a comprehensive literature review on promising practices in SDR for underserved communities – conducted the Idiom Study Project</li> <li>• Developed a comprehensive training toolkit and certified trainers statewide to support mental health in the workplace.</li> <li>• Culturally adapted mental health in the workplace tools for Spanish and Chinese workplaces</li> </ul>	<ul style="list-style-type: none"> <li>• Market Mental Health/Wellness training to employers, with employers paying a match for the training</li> <li>• Support website maintenance</li> <li>• Continue technical assistance to peer organizations and online dissemination of best practices and promising practices for SDR</li> <li>• Support capacity building for peer run organizations</li> <li>• Support the local adoption and use of innovative practices, if possible, such as suicide attempt survivor peer support services</li> </ul>



## STUDENT MENTAL HEALTH (SMH) - Program Priorities Phase One

**Estimated Cost: \$3.7 million**

*(Allocation of funding to be determined based on new funding available and source of new funding)*

PROGRAM (in priority order)	COMPLETED ACTIVITIES	PRIORITY ACTIVITIES TO CONTINUE
Statewide Higher Education: Student Mental Health California Community Colleges	<ul style="list-style-type: none"> <li>• Fact sheets on wellness topics</li> <li>• Most Campus based grants</li> <li>• Launch of online suicide prevention program, Kognito, on all campuses</li> <li>• Development of Foster Youth (FY) Wellness and Self-care Curriculum</li> <li>• FY Wellness and Self-care workshops</li> <li>• Launched health ambassador and other peer programs on numerous campuses</li> </ul>	<ul style="list-style-type: none"> <li>• Continue suicide prevention training</li> <li>• Student peer support</li> <li>• Maintain website and clearinghouse</li> <li>• Limited campus based grants</li> <li>• Staff/faculty/student training on mental health related topics</li> </ul>
Student Higher Education Mental Health: California State University	<ul style="list-style-type: none"> <li>• Building capacity of campus-based student/peer programs, such as Active Minds, Health Ambassadors</li> <li>• Suicide Prevention training for trainers in ASIST and safeTALK</li> <li>• Launch of training for campus police officers in IVST training developed by Santa Clara County Mental Health Department</li> <li>• Created statewide list of suicide prevention trainers for each county</li> <li>• Trained key staff on all campuses in suicide prevention</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain Chancellor's Office staff for ongoing coordination of campus based mental health programs and training</li> <li>• Student Health 101 online magazine</li> <li>• Maintain website and clearinghouse</li> <li>• Limited training</li> </ul>
Statewide K-12 Student Mental Health: California Department of Education	<ul style="list-style-type: none"> <li>• Launch of Student Mental Health Policy Workgroup (SMHPW)</li> <li>• Recommendation on SMHPW adopted into Educator Credential Standards</li> <li>• Teaching Educators Through Recognition and Identification Strategies (TETRIS) trainings in schools across the state</li> </ul>	<ul style="list-style-type: none"> <li>• Continue staffing for SMHPW</li> <li>• Dissemination of mental health activities through CDE</li> <li>• Hold legislative briefing</li> </ul>
Regional K-12 Student Mental Health: California County Superintendents Educational Services Association	<ul style="list-style-type: none"> <li>• Regional Demonstration projects and related training and technical assistance for thousands of faculty, staff and parents</li> <li>• Website and clearinghouses</li> <li>• Disseminated and supported SDR and SP programs statewide to schools</li> </ul>	<ul style="list-style-type: none"> <li>• Statewide coordination of training and technical assistance</li> <li>• Regional networks</li> <li>• Local demonstration projects per county requests</li> <li>• Website maintenance</li> </ul>
Statewide Higher Education: Student Mental Health	<ul style="list-style-type: none"> <li>• Website and clearinghouse</li> <li>• Public service announcements on</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain staffing for statewide coordination and some training</li> </ul>

<b>PROGRAM (in priority order)</b>	<b>COMPLETED ACTIVITIES</b>	<b>PRIORITY ACTIVITIES TO CONTINUE</b>
University of California	student wellness including Veterans <ul style="list-style-type: none"> <li>• Red Folder Resource and Referral guide instituted on all campuses and related phone application</li> <li>• Anti-stigma and student wellness campaigns on campuses</li> <li>• Higher Education Conference on Best Practices in Student Mental Health and Wellness in October 2014</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain website</li> <li>• Suicide prevention screening</li> <li>• Limited Training</li> </ul>

Projected cost for Phase One Priorities (FY 14/15) = \$18.5 million  
 Current Average Annual Funding for all programs = \$39 million

## CRITERIA FOR RATING CURRENT PROJECTS FOR SUSTAINABILITY

(adopted August 15, 2013)

1. Statewideness:
  - a. Demonstrates public health approach by increasing awareness—statewide campaign
  - b. Policy recommendations
  - c. Demonstrates linkage and/or adds value to national campaign; such as the role of prevention for ACA or CMS
  - d. Ability to be done locally
2. Regional Value:
  - a. Enhancing local activities with materials or resources for local county/stakeholders
  - b. Procuring resources at lower cost—media buys
  - c. Addresses unique regional need
3. Evidence of Impact to date:
  - a. Meaningful Quantitative Information
  - b. Meaningful Qualitative Information
  - c. Cost effectiveness
4. Evidence Based Practices from other states/localities or has potential to become an Evidence Based Practice
5. General Leveraging
  - a. Current leveraging is strong
  - b. Future opportunity to leverage from additional funding sources
6. Adverse consequence if discontinued
  - a. Political
  - b. Long-term impact vs. short-term impact
7. *Is this a short-term statewide project that is ready to be discontinued due to:*
  - a. *Demonstrated short-term impact*
  - b. *One time only*
  - c. *Local sustainability*

*Performance to date: (internal use only) (based on CalMHSA staff analysis)*

1. *Meets deliverables on time*
2. *Work products exhibit excellent quality*
3. *Demonstrate commitment to CalMHSA principles and mission*
4. *Few or no contract management issues*

## **Goals and Objectives from Original CalMHSa PEI Statewide Projects Workplan**

### **SUICIDE PREVENTION - Goal: Prevent Suicide**

- *Objective 1: Create a System of Suicide Prevention*
- *Objective 2: Educate Communities to Take Action to Prevent Suicide*
- *Objective 3: Implement Training and Workforce Enhancements to Prevent Suicide*
- *Objective 4: Improve Suicide Prevention Program Effectiveness and System Accountability*

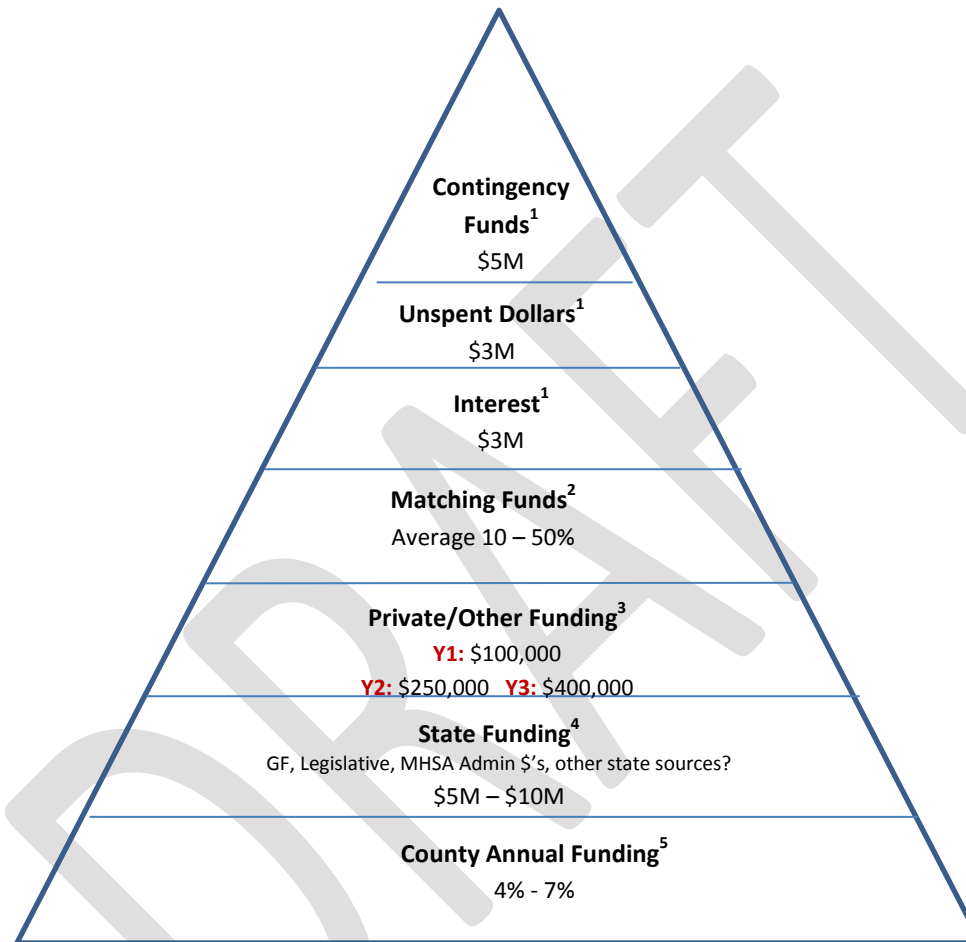
### **STIGMA AND DISCRIMINATION REDUCTION (SDR) – Goal: Reduce the stigma associated with mental illness and resulting eliminate discrimination**

- *Objective 1: Create a Supportive Environment for Consumers, Families & Others that Crosses a Lifespan*
- *Objective 2: Promote Awareness, Accountability and Change*
- *Objective 3: Increase Knowledge of Effective and Promising Programs*
- *Objective 4: Uphold and Advance Federal and State Laws*

### **STUDENT MENTAL HEALTH (SMH) – Goal: Improve Student Mental Health (by preventing suicide and reducing the stigma associated with mental illness and resulting discrimination)**

- *Objective 1: Higher Education Training, Peer Support and Suicide Prevention*
  1. University and College Student Mental Health Program
- *Objective 2: Kindergarten – Twelfth Grade Training, Peer-to-Peer Support and Suicide Prevention*
  2. K-12 Mental Health Statewide Program
  3. K-12 Mental Health Regional Program

## FUNDING COMPONENTS FOR SUSTAINING PEI PROJECTS



- 1) Estimated based on current information – exclusive of No Cost Extension funding
- 2) Targeted conservatively based on conversations with Program Partners
- 3) Projection based on objective to begin solicitation from outside funding sources; includes federal and all other funding beyond State and County
- 4) Target for support from state for Statewide PEI Mental Health Awareness
- 5) Minimum 1% annual funding shall be contributed by all members for Annual Local investment for Statewide PEI Programs with a target range of 4% - 7% (inclusive of the 1% annual funding).

## Agenda

### **Agenda Item 9.B**

**SUBJECT:** Phase II and Plan for Next 15 Months

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**ACTION FOR CONSIDERATION:**

None

**BACKGROUND AND STATUS:**

See attached Steering Committee Interim Report to the CalMHSA Board of Directors

**FISCAL IMPACT:**

None

**RECOMMENDATION:**

None, information only.

**TYPE OF VOTE REQUIRED:**

None

**REFERENCE MATERIAL(S) ATTACHED:**

- Interim Report to the CalMHSA Board of Directors
- Table 1 – Draft Funding Matrix
- Steering Committee Roster

# **Interim Report to the CalMHSA Board of Directors**

**April 11, 2014**

Phase Two: CalMHSA PEI Statewide Projects Plan Development

## **Background**

In October 2013, the CalMHSA Board of Directors adopted a two phase planning strategy for sustaining current CalMHSA PEI Statewide Projects and for developing a plan for future statewide projects. In December 2013, the CalMHSA Board approved Phase Two – the development of a New CalMHSA PEI Statewide Projects Plan with a proposed implementation of July 1, 2015. In January 2014, CalMHSA contracted with the California Institute for Mental Health (CiMH) to facilitate the development of the New CalMHSA PEI Statewide Plan.

## **Planning Structure**

In January and February 2014, CiMH established a Steering Committee to guide the development of the New CalMHSA PEI Statewide Plan. The Steering Committee is comprised of 35 members from the fields of mental health, substance use, public health, and education, who represent a diverse range of perspectives including consumers and family members, underserved ethnic and cultural groups, youth, older adults, community clinics, community-based organizations, faith-based organizations, foundations, health plans, research and surveillance institutions, public colleges and universities, county and state government agencies, statewide offices, state legislative officials, and national policy advocacy groups. The Steering Committee convened twice – once in February and once in March – to consider new statewide activities as well as those currently implemented, and to explore diverse funding options, including MHSAs funds and other public and/or private funding streams for sustaining the plan.

In April, CiMH will conduct a focus group comprised of a small number of county directors and MHSAs and PEI coordinators representing several regions in the state including small counties in order to obtain an operational perspective and input to the New Plan about what is working, not working and how CalMHSA can improve coordination and support for local and regional PEI efforts.

The existing Sustainability Taskforce will continue to oversee the New Plan's development, and the Advisory Committee, Board, and stakeholders will continue to provide feedback during development of the New Plan. A Draft Plan will be presented to the Board for approval at the August 2014 meeting.

## **Guiding Framework**

CiMH and the Steering Committee have selected The Institute for Prevention's Spectrum of Prevention (Cohen & Swift, 1999) to guide the development of the New Plan. As such, the thinking thus far addresses strategies across the spectrums of strengthening individual knowledge and skills, promoting community education, organizing neighborhoods



and communities, educating providers, changing organizational practices, fostering coalitions and networks, and influencing policy and legislation. CiMH and the Steering Committee have also looked at current National Prevention and National Suicide Prevention Strategic Plans to guide its work, as well as the MHSOAC 2010 PEI Work Plan and existing Student Mental Health, Suicide Prevention and Stigma and Discrimination Reduction Strategic Plans to ensure that the New Plan builds upon efforts statewide and nationally.

### **Emerging Priorities**

The following list is a broad overview of the emerging PEI priority areas for sustainability:

- Build public support for suicide prevention and promote positive messaging about mental illness through social marketing campaigns [SPECTRUM LEVEL: PROMOTING COMMUNITY EDUCATION];
- Increase individual and community capacity to recognize signs of serious distress and to encourage help seeking through training to gatekeepers in various settings such as pastors, coaches and resident assistants on college and university campuses [SPECTRUM LEVEL: STRENGTHENING INDIVIDUAL KNOWLEDGE AND SKILLS];
- Increase access points to mental health services and positive messaging about mental illness through training to professionals in various sectors who are in regular and direct contact with high risk populations, such as first responders, teachers and other school personnel, VA providers, correctional staff, pharmacists, primary care and emergency room providers [SPECTRUM LEVEL: EDUCATING PROVIDERS];
- Promote positive workplace and school climates, and increase access points to treatment services through changes in organizational policies and practices [SPECTRUM LEVEL: CHANGING ORGANIZATIONAL PRACTICES];
- Promote social connectedness, community engagement and other protective factors against suicide risk across the lifespan through community and neighborhood asset building and empowerment [SPECTRUM LEVEL: ORGANIZING NEIGHBORHOODS AND COMMUNITIES];
- Increase access to housing and employment for persons with mental illness and programs that promote mental and emotional well-being through legislative and policy advocacy [SPECTRUM LEVEL: INFLUENCING POLICY AND LEGISLATION];
- Continually grow a critical mass for effective advocacy and outreach through supporting meaningful partnerships and collaborations [SPECTRUM LEVEL: FOSTERING COALITIONS AND NETWORKS];
- Identify suicide risk factors and effective practices for diverse populations groups through research, evaluation and surveillance.

## **Emerging Sustainability Strategies**

At this time, the Steering Committee has generated a diverse menu of potential strategies that includes a blend of partnerships and actual funding sources to sustain PEI statewide activities. The categories cover strengthening the mental health component of other existing prevention efforts, fee-for-service, Affordable Care Act, private sector (including businesses and foundations), government funding streams and grants (state and federal), and hospital community benefit allowance. Table 1 provides a summary of these possible funding sources that will be explored further in the coming weeks.

**Table 1. CalMHSA Statewide PEI Sustainability Plan (Phase II) – Potential Sources for New Funding**

Our goal is to create a menu of possible funding & partnership sources, with the understanding that no single strategy will sustain the current PEI strategies. Fund development on this level is a full-time job.

<i>Category</i>	<i>Potential Source</i>	<i>Notes</i>
<p>I. Enhancement/Growth of Other Currently Existing Programs by adding/strengthening a MH Prevention Component.</p> <p>Align current PEI Strategies with other national Prevention Strategies</p>	<p>WIC First 5 Home Visiting Programs CalWORKS</p>	<p>Provide Training/Technical Assistance Resources.</p>
<p>II. Fee for Service – charge for what is currently given away for free.</p>	<p>a. Community Colleges, CSU, UC system: add a student fee for Suicide Prevention awareness &amp; SDR awareness</p> <p>b. Private Sector: Businesses/Corporations Silicon Valley</p>	<p>Students currently pay fees for a wide range of mandatory services/programs.</p> <p>Human Resources Connection – data on how depression in employees correlates directly to lost productivity. Market program/data to EAPs.</p> <p>5CLA connection?</p>
<p>III. Affordable Care Act</p>	<p>Prevention Funding., Wellness Fund (needs research)</p> <p>Patient Centered Research created through ACA</p> <p>Health Plans/Health Exchanges</p>	<p>Link to primary care and overall prevention strategies: Suicide Prevention, S&amp;DR</p>

<p>IV. Private Sector: Businesses/Corporations Silicon Valley</p> <p>Private/Community/Corporate Foundations</p> <p>Hospital 20% Community Benefit (nonprofit hospitals)</p>	<p>Corporate Tie-in/Sponsorship (similar to Breast Cancer programs)</p> <p>Professional Associations Chambers of Commerce</p> <p>Foundation Grants</p> <p>Community Benefit Programs</p>	<p>Human Resources Connection – data on how depression in employees correlates directly to lost productivity.</p> <p>Seek organizations interested in “promoting” benefits of prevention. Link to mission?</p> <p>Grants are often one-time/short term commitments.</p> <p>Programs vary as to hospital, interpretation of “20% contributions”</p>
<p>V. Government funding/Partnerships</p> <p>Public Research Dissemination</p>	<p>Federal grants: SAMHSA</p> <p>CA Department of Public Health</p> <p>K-12 education funding – Local Control Accountability Plan and Local Control Funding Formula AB114</p> <p>PCORI ARQH</p> <p>Behavioral Health Risk Factors surveys CHIS EBPs</p>	<p>Grants are often one-time/short-term commitments.</p> <p>Linkages with Public Health.</p> <p>New local funding source: school districts.</p> <p>National health college assessment that looks at a huge range of health including MH, BH, and substance abuse</p>

CalMHSA Statewide PEI Phase II Sustainability Steering Committee Members

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CalMHSA Statewide PEI Phase II Sustainability Steering Committee Members

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