

Board of Directors Meeting

AGENDA

Thursday, October 9, 2014

2:45 p.m. – 5:00 p.m.

Call-In Information: 1-866-393-1808
Conference Code: 16113682
(Listen in only)



Meeting Location:

Siskiyou County
2060 Campus Drive
Yreka, CA 96097
(530) 841-4281

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

Fresno County
3133 N Millbrook,
Room 165
Fresno, Ca 93703
(559) 600-6886

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

Thursday, October 9, 2014

2:45 p.m. – 5:00 p.m.

Siskiyou County

Siskiyou County Behavioral
Health
2060 Campus Drive
Yreka, CA 96097
(530) 841-4281

Doubletree Hotel Sacramento

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

Fresno County

3133 N Millbrook,
Room 165
Fresno, Ca 93703
(559) 600-6886

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.

A. BOARD OF DIRECTORS REGULAR MEETING

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 20 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. CBHDA STANDING REPORT

- A. CBHDA Standing Report.....6
Recommendation: None, information only.

5. CONSENT CALENDAR.....7

- A. Routine Matters:
 - Minutes from the August 14, 2014 Board of Directors Meeting.....8**Recommendation: Approval of the Consent Calendar.**

6. STATEWIDE PEI PROGRAM PRESENTATION

- A. Program Partner Update - Walk in our Shoes, A Mental Health Awareness Program for youth Pages 9 to 13– Ann Collentine.....18
 - Walk in Our Shoes Overview Power Point Presentation**Recommendation: None, information only.**

7. MEMBERSHIP

- A. County Outreach Report – Allan Rawland, Associate Administrator26
 - Phase Two Memos and LOA**Recommendation: None, information only.**

8. PROGRAM MATTERS

- A. Report from CalMHSA Program Director – Ann Collentine.....30
 - CalMHSA 4th Quarter Program Dashboard
 - August Edition of News to Use: Resources for K-12 Educators, Students and Families
 - September Edition of News to Use: CA Crisis Lines and Suicide Prevention Week
 - Directing Change Outcomes Statement
 - Directing Change FY 2014-15 Flyer**Recommendation: None, information only.**
- B. Principles for Licensing Intellectual Property Rights.....50
Recommendation: Approval of Statement of Principles for Licensing of Intellectual Property Rights.
- C. Report from CalMHSA Advisory Committee – Anne Robin.....52
Recommendation: None, information only.

D. Phase Two Plan Update.....54

- Phase Two Sustainability Plan for CalMHSA Statewide Prevention and Early Intervention Projects
- Phase Two Timeline
- Strategic Funding Goals

Recommendation: None, information only

E. State Hospital Bed Program Update – John Chaquica.....89

Recommendation: None, information only

F. Together Again Stigma International Conference – Ann Collentine.....91

- 7th International Conference: Call for Presentations and Abstracts
- Exhibitor Application Packet

Recommendation: None, information only

G. Short Doyle Modernization (SDM) Project – Kim Santin.....99

Recommendation: Adopt New Project Scope as approved by the Project Steering Committee and the Governance Team Committee

9. GENERAL DISCUSSION

A. Report from CalMHSA President – Maureen Bauman.....104

- General
- Appointment of Interim Treasurer Scott Gruendl, MPA, Glenn County
- 2015 Draft Board Meeting Calendar

Recommendation: Discussion and/or action as deemed appropriate.

B. Report from CalMHSA Executive Director – John Chaquica107

- General

Recommendation: Discussion and/or action as deemed appropriate.

10. PUBLIC COMMENTS

A. Public Comments Non-Agenda Items

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 20 minutes in total. The Board may also limit public comment time regarding agenda items, if necessary, due to a lengthy agenda.

11. NEW BUSINESS - General discussion regarding any new business topics for future meetings.

12. CLOSING COMMENTS – This time is reserved for comments by Board members and staff to identify matters for future Board business.

13. ADJOURNMENT

CBHDA STANDING REPORT
Agenda Item 4.A.

SUBJECT: CBHDA Standing Report

ACTION FOR CONSIDERATION:

None, information only.

BACKGROUND AND STATUS:

In discussions amongst CalMHSA and CBHDA staff, and later proposed to CalMHSA officers, there will be a standing agenda item for CBHDA staff to present items that are relevant to be discussed at CalMHSA Board meetings. To the extent there are such items, CBHDA will address CalMHSA at each Board meeting. Such discussions, unless otherwise known, are intended to be informational only and not subject to action.

FISCAL IMPACT:

None.

RECOMMENDATION:

None, information only.

TYPE OF VOTE REQUIRED:

None.

REFERENCE MATERIAL(S) ATTACHED:

None.

CONSENT CALENDAR
Agenda Item 5.A.

SUBJECT: Routine Matters

ACTION FOR CONSIDERATION:

Approval of the Consent Calendar.

BACKGROUND AND STATUS:

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

1. Minutes from the August 14, 2014 Board of Directors Meeting.

FISCAL IMPACT:

None.

RECOMMENDATION:

Approval of the Consent Calendar.

TYPE OF VOTE REQUIRED:

Majority vote of the Board of Directors.

REFERENCE MATERIAL(S) ATTACHED:

- August 14, 2015 Board of Directors Meeting Minutes



"A George Hill Company Administered JPA"

**CalMHSAs Board of Directors
Meeting Minutes from August 14, 2014**

BOARD MEMBERS PRESENT

Maureen F. Bauman, LCSW, CalMHSAs President, Placer County
Scott Gruendl, MPA, CalMHSAs Vice President, Glenn County
CaSonya Thomas, MPA, CHC, CalMHSAs Secretary, San Bernardino County
Wayne Clark, PhD, CalMHSAs Treasurer, Monterey County
William Arroyo, MD, Los Angeles Region Representative, Los Angeles County
Rita Austin, LCSW, Central Region Representative, Tuolumne County
Manuel Jimenez Jr., Alameda County
Dorian Kittrell, Butte County
Terence M. Rooney, PhD, Colusa County
Barbara LaHaie, Humboldt County
Andrea Kuhlen, MPA, Imperial County
Gail Zwier, PhD, Inyo County
Linda Morris, Lake County
Melody Brawley, Lassen County
Dennis Koch, Madera County
Suzanne Tavano, PHN, PhD, Marin County
Robin Roberts, MFT, Mono County
Harold Malin, Napa County
Jerry Wengerd, LCSW, Riverside County
Uma Zykofsky, LCSW, Sacramento County
Alfredo Aguirre, LCSW, San Diego County
Anne Robin, San Luis Obispo County
Stephen Kaplan, San Mateo County
Nancy Pena, PhD, Santa Clara County
Donnell Ewert, MPH, Shasta County
Madelyn Schlaepfer, PhD, Stanislaus County
Tony Hobson, Sutter/Yuba Counties
Noel J. O'Neill, MFT, Trinity County
Joan Beesley, MSW Yolo County

BOARD MEMBERS ABSENT

Berkeley County
Contra Costa County
Del Norte County
El Dorado County
Fresno County
Kern County
Kings County
Mariposa County
Mendocino County
Modoc County
Nevada County
Orange County
San Benito County
San Francisco County
San Joaquin County
Santa Cruz County
Siskiyou County
Solano County
Sonoma County
Tri-City Mental Health Center
Tulare County
Ventura County

STAFF PRESENT

Doug Alliston, CalMHSA Legal Counsel, Murphy Campbell Alliston & Quinn
John Chaquica, CPA, MBA, ARM, CalMHSA Executive Director
Ann Collentine, MPPA, CalMHSA Program Director
Kim Santin, CPA, CalMHSA Finance Director
Laura Li, CalMHSA JPA Administrative Manager
Stephanie Welch, MSW, CalMHSA Senior Program Manager
Tami Cowgill, CalMHSA Executive Assistant
Armando Bastida, CalMHSA Administrative Assistant

MEMBERS OF THE PUBLIC PRESENT

Anara Gaurd, Education Development Center – Know the Signs Campaign
Stacie Hiramoto, REMHDCO
Steve Leoni

1. CALL TO ORDER

The Board of Directors of the California Mental Health Services Authority (CalMHSA) was called to order by President Maureen F. Bauman, LCSW, at 2:35 p.m. on August 14, 2014, at the Doubletree Hotel Sacramento, located at 2001 Point West Way, Sacramento, California. President Bauman welcomed those in attendance as well as those listening in on the phone.

President Bauman 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 Bauman a quorum had been reached.

3. INSTRUCTIONS FOR PUBLIC COMMENT AND STAKEHOLDER INPUT

Doug Alliston, CalMHSA Legal Counsel, Murphy Campbell Alliston & Quinn, 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 Bauman then asked members of the public to introduce themselves.

4. CMHDA STANDING REPORT

With no CMHDA staff present, President Bauman moved on to the next item.

Action: *None, information only.*

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

5. CONSENT CALENDAR

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

Action: *Approval of the consent calendar.*

Motion: *Dorian Kittrell, Butte County*

Second: *Madelyn Schlaepfer, PhD, Stanislaus County*

Motion passed unanimously.

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

6. STATEWIDE PEI PROGRAMS EVALUATION

A. RAND Evaluation Update

Dr. Audrey Burnam, from RAND, presented an update and provided an overview of a RAND brief which provided recommendations about which PEI activities seem most valuable to sustain or, in some cases, to enhance.

Alameda County asked what programs are doing to address Latinos and Asians. Ms. Welch responded that the Programs will continue to be more focused on diverse communities in each of the three initiatives.

Action: *None, information only.*

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

None

7. MEMBERSHIP

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

Allan Rawland, Associate Administrator-Government Relations, updated the Board regarding the status of recent discussion with nonmember counties.

Action: *None, information only.*

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

None

8. FINANCIAL MATTERS

A. Report from the CalMHSA Finance Committee – Wayne Clark, Chairperson

Wayne Clark, PhD, CalMHSA Treasurer, Monterey County, provided an overview of the July 29, 2014 Finance Committee teleconference. CalMHSA Treasurer mentioned that we have received over 1.5M in Phase One Sustainability funding.

Action: *None, information only.*

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

None

9. REPORT FROM CALMHSA SEARCH COMMITTEE

Maureen Bauman, CalMHSA President, provided an update to the Board on the Search Committee. The Committee has met several times which resulted in the development and distribution of the Executive Director job announcement, development of a screening tool for resumes submitted, and the scheduling of first interviews. The Committee received a total of forty (40) resumes, eleven (11) of which were considered and with a total of five (5) candidates scheduled to be interviewed. Second interviews were planned for August 25, 2014, which will include members of the Executive Committee. The CalMHSA President

will call for a special closed meeting via teleconference, in late August/early September, to make a final recommendation for approval.

Action: *None, information only.*

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

None

10. PROGRAMS MATTERS

A. Report from CalMHSA Program Director – Ann Collentine

President Bauman called on Ms. Collentine to give a report to the Board. Ms. Collentine reported that CalMHSA submitted a Suicide Prevention grant proposal to SAMHSA. Ms. Collentine reminded the members of the “Together Against Stigma” Conference to be held in San Francisco on February 18th-20th, 2015.

Action: *None, information only.*

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

None

B. Report from the CalMHSA Advisory Committee – Anne Robin

Anne Robin provided a brief overview of the July 22, 2014 Advisory Committee meeting, where they supported the recommendation for approving the Phase II Plan, with a few minor revisions.

Action: *None, information only.*

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

None

C. Draft of Phase Two Plan

Alfredo Aguirre, LCSW, San Diego County provided a brief overview of the Draft of the Phase Two Plan through a slide presentation which illustrated the Draft of Phase Two Plan, the Aims of the Plan, Targets, Strategies, Short-Term and Long-Term Outcomes, and also the Preliminary Funding Plan. He also provided a timeline to the Board which demonstrates the past, current, and future plans for the Phase Two implementation. The Sustainability Taskforce has provided leadership in the development of the Revised Plan and staff recommends that the Sustainability Committee continue to lead the development of a funding plan and implementation timeline with key milestones and recommendations for presentation and consideration by the CalMHSA Board in October.

During the public review some revisions were requested and have been incorporated into the revised Draft Phase Two Sustainability Plan, dated August 7, 2014. The implementation of Phase Two is purposefully designed to be aligned with the County MHSa Three-Year Plan

cycle. The plan is intended to be revised as needed every few years, and used as a guide over a longer period of time to achieve the long-term objectives.

Recommendation #1: *To adopt the Draft Phase Two Sustainability Plan for CalMHSA Statewide Prevention and Early Intervention Projects, for implementation from July 1, 2015-June 30, 2017.*

Action: *Approved the recommendation with a friendly amendment to add verbiage to reduce the incident of childhood experiences.*

Motion: *Jerry Wengerd, LCSW, Riverside County*

Second: *CaSonya Thomas, MPA, CHC, CalMHSA Secretary, San Bernardino County*

Motion passed with thirty ayes, zero objections, and zero abstentions.

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

Stacie Hiramoto, REMHDCO

Steve Leoni

BOARD OF DIRECTORS MEMBERS

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

Recommendation #2: *Approval of delegation of development of next steps and key operational recommendations to the Sustainability Taskforce for presentation to the CalMHSA Board at the October 2014 Board Meeting.*

Action: *Approve the recommendation of the Sustainability Taskforce for presentation to the CalMHSA Board at the October 2014 Board Meeting.*

Motion: Anne Robin, San Luis Obispo County
Second: Manuel Jimenez Jr., Alameda County

Motion passed with thirty ayes, zero objections, and zero abstentions.

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

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

D. Update on Phase One and Board Action

Ann Collentine, Program Director, provided an update to the Board regarding the Phase One contract amendments with program partners which are being negotiated and executed. Common themes among Phase One amendments continue to be dissemination of existing materials, implementation of key strategies, and supporting program partners to develop and implement sustainability plans to continue strategies that were developed and expanded upon with the support of CalMHSA funding.

Action: None, information only.

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

D. Department of State Hospitals Update – Request for Information (RFI)

John Chaquica, Executive Director, provided an overview of the process in which the RFI was created and was approved at the June 12, 2014 Board meeting.

Recommendation: *Approve release of a Request for Information (RFI) for opportunities to state hospital beds.*

Action: *None, approval was given at a previous meeting*

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

None

E. RAND Evaluation Contract Amendment

Maureen Bauman, CalMHSA Board President, opened discussion on the proposed RAND contract amendment and referred members to the narrative in the Board packet.

Recommendation: *1) Authorize staff to negotiate a contract amendment with current evaluation contractor, RAND, for up to \$800,000.00 as part of the approved Phase One FY 14-15 Program Plan, and 2) Authorize an extended term for the RAND contract until June 30, 2016.*

Action: *A motion was made to approve the negotiation of the current contract amendment and to authorize a contract extension until June 30, 2016.*

Motion: *Wayne Clark, PhD, CalMHSA Treasurer, Monterey County*

Second: *William Arroyo, MD, Los Angeles Region Representative, Los Angeles County*

Motion passed with thirty ayes, zero objections, and zero abstentions.

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

None

BOARD OF DIRECTORS MEMBERS

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

Lake County	A	San Bernardino County	A	Tuolumne County	A
Lassen County	A	San Diego County	A	Ventura County	
Los Angeles County	A	San Francisco City & County		Yolo County	A

11. GENERAL DISCUSSION

A. Report from CalMHSA President – Maureen Bauman

President Bauman recommended accepting Donnell Ewert as the Superior Region Alternate for the Executive Committee.

Recommendation: *Approve recommended Executive Committee Alternate member, representing the Superior Region.*

Action: *A motion was moved*

Motion: *Anne Robin, San Luis Obispo County*

Second: *Alfredo Aguirre, San Diego County*

Motion passed with thirty ayes, zero objections, and zero abstentions.

A. Report from CalMHSA Executive Director – John Chaquica

This item was not discussed.

Action: *None, information only.*

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

None

12. PUBLIC COMMENTS

B. Public Comments Non- Agenda Items

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

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

None

14. ADJOURNMENT

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

None

Hearing no further comments, the meeting was adjourned at 4:24 p.m.

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

Motion passed with all those present in favor.

Respectfully submitted,

CaSonya Thomas, MPA, CHC
Secretary, CalMHSA

Date

DRAFT

STATEWIDE PEI PROGRAM PRESENTATION

Agenda Item 6.A.

SUBJECT: Program Partner Update - Walk in our Shoes, A Mental Health Awareness Program for youth ages 9 to 13

ACTION FOR CONSIDERATION:

None, information only.

BACKGROUND AND STATUS:

- “Walk In Our Shoes” is performed for California students in fourth grade through eighth grade to shed light on complex and often misunderstood issues related to mental health. In **2013, the tour visited 31 counties and performed for more than 18,000 students.** This year’s tour runs from August through October and has already reached **76 schools in 22 counties and impacted 20,000 students** with 30 more days to go.
- The goal of “Walk In Our Shoes” is to fill key gaps in knowledge that can lead to stigmatizing beliefs. The performance follows the lives of four high school students and introduces their various experiences with both mental health challenges and stigma, providing students with a first-hand look at what life is like for their peers living with a mental health challenge, fusing key information with the power of storytelling to block stigmatizing beliefs before they set in.
- The school-based performance is supported by an interactive website at www.WalkInOurShoes.org, which features real-life narratives from California teens and activities for teens to share their unique perspective, thoughts and feelings. It also includes tools to aid parents and teachers in discussing mental challenges with the children in their lives. The full site is also available in Spanish at www.PonteEnMisZapatos.org.
- Since the performances began, the website traffic has increased by 188%, and views have significantly increased in counties where performances are taking place. These results demonstrate that the tour is successful driving students, parents and teachers to the site for more information.
- Research conducted on the 2013 tour showed the performance significantly increased knowledge among students and also increased their compassion for students with mental health challenges. Teachers and administrators reported a positive change in tolerance, understanding and empathy around mental illness among students.
- Testimonials :
 - “If I had to rank this play on a scale from 1-10, it would be a 10+. And trust me, I’m very critical since I have been a principal for 10 years.” –*Principal*

- “I thought the performance was great and could tell the kids in the audience were engaged. The story covered so many areas relevant to what youth deal with today!”-
County Liaison

FISCAL IMPACT:

None.

RECOMMENDATION:

None, information only.

TYPE OF VOTE REQUIRED:

None.

REFERENCE MATERIAL(S) ATTACHED:

- Walk in Our Shoes Overview Power Point Presentation



Tweens 9-13 Years Old

WHAT IS WALK IN OUR SHOES?

- Statewide education campaign focused on mental health and the elimination of stigma.
- Seeks to eliminate bias and prejudice by de-bunking myths and educating 9-13 year olds about mental health and wellness.
- Promotes help-seeking by encouraging kids to talk about mental health and confide in a trusted adult.
- Utilizes positive, authentic and age-appropriate stories.

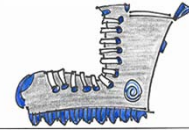
Funded by counties through the voter approved Mental Health Services (Prop 63).



OVERALL GOALS OF THE CAMPAIGN

To inform youth that:

1. Mental health challenges are common;
2. There are different kinds of mental health challenges;
3. People with mental health challenges can manage/recover to live normal and healthy lives;
4. The vast majority of people with mental health challenges are as predictable and non-violent as anyone else;
5. Young people are encouraged to speak up and ask questions about mental health.



INTERACTIVE ELEMENTS





WALK IN OUR SHOES.ORG

Totals to date:

Sessions	79,433	Users	61,583
Pages	206,607	Pages / Session	2.60
Avg. Session Duration	00:02:07	Bounce Rate	60.34%
% New Sessions	77.50%		

2014 School Tour- Week 1 Web Traffic:
(8/24 – 8/31)

Sessions	2,631	Users	2,133
Pages	11,858	Pages / Session	4.51
Avg. Session Duration	00:03:34	Bounce Rate	43.75%
% New Sessions	78.64%		

- 188% increase in visits to WalkInOurShoes.org compared to week prior to the start of the tour
- More than doubled the average session duration for all of July
- A significant increase in average page views per session
- Increase in views in counties where the performance has been

MATT'S STORY

STATEWIDE SCHOOL PERFORMANCE TOUR

- | <u>2013</u> | <u>2014</u> |
|---|---|
| ➤ Nine Week Statewide Tour (August 2013 – October 2013) | ➤ Nine Week Statewide Tour (August 2014 – October 2014) |
| ➤ 60 Elementary and Middle Schools | ➤ 76 Elementary and Middle Schools |
| ➤ 95 Performances | ➤ 100 Performances |
| ➤ 32 Counties | ➤ 22 Counties |
| ➤ 18,800 Students | ➤ 20,000+ Students (as of 10/1/14) |



[PROMOTIONAL TOUR VIDEO](#)

RAVE REVIEWS FOR WALK IN OUR SHOES

“If I had to rank this play on a scale from 1-10, it would be a 10+. And trust me, I’m very critical since I have been a principal for 10 years.” *–Principal*

“Today was AWESOME. The kids loved it.” *–School Counselor*

“This play fits right into our bullying prevention curriculum.” *–School Psychologist*

“As an administrator, it definitely enhanced the conversation about mental health among staff. It also reinforced the need for additional support staff for students and families.” *–School Administrator*

“Thank you. You taught us how to be nice to each other.” *–Student*

“I thought the performance was great and could tell the kids in the audience were engaged. The story covered so many areas relevant to what youth deal with today!” *–County Liaison*



PRESS/MEDIA

2014 School Tour:

Print

- [Appeal Democrat](#)
- [Elk Grove Citizen](#)
- [Daily Journal](#)

Television

- [KSEE \(Fresno\)](#)
- [KGPE \(Fresno\)](#)

Local elementary schools welcome theater piece on mental health
 By Hans LaCorte - [Scribe's Editor](#)
 Published Tuesday, September 2, 2014 3:47 PM PDT

Elk Grove elementary school students recently learned how to help reduce mental health stigma when Sacramento's 15 Street Theater brought its traveling production, Walk in Our Shoes to the district on Aug. 23-25.

Designed for children ages 9-13, the show is based on the true stories of four school friends who share their lives about what it's like to deal with mental health challenges during adolescence.

Funded by Proposition 65, also known as the Mental Health Services Act, the lively, educational production was presented at Pleasant Grove, Butler, and Carroll elementary schools.

"This show not only covers mental health challenges and stigma reduction," said lead actor, Armando Rivera in a recent promotional video about the show, "It teaches bullying, and changing from childhood to adolescence. It covers how to make friends, who friends really are, and how to help friends."

Rivera is one of the four actors in the production written and directed by Sacramento playwright Greg Alexander.

Insurance was commissioned by the Kuylen Salzman Studios, Inc. advertising agency through Prop 65 and the Department of Health Services to develop a live performance that would target a certain age group at school districts to help reduce the stigma on mental health.



2013 EVALUATION

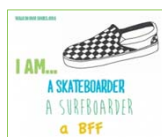
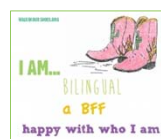
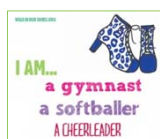
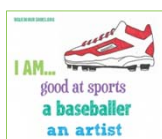
- In a pre-post evaluation, RAND found significant positive shifts occurred after the performance and knowledge about mental health drastically increased.
- 96% of teachers reported that the materials provided were useful.
- A survey revealed that a key strength of this tour appeared to be in its ability to spark conversation about mental health in and out of the classroom.



RESOURCES FOR TEACHERS

- Facilitation Guide: Introducing Mental Health to Students
- Classroom Activities: Dice of Wellness & Compliment Catcher
- Lesson Plans
- Letter to Parents (English and Spanish)
- Webinar #1: Introduction to the Walk In Our Shoes School Performance
- Webinar #2: How to Integrate Walk In Our Shoes in the Classroom

WALK IN OUR SHOES



MEMBERSHIP
Agenda Item 7.A.

**SUBJECT: County Outreach Report – Allan Rawland, Associate Administrator
Government Relations**

ACTION FOR CONSIDERATION:

None, information only.

BACKGROUND AND STATUS:

Allan Rawland, Associate Administrator/Government Relations, has been reaching out to counties in an effort to provide assistance and/or address questions related to the following:

- Phase I Funding – Status of Assignment of Funds/Status of Commitment
- Phase II Funding – Confirmation for Receipt of Two Emails Distributed
 - Address Financial Commitment Questions
 - Address Timeline and Process Questions

FISCAL IMPACT:

None.

RECOMMENDATION:

None, information only.

TYPE OF VOTE REQUIRED:

Majority vote of the Board of Directors.

REFERENCE MATERIAL(S) ATTACHED:

- Phase Two Memos and LOA

FIRST (#1) MEMO TO CALMHSA BOARD MEMBERS

Distribution Date: Tuesday, September 16, 2014

Subject Line: CalMHSA Phase Two Sustainability Plan Adopted August 14th by Board

Email:

CalMHSA Members,

As you are aware, in the last year, CalMHSA has been working on a strategic plan for the sustaining the Statewide Prevention and Early Intervention (PEI) programs designed to result in long-term systemic changes across California. In August 2014, the CalMHSA Board approved the Phase Two Sustainability Plan for implementation from 7/1/15-6/30/17. The Phase Two Plan builds on the investments made to date in the Statewide PEI Projects while redesigning the Plan to incorporate changes that have occurred in the past few years since the original Statewide PEI Plan was adopted. The Phase Two Plan highlights short-term and long-term mental health wellness outcomes in four targeted wellness areas; Diverse Communities, Schools, Healthcare, and Workplace and Strategies to achieve these outcomes.

To better align with local Three Year MHSA Plans while allowing for a development of the Phase Two Plan, the existing CalMHSA PEI Statewide Implementation Plan was extended for one year and will end on 6/30/15. The Phase Two Plan begins on 7/1/15 and is approved for implementation through 6/30/17. Implementation of the Phase Two Plan will be dependent upon available funding.

After reviewing the attached documents, if you have any questions please do not hesitate to contact me.

Thank you,

Maureen F. Bauman, LCSW, MPA
CalMHSA President

SECOND (#2) MEMO TO CALMHSA BOARD MEMBERS

Release Date: Friday, September 19, 2014

Subject Line: CalMHSA Phase Two Sustainability Plan Funding from the Sustainability Taskforce

Email:

CalMHSA members adopted the PEI Statewide Projects Phase Two Plan in August 2014 with the understanding that funding would consist of local funds and other funding sources. The attached table indicates funding goals adopted previously by the CalMHSA Board and aligns CalMHSA funding cycle with Local MHSA plans. To reach these goals, CalMHSA requested that counties indicate their intent for funding via a Letter of Acknowledgment (LOA). To date, CalMHSA received 33 letters of acknowledgement from members and issued invoices for those funding commitments.

This memo seeks to confirm the assurance of funding for FY 15/16 and FY 16/17 from each county. Attached is a revised Letter of Acknowledgement which confirms the commitment of funds from your county for FY 14/15 and seeks affirmation of funding for fiscal years 15/16 and 16/17 (understanding that a community process is also required). Funding commitments from counties will be critical to achieving the short-term and long-term outcomes in the adopted Phase Two Plan.

Additionally, CalMHSA has begun efforts to secure diverse funding to sustain these long-term efforts and leverage the county funds. The adoption of Phase Two builds on-going momentum. As part of Phase Two, CalMHSA will issue RFP's for programming based on future board action and funding available. The timeline for issuing RFP's is January 2015 which will allow for a competitive process and execution of contracts to be completed by July 1, 2015 thus providing for seamless transition to the Phase Two Plan. Although RFP's will be based on funding goals, assuring a funding range for programming prior to issuance of the RFP's will be critical. Unless the funding commitment from CalMHSA members is received within the next few months Implementation of the Phase Two Plan by July 1, 2015 may be at risk.

After reviewing the attached documents if you have questions please feel free to contact me at (916) 859-4806 or ann.collentine@calmhsa.org.

Thank you for your consideration of the urgency of this matter.

Maureen F. Bauman, LCSW, MPA
CalMHSA President

LETTER OF ACKNOWLEDGMENT

California Mental Health Services Authority (CalMHSA)

PHASE TWO SUSTAINABILITY FUNDING COMMITMENT

COUNTY: _____

ADDRESS: _____

With this letter, the above County provides CalMHSA notice of its recommendation for funding towards Statewide PEI Projects, to be conducted in accordance with regulations and statutes that govern the Mental Health Services Act (MHSA). CalMHSA acknowledges that the submission of this Letter serves solely as notice to CalMHSA of the County’s present objective and is not binding on the County, which must comply with its own procedures before providing such funding. The Letter will be reviewed by CalMHSA’s Finance Committee in conjunction with development of CalMHSA’s annual budget, which is recommended to the CalMHSA Board each June.

FY 14-15 Amount of Funding by Dollar	FY 14-15 Amount of Funding by Percentage	FY 15-16 Amount of Funding by Dollar	FY 15-16 Amount of Funding by Percentage	FY 16-17 Amount of Funding by Dollar	FY 16-17 Amount of Funding by Percentage
\$	%	\$	%	\$	%

Comments regarding funding exceptions should be noted here:

Comments regarding funding estimate:

(Please indicate the method by which the county determined amount in the box above)

Name: _____ Title: _____

Date: _____

Phone Number: _____ Email Address: _____

Due Date: December 1, 2014

Email To: Kim Santin, Finance Director at Kim.santin@calmhsa.org

Email Subject Line: CalMHSA Letter of Acknowledgement

PROGRAM MATTERS
Agenda Item 8.A.

SUBJECT: Report from CalMHSA Program Director – Ann Collentine

ACTION FOR CONSIDERATION

None, information only.

BACKGROUND AND STATUS

California Reducing Disparities Project (CRDP) Tools and Website

To strengthen the cultural considerations needed to serve the diverse population of California, CalMHSA contracted with CRDP contractors and/or their identified partners to achieve the following objectives:

- Develop tools or other relevant resources from the extensive data provided in the five statewide population reports conducted as part of the CRDP. For the California MHSA Multicultural Coalition (CMMC), provide insight on populations not covered by the current population reports.
- Tools will identify key cultural considerations for Suicide Prevention, Stigma and Discrimination Reduction, and Student Mental Health.
- Tools could be used by CalMHSA program partners, counties, and their constituencies and stakeholders to enhance understanding and build knowledge.

Tools for suicide prevention, improved student mental health, and stigma reduction from our partners with the California Reducing Disparities Project are available on CalMHSA's website at <http://calmhsa.org/programs/cultural-responsiveness/crdp-california-reducing-disparities-project/>

The following CRDP partner tools with hyperlinks to the organization's website and their tools are featured on CalMHSA's website under *Tools from our Partners with the California Reducing Disparities Project*:

African Americans – [The African American Health Institute \(AAHI\)](#)

Asian/Pacific Islanders (API) – [Pacific Clinics](#)

- **Fact Sheets:**
 - Outreach/Engagement to Reduce Stigma among API's:
 - [What to Do](#)
 - [The Challenges of Stigma](#)

- [Student Mental Health](#)
- [Suicide Prevention](#)
- [Reducing Stigma Among Asian American & Pacific Islanders \(AAPIs\)](#)
- [Student Mental Health: Reducing Stigma Among Asian American & Pacific Islanders \(AAPIs\)](#)
- [Suicide Prevention: Reducing Stigma Among Asian American & Pacific Islanders \(AAPIs\)](#)

Latinos – [UC Davis Center for Reducing Health Disparities \(CRHD\)](#)

- [Prevention and Early Intervention – Education \(PEI-Educate\) Curriculum](#)
- [PEI-Educate Sample Instructional Lessons](#)

**Lesbian, Gay, Bisexual, Transgender, Queer & Questioning
[Mental Health America of Northern California \(MHANCA\)](#)**

- **Fact Sheets:**
 - [Improving LGBTQ Student Mental Health](#)
 - [Stigma & Discrimination Reduction for LGBTQ Communities](#)
 - [Suicide Prevention for LGBTQ Communities](#)

Native Americans – [Native American Health Center \(NAHC\)](#)

- **Toolkit**
 - [Toolkit Introduction letter written by Janet King of NAHC](#)
 - [Training video conducted by Art Martinez summarizing curriculum](#)
 - [Engaging Native Wellness Healing Communities of Care Curriculum Workbook](#)
 - [Native American Behavioral Health Providers in California by County](#)
 - [Native American Publications Resource List](#)
- **Literature Reviews**
 - [Mental Health Standards of Care Literature Review for American Indians](#)
 - [Identifying Effective Mental Health Interventions for American Indians and Alaska Natives: A Review of the Literature](#)
 - [Healing the Wakanheja: Evidence Based, Promising, and Culturally Appropriate Practices for American Indian/Alaska Native Children with Mental Health Needs](#)
- **Other Resources**
 - [American Indian and Alaska Natives Mental Health Fact Sheet](#)
 - [Suicide Prevention Manual for Native American Communities](#)

[The California MHSa Multicultural Coalition \(CMMC\)](#)

- [CMMC World Café Summary Report](#)
- **Fact Sheets**
 - [The Armenian American Community in California](#)
 - [The Middle Eastern & Southwest Asian Community in California](#)
 - [The Russian-speaking Community In California](#)

Stigma and Discrimination Reduction Highlights

Each Mind Matters (EMM) Expands for FY 2014-15 to Counties and Communities

This fall, the EMM program is embarking on significant expansion activities with the primary goal of supporting communities in their stigma change activities with a variety of tools and resources. Significant development efforts include:

- *Each Mind Matter Technical Assistance (TA) Program* – The team’s first effort included creating a toolkit and strategies to support activities during Mental Health Awareness Week October 5th through the 11th. Please consider wearing the lime green ribbon during Mental Health Awareness Week in support of people living with mental health conditions and to help break down the barriers that prevent many people from seeking support. Visit EachMindMatters.org or email Jeanine Gaines at JGaines@rs-e.com for other suggested activities during and following this week.

The EMM TA team is collaborating with the Know the Signs TA team for collaborative and coordinated support to counties in their Stigma Reduce and Suicide Prevention efforts. A county webinar will be held October 16th at 1:30pm to outline next steps for the county liaisons. To RSVP email Jeanine Gaines at JGaines@rs-e.com. Coming Soon the EMM Mini-Marketing Program so stay tuned!

- *EMM Community Engagement Plan led by the SDR Consortium* – The SDR consortium has developed a community outreach and engagement plan for the EMM program and is currently vetting the plan with key constituents. The goal is to develop and implement specific strategies to support and grow local efforts in stigma reduction and mental health education and advocacy among various community groups statewide such as students/educators, employers, faith communities, and health care providers. For more information contact Aubrey Lara at Aubrey.lara@calmhsa.org.
- *Each Mind Matters and SanaMente Website Redesign and Resource Catalogue* – The EMM website and its Spanish language counterpart SanaMente will be undergoing significant enhancements to support the EMM program and to make information and resources more accessible to various audiences. Construction is underway this fall and thank you to all of the program partners, county staff and other constituents who have provided valuable input into this process.

Suicide Prevention Highlights

Directing Change 2015 - Calling All Student Film Makers and Change Agents!

The Directing Change program encourages high school and University of California students to learn about the topics of suicide prevention and mental health in a non-textbook kind of way: a film contest. Students across California are invited to *Direct Change* by creating 60-second films in two categories: Suicide Prevention or Ending the Silence of Mental Illness. Through exposure to the submission guidelines and judging forms, youth participants, school staff and judges are exposed to “safe messaging” guidelines for mental health and suicide prevention, warning signs, how to appropriately respond to someone in distress, as well as how to stand up for others who are experiencing a mental health challenge.

Participation in Directing Change opens the door to introduce prevention programs to the school. Every school that engages with the contest receives an Ending the Silence presentation from NAMI and one of several donated suicide prevention programs. In addition, students and schools are provided with access to a variety of educational resources on these topics throughout the school year.

Over the past two years, more than 2,000 students around California have decided to *Direct Change* resulting in the submission of over 800 films and over 4000 schools have received information about school-based prevention programs. Films are being used across the state to support local awareness efforts. Between April 2013 and April 2014 films were viewed over 31,000 times and downloaded 432 times.

Please help us spread the word – Submissions are Due February 1st 2015

- Share information about Directing Change with at least one student, teacher, or school administrator in your community!
- Print and post the attached flyer. You can also contact us to receive hard copies of the flyers and a DVD with films with last year’s winners.
- Let us know about opportunities to present information about Directing Change.
- View, download and share last year’s winning films: <http://www.directingchange.org/directing-change-regional-winners/>
- Add Directing Change to your email signature or as a link to your website.
- Like us on Facebook: <https://www.facebook.com/DirectingChangeCA>
- Volunteer to judge this year’s videos: <http://www.directingchange.org/our-judges/>

For more information email shanti@directingchange.org or visit www.directingchange.org

Each Mind Matters Highlighting Suicide Prevention for Suicide Prevention Week

Throughout September, Each Mind Matters served as a platform to direct individuals to CalMHSA's suicide prevention resources and local events during the 40th Annual National Suicide Prevention Week, which occurred on September 8th-14th. In addition, the Each Mind Matters blog and its social media platforms posted suicide prevention-specific content, including a blog on warning signs, an "Ask the Expert" blog, a story from an individual who overcame thoughts of suicide, and encouragement to keep the suicide prevention momentum moving forward. Visits to the Each Mind Matters website spiked during suicide prevention week, with over 2,300 views.

Emerging Best Practices Addresses California's Diverse Populations

CalMHSA's six Regional Suicide Prevention Networks developed seven locally-derived programs to address each region's unique populations and needs as it pertains to suicide prevention. These practices include:

- 1) From the Superior Region: Reducing access to lethal means: Firearm safety
- 2) From the Bay Area: LGBT Older Adult Gatekeeper Program and Mental Health Sign Alignment for Law Enforcement
- 3) From the Central Region: Older Adult Depression Screening Program
- 4) From the Southern (Kern) Region: Survivor Outreach Team Program
- 5) From Los Angeles: Survivors of Suicide Attempts Support Group Manual
- 6) From the Southern (San Diego) Region: Guide to using Facebook to Promote Suicide Prevention and Mental Illness Stigma Reduction

All of these practices were submitted to the Suicide Prevention Resource Center's National Best Practices Registry, making these resources available to a national audience. Two of the practices – The Manual for Support Groups for Suicide Attempt Survivors, and the Guide to Using Facebook – have been accepted into the Best Practices Registry, and the remaining practices are under review and are expected to be accepted shortly.

These Emerging Best Practices were recently showcased at the 4th Annual LA County Suicide Prevention Summit which was held during Suicide Prevention Week in September. This event drew nearly 250 individuals from LA and surrounding counties. A similar summit will be held in Northern California on October 24th.

Programs that are accepted into the Best Practices Registry are currently available free of charge on the Suicide Prevention Resource Center's Best Practices Registry website, and will soon be featured on the Didi Hirsch website as well.

Student Mental Health Highlights

SMHI Phase One Begins

The Student Mental Health Initiative (SMHI) is moving into Phase One with an overall reduction in the activities at all levels from pre-k to higher education. Our SMHI program partners continue to sustain many activities; including providing opportunities for training students, faculty and staff but on a much reduced basis. For Pre-K through 12, some regional demonstration projects are being continued on a reduced basis and are being sustained with non-CalMHSA funding. Campus based grants for higher education campuses have been reduced or cut and in numerous cases, the raised awareness of mental health wellness as a critical component of student academic success has resulted in some funding to maintain activities on that campus. The SMHI program partners are all very engaged in strategically addressing the needs of students, staff and faculty which have become more visible as a result of the many CalMHSA funded activities. While it is difficult to see activities being reduced, the reach of the CalMHSA activities continues on a system level through the continued coordination by the UCOP, CSU Office of the Chancellor, the partnership of the Community Colleges Foundation and Community Colleges Chancellors Office, CDE and CCSESA. Evaluation, which was conducted by the program partners and by RAND, has provided much data to support sustaining activities and is critical as these systems seek sustaining funding from diverse sources. Such data was presented recently to the UC Regents and the Regents requested that UC return to the Regents meeting in November. Partnership among schools, campuses and counties continues to build. For example, CSU is maintaining a statewide list of trainers of MHFA, QPR, and ASIST, which is currently being updated and will be provided to counties.

In September, CSU convened a meeting of coordinators from all campuses to discuss building on the momentum of the CalMHSA funded activities and sharing best practices. On September 8th and 9th, 2014, in Los Angeles, more than 350 students and staff from the California State University, the California Community College system, the University of California and some private colleges attended the “Stronger Together: California Colleges & Universities United for Student Mental Health” to share what works, what doesn’t, and discuss ways to sustain many of the programmatic efforts made possible through Proposition 63. This culminating conference featured speakers, collaborative presentations from California higher education segments, best/promising practice workshops, poster presentations, round table discussions, networking opportunities, and student mental health vendors.

CDE AWARDED SAMHSA Grant

California Department of Education was awarded a five-year Project Now is the Time Advancing Wellness and Resilience in Education (NITT AWARE) state educational agency grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) to build and expand the capacity of state educational agencies to make schools safer, improve school climate, increase awareness of mental health issues among youth, provide training for school personnel and other adults to detect and respond to mental health issues in children and youth; and connect those who may have behavioral health issues with appropriate services. California's Project AWARE (called Cal-Well) is a consortium of the California Department of Education, Garden Grove Unified School District, Santa Rosa City Schools, and the San Diego County Office of Education and their community partners. CalMHSA funded activities were highlighted in the proposal and the Student Mental Health Policy Workgroup will serve as an advisory body for the grant. The award is for \$1,949,926 per year for 5 years, from October 2014 to September 2019.

California Educators Guide

With funding provided by CalMHSA, CDE recently created a California version of the Educators Guide to Children's Mental Health. The publication is based on the Minnesota Association for Children's Mental Health's (MACMH) An Educator's Guide to Children's Mental Health. A Guide to Student Mental Health and Wellness in California was developed to help school staff identify and support students who are experiencing emotional distress and equip them with the tools they need to reach all students. It includes sections on common symptoms and behaviors seen in students with mental health disorders, how mental health disorders and medications affect student performance, and how best to form partnerships with parents.

The "California Guide" also includes fact sheets on 15 common mental health disorders seen among children and youth. The fact sheets describe the disorders, list the common symptoms and behaviors, and give appropriate classroom strategies and accommodations. The guide can be purchased from the MACMH at <http://www.macmh.org/books/> for \$26.95.

Kognito

As part of Suicide Prevention Month and as part of their CalMHSA activities, CDE sent out a message to its partners across the state to encourage others to prevent youth suicides by taking two simple actions:

1) **Refresh your knowledge and skills** in talking with students in distress by accessing [Kognito At-Risk](#), the online program that lets you learn about psychological distress and build your skill by talking with virtual students and connecting them to support. This innovative tool is licensed for your use through funding from CalMHSA's K-12 Student Mental Health Initiative;

2) **Share [Kognito At-Risk](#) with your school colleagues.** Just forward this mail to them. Please note this online training is FREE and is meant to be used by all school staff, including classified staff such as secretaries, cafeteria and custodial staff, yard supervisors, campus monitors, any school or district staff, and community service providers.

RECOMMENDATION:

None, information only.

TYPE OF VOTE REQUIRED:

None.

REFERENCE MATERIAL(S) ATTACHED:

- CalMHSA 4th Quarter Program Dashboard
- August Edition of News to Use: *Resources for K-12 Educators, Students and Families*
- September Edition of News to Use: *CA Crisis Lines and Suicide Prevention Week*
- Directing Change Outcomes Statement
- Directing Change FY 2014-15 Flyer

CalMHSA QTR 4 – 2014

Program Dashboard

**Based on Program Partners' Quarterly Reports
Reporting Period: April June 2014**

Questions, Contact Dorthy Lebron, Ph.D.: dlebron@earthlink.net

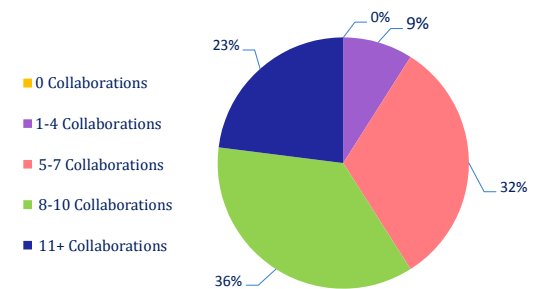
CalMHSA QTR 4-2014

1. **100%** of CalMHSA Program Partners completed the quarterly report for the period ending June 30, 2014..

2. Program Partner Collaborations With Other CalMHSA Partners, Qtr 4 – 2014

- **9%** of Program Partners collaborated with 1-4 other CalMHSA Partners
- **32%** of Program Partners collaborated with 5-7 other CalMHSA Partners
- **36%** of Program Partners collaborated with 8 - 10 other CalMHSA Partners
- **23%** of Program Partners collaborated with 11 or more other CalMHSA Partners

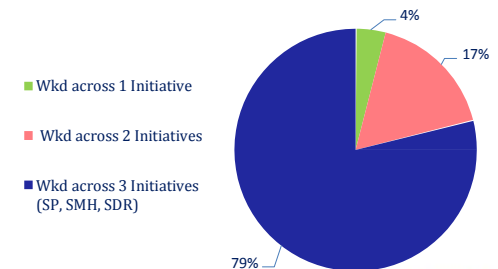
Program Partner Collaborations with other CalMHSA Partners
QTR 4 (April – June 2014)



3. Program Partner Collaborations across Initiatives, Qtr 4 – 2014

- **4%** of Program Partners worked across one initiative
- **17%** of Program Partners worked across two initiative
- **79%** of Program Partners worked across three initiatives (SP, SMH, SDR)

Program Partner Collaborations Across Initiatives
QTR 4 (April – June 2014)



CalMHSA Program Partner Collaborations Worksheet provided on the next page.

CalMHSA QTR 4-2014

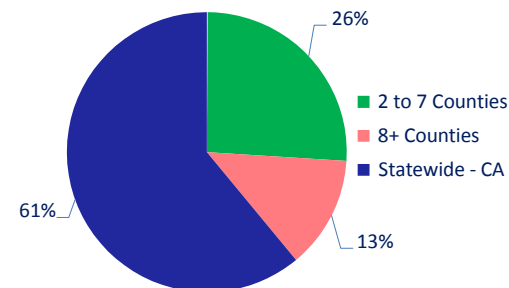
Return on Investment (ROI)

Program Partner Engagement Efforts Quarterly Counts by County, and Statewide

4. Program Partner County/Statewide Engagement Efforts, Qtr 4 - 2014:

- **26%** of Program Partners worked with 2 – 7 CA Counties
- **13%** of Program Partners worked with 8 or more CA Counties
- **61%** of Program Partners implemented Statewide efforts

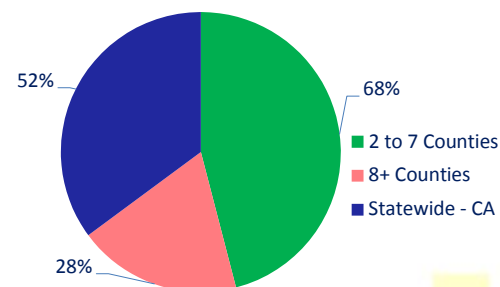
Program Partners' Reach by County, QTR 4 (April – June 2014)



5. Program Partner County/Statewide Engagement Efforts, Qtr 3 - 2014*:

- **68%** of Program Partners worked with 2 – 7 CA Counties
- **28%** of Program Partners worked with 8 or more CA Counties
- **52%** of Program Partners implemented Statewide efforts

Program Partners' Reach by County, QTR 3 (January – March 2014)



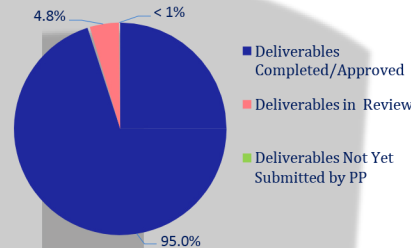
Based on Program Partners' Quarterly Reports (for county/geographic areas, including "City of Berkeley" and "Statewide", n = 60).

*Percentages exceed 100% due to partner-reported county-specific efforts as well as statewide engagement efforts.

CalMHSA FUNDS AND DELIVERABLES

2. Status of Deliverables x 25 Programs:

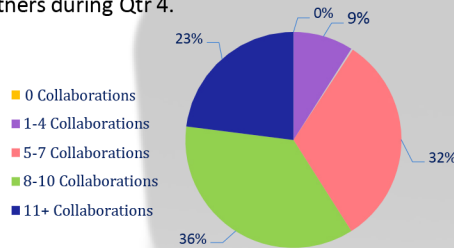
7,332 total deliverables tasks were due by 6/3/2014. 6,949 (95%) of Program Partner deliverables were completed and approved. 352 (4.8%) deliverables remain "in review" by CalMHSA. 31 (< 1%) deliverables remain "active" (pending partner submittal/resubmittal).



SYNERGY ACROSS SP, SDR, SMH INITIATIVES

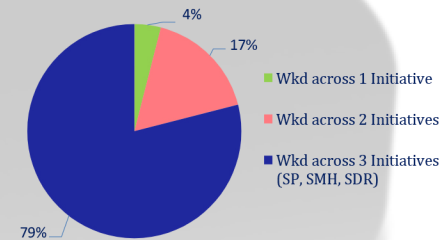
3. Program Partner Collaborations:

59% of Program Partners collaborated with 8 or more CalMHSA Partners during Qtr 4.



4. Collaborations Across Initiatives:

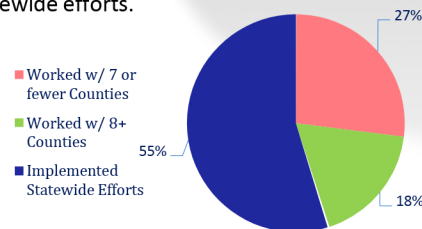
79% of Program Partners worked across CalMHSA SP, SDR, and SMH Initiatives during Qtr 4.



REACH OF SP, SDR, AND SMH PROGRAM PARTNERS (PPs)

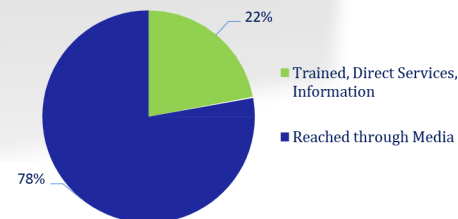
5. Program Partners Reach by County:

During Qtr 4, 26% of Program Partners worked with 2 - 7 CA Counties, 13% worked with 8 or more CA Counties, and 61% implemented statewide efforts.



6. Total SP, SDR, and SMH Count, Qtr 4:

During Qtr 4, 37,906,244 individuals were trained, directly reached, reached through media, and/or reached through information.

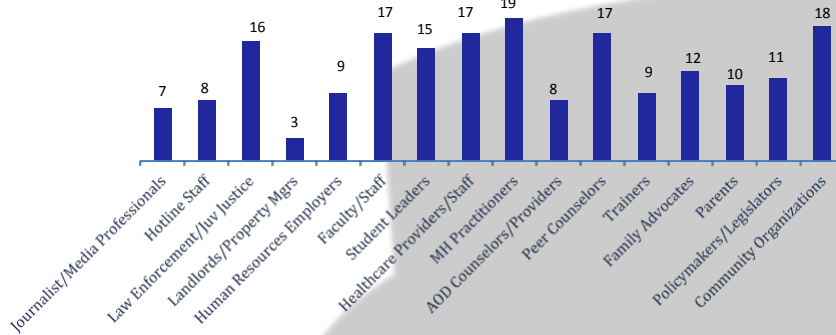


Program Partner Trainings/Education

7. Number of Program Partners who Trained and/or Educated Populations:

During Qtr 4, approximately **36,634** individuals were directly trained and/or educated through CalMHSA Program Partners.

Number of Program Partners Who Trained/Educated in QTR 4, by Population Categories

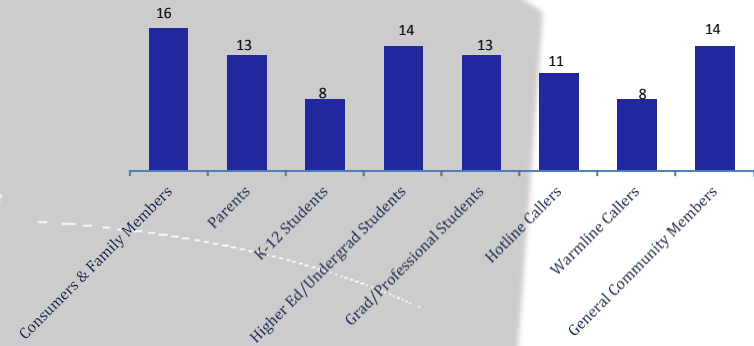


Individuals Directly Reached by Program Partners

8. Number of Program Partners who Directly Reached Targeted Individuals:

During Qtr 4, approximately **227,845** targeted individuals were directly reached (through crisis services, early intervention services, etc.)

Number of Program Partners Who Provided Direct Services in QTR 4 by Individual/Group Categories

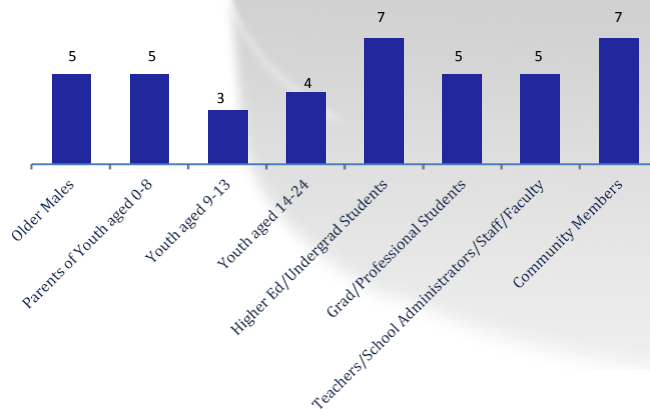


Program Partners' Reach through Media

9. Number of Program Partners who Reached Out through Media:

During Qtr 4, approximately **29,626,192** individuals were targeted with social marketing efforts (radio, TV spots, internet, ads, etc.)

Number of Program Partners Who Reached Out through Social Marketing in QTR 4, by Population Categories

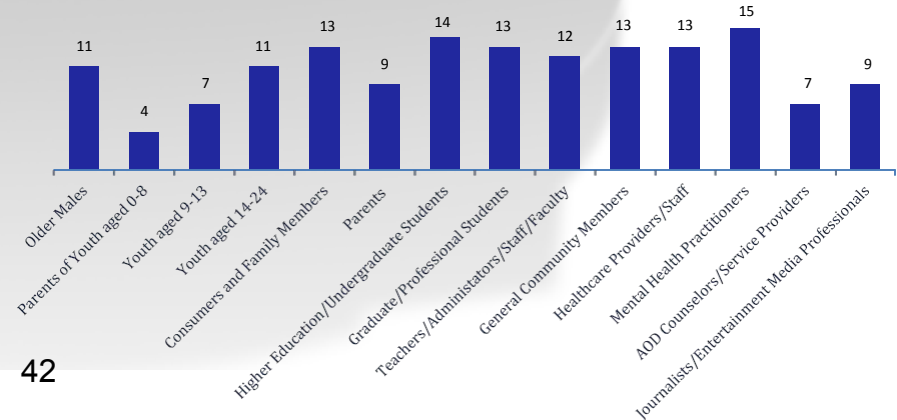


Program Partners' Reach through Information Resources

10. Number of Program Partners who Provided Informational Resources:

During Qtr 4, approximately **8,015,573** individuals were reached through information resources.

Number of Program Partners Who Provided Information Resources in QTR 4, by Population Categories



Each Mind Matters Positions California to Help Students Learn and Thrive



At a time of historic change for California's schools, the California Mental Health Services Authority's (CalMHSA) Student Mental Health Initiative helps school districts succeed in meeting new student achievement goals and improve student mental wellness. California's new annual plan for schools, the Local Control Accountability Plan (LCAP), targets resources to California's highest-need students through established annual goals. Many educators are refreshing their teaching approach in light of new Common Core standards, offering an opportunity to incorporate mental wellness into classrooms.

CalMHSA's partnership with leading education organizations assists school districts to meet new state standards in student engagement, parental involvement, and improving school climate, and offer a host of resources to educators, administrators and parents that are particularly valuable in this dynamic environment.



Student Engagement

Research shows that when students are healthy in mind and body, they are more engaged, miss less school, focus better in class, and are more likely to graduate. (CA State PTA)

Through CalMHSA's partnership with the San Bernardino County Superintendent of Schools and the County of San Bernardino Department of Behavioral Health, 69 schools have requested training in Positive Behavioral Intervention and Support (PBIS), a research-based prevention model that supports student wellness and helps create a positive and protective school environment. Contact: Erica Porteous at eporteous@dbh.sbcounty.gov.

In addition, the California Department of Education has partnered with the Placer County Office of Education to offer the Training Educators Through Recognition and Identification Strategies (TETRIS) workshops that provide teachers and school staff with tools to identify, recognize, support and refer students with mental health needs in a respectful and culturally responsive manner. Contact: Monica Nepomuceno at MNepomuceno@cde.ca.gov.



Parent Involvement

Parent involvement that engages parents in decision-making can help schools build a strong framework for student achievement. (CA State PTA)

The National Alliance on Mental Illness, California (NAMI CA), has reached nearly 2,500 educators through the Parents and Teachers as Allies program, which focuses on helping school professionals and parents within the school community better understand the early warning signs of mental illness in children and adolescents. Contact: Kelly Boyles at kboyles@namicalifornia.org.



School Climate

Studies have shown that schools with a positive school climate have higher academic achievement along with other impacts that are supportive of learning. (OCDE)

The Orange County Department of Education (OCDE) has developed a survey that provides schools an assessment tool for school climate and student mental health. This important tool helps schools draft a comprehensive approach to student success including academic, social, and emotional development and well-being. Contact: Dr. Lucy Vezzuto at LVezzuto@ocde.us.

In addition, the Sacramento County Office of Education, in partnership with Sacramento County Behavioral Health Services and CalMHSA, established model evidence-based Bullying Prevention Programs in each of the thirteen districts in Sacramento County. Contact: Cheryl Raney at CRaney@scoe.net.



Resources for K-12 Educators

CalMHSA's Program Partners have developed a wide array of easy to access mental health resources for K-12 Educators to use in their classrooms.

Online Resource Library: This searchable database of resources and best practices put tips and tools directly in teachers' hands. The library includes classroom-ready techniques to prevent bullying, create a feeling of connection for students, and identify signs of suicide risk. Access the resources at www.regionalk12smhi.org. (Developed by the California County Superintendents Educational Services Association)

Stigma-Busting Performance: Walk In Our Shoes is a school-based theatrical performance that uses real life stories to engage students in a conversation about our differences and prevent negative behaviors associated with mental health stigma. Teachers can bring this proven and engaging theatrical performance, aimed at 9-13 year-olds, to their classrooms with ready-to-go lesson plans and teaching guides. WalkInOurShoes.org and PonteEnMisZapatos.org feature kid-friendly information and real life stories about mental health on an interactive website. Visit www.walkinourshoes.org/for-grownups for more information about Walk In Our Shoes.



Walk In Our Shoes performance in Gridley, CA.

Starting Classroom Conversation: Trained youth presenters share experience of mental health challenges with high school students through Ending the Silence, a 50-minute program designed for high school audiences helps break down stigmas related to mental illness and educates students on mental health resources through a presentation, short videos, and personal testimony. To inquire about a presentation in your area, contact Kelly Boyles at kboyles@namicalifornia.org.

Systemwide Changes Encouraged

In July 2014, following a recommendation of CalMHSA's Student Mental Health Policy Workgroup, State Superintendent of Public Instruction Tom Torlakson issued a letter to County and District Superintendents and Charter School Administrators encouraging all governing boards to consider adopting a suicide prevention policy using the model provided by the California School Boards Association. Superintendent Torlakson wrote, "it is imperative that we collaborate to adopt district policies and administrative regulations to address suicide prevention in our school districts."

Superintendent Torlakson's letter recommended additional suicide prevention resources: The [California Department of Education's Youth Suicide Prevention website](#) and the [Palo Alto Unified School District's Comprehensive Suicide Prevention Toolkit for Schools](#). Contact: David Kopperud at dkopperud@cde.ca.gov.



Partnership for Healthy Schools

CalMHSA's statewide educational resources facilitate and complement local partnerships between educators and mental health professionals.

As an example, 500 Riverside County area high school students had their perceptions about mental health challenged by the "Dare to Be Aware" full-day conference where they attended workshops covering such topics as suicide awareness, gang awareness, substance abuse prevention, bullying, LGBTQ, and more.



Prevention and Early Intervention programs implemented by CalMHSA are funded by counties through the voter approved Mental Health Services Act (Prop. 63). For more information about the programs described above, contact Lee Anne Xiong at LeeAnne.Xiong@calmhsa.org



CalMHSA Unites California Counties in Statewide Suicide Prevention Efforts



Every Californian has the power to save a life. The California Mental Health Services Authority (CalMHSA) is empowering Californians to save lives by teaching skills for identifying suicide risk and intervening effectively, and utilizing innovative technologies to make crisis support available to people of all ages.

CalMHSA has invested in multi-faceted activities to address suicide prevention throughout the state. CalMHSA leads statewide suicide prevention awareness campaigns, supports local suicide prevention efforts and supports 16 crisis centers in expanding their reach and type of services they provide and improving their data collection processes in an effort to better inform prevention efforts in California.

Pain Isn't Always Obvious



Suicide Is Preventable

www.suicideispreventable.org

www.elsuicidioesprevenible.org

40-45%

of California households have seen the *Know the Signs* Suicide Prevention Campaign, which teaches Californians about learning how to recognize the warning signs of suicide, how to find the words to have a direct conversation with someone in crisis, and where to find professional help and resources. **According to an independent evaluation by the RAND Corporation, Californians who have seen *Know the Signs* messages have higher confidence they can intervene to stop suicide.**

Suicide Prevention Week Unites Californians

From September 8th – 14th, 2014, CalMHSA joined partners across the state to observe the 40th Annual Suicide Prevention Week, increasing awareness that suicide is preventable and putting resources to prevent suicide within reach of all Californians. Here are a few examples of events that occurred during Suicide Prevention Week:

100

community members joined the Family Service Agency of the Central Coast in the 8th Annual Coastal Trail Walk to come together in a celebration of life, in remembrance of loved ones, and in support of Suicide Prevention services. Contact: Evan Marsh at evanmfsa@gmail.com.

230

attendees, a record breaking number, joined the Los Angeles County Department of Mental Health, Didi Hirsch Health Services and CalMHSA at the 4th Annual Suicide Prevention Summit to learn about emerging best practices developed through the California Suicide Prevention Network. These best practices from across the state will be made available and can be customized to meet local needs. Contact: Paul Muller at pmuller@mullerandsmith.com.

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individuals, including Licensed Marriage and Family Therapists, Licensed Clinical Social Workers, Registered Nurses and psychologists, were trained by Solano County through the Assessing and Managing Suicide Risk (AMSR) workshop. This training improved knowledge of assessing suicide risk, planning treatment and managing the on-going care of clients at risk for suicide. These diverse participants work with high risk youth and youth in foster care, in probation and the Solano County Crisis Stabilization Unit, and as school administrators, healthcare staff and Solano County Behavioral Health staff. Contact: Mary Roy at meroy@solanocounty.com.

Continue Suicide Prevention efforts beyond September: For more information on the suicide prevention efforts underway in California and to get involved, visit www.eachmindmatters.org, www.suicideispreventable.org, and www.elsuicidioesprevenible.org.

Californians Find Support Through CalMHSA Partnerships

With support from CalMHSA, California crisis centers have expanded local suicide prevention hotline support, language capacity, outreach and marketing, and training. Crisis centers have added chat and text services and improved cultural relevance to serve the needs of California's diverse communities. Below are some of the centers supported by CalMHSA.

Crisis Center	Regions Served	CalMHSA Impact
Didi Hirsch Suicide Prevention Center	Southern California (877) 727-4747	Increased call volume by 16 percent. Doubled chat program hours.
Family Services Agency of Marin	Northern California Coast (415) 499-1100	Increased call volume by 50 percent. Reached 1,500 youth and adults through community education.
Family Services Agency of the Central Coast	Central Coast (877) 663-5433 or (831) 458-5300 (for Santa Cruz County)	Added three bilingual staff members, two of which are bi-cultural.
Kings View Central Valley Suicide Prevention Hotline	Central Valley (888) 506-5991	Launched January 2013, expanded to 24/7 operation within six months. Accepted over 16,000 calls. Performed 102 active rescues. Linked to National Suicide Prevention Lifeline to enable callers to access support in 150 different languages.
San Francisco Suicide Prevention	Bay Area (415) 781-0500 or (800) 273-8255	Increased call volume by over 20 percent. Trained 15,300 adolescents and adults in suicide prevention techniques.
Transitions-Mental Health Association	Central Coast (800) 783-0607	Increased call volume by 154 percent.
Institute on Aging Friendship Line	Northern California (415) 752-3778 or (800) 971-0016	Increased call volume by 115 percent.

A Call Brings Hope: The mother called the Central Valley Suicide Prevention Hotline one evening, saying she was having thoughts of suicide. After five years of trying to get a job that would enable her to take care of her children, she felt like giving up. The mother called the hotline her "lifeline." The responder encouraged her and gave her hope, and seemed to really care. "Here is a stranger willing to reach out and help me through the roughest time in my life."

Soon the mother called back very excited to tell the staff that she got a job!



Prevention and Early Intervention programs implemented by CalMHSA are funded by counties through the voter approved Mental Health Services Act (Prop. 63). For more information about the programs described above, contact Lee Anne Xiong at LeeAnne.Xiong@calmhsa.org.



"The topic of suicide hits close to home for our school ; we have had two students die by suicide, causing our school to change entirely. The Directing Change student video contest was a great way for us to get involved with suicide prevention. We hope that through the video we can give others hope and encourage them to reach out."
Student

"I chose to participate in this contest because I wanted to show my peers that those with a mental illness are not any different from us. We share the same interests, hobbies, goals, dreams, hopes and fears. I wanted to make a change in the world since this matter is really important to me."
Student

"As teenagers in today's society, I think we are all affected in some way by the serious topics of suicide and mental illness. Through the process of filmmaking, we all learned ways to know the signs, find the words, and reach out."
Student

"This contest stirred amazing conversation amongst my students. I truly believe their eyes have been opened to the fact that they can make a difference in suicide prevention and eliminating the stigmas of mental illness."
School Advisor

Based on student responses to a post-contest self-administered questionnaire

EACH MIND MATTERS

California's Mental Health Movement

Confronting stigma matters when it comes to young people. Approximately 1 in 5 youth ages 13 to 18 experiences a mental health challenge in a given year. When young people feel alone in dealing with mental health challenges, they may be afraid to talk about it, and not get the help they need. Delay in accessing needed mental health services represents a missed opportunity for youth to improve their lives and reach their potential.

www.eachmindmatters.org

Outcomes from the 2nd Annual Directing Change Film Contest 2014

EACH MIND MATTERS Presents

Directing Change Student Film Contest

Directing Change is part of statewide efforts to prevent suicide, reduce stigma and discrimination related to mental illness, and to promote the mental health and wellness of students.

These initiatives are funded by counties through the Mental Health Services Act (Prop 63) and administered by the California Mental Health Services Authority (CalMHSA), an organization of county governments working to improve mental health outcomes for individuals, families and communities.

California Students Directed Change

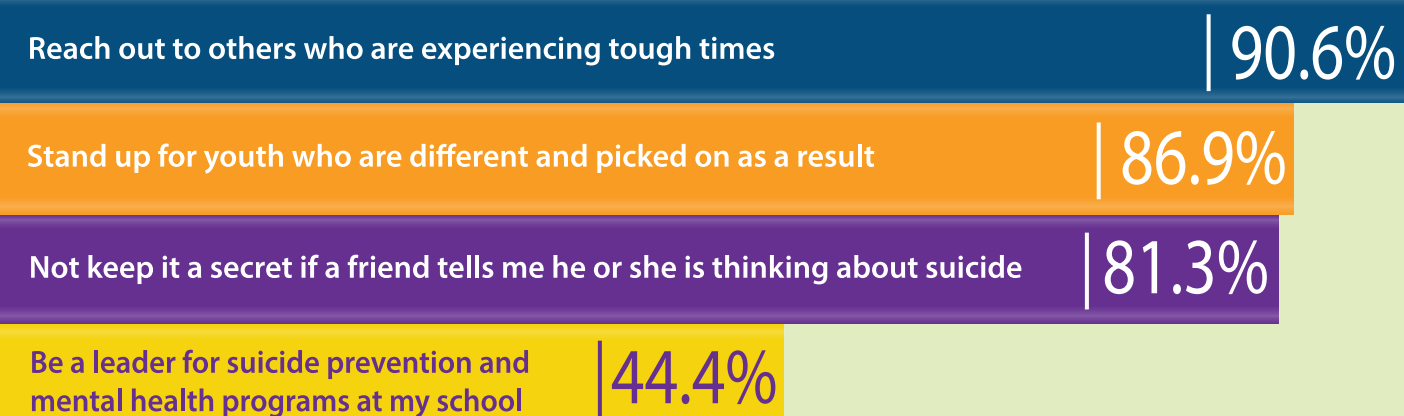
A total of **432** films, representing **996** students from **112** high schools and **9** University of California campus locations and **31** counties, were received.

The contest inspired me to...



Based on 161 student responses to a post-contest self-administered questionnaire

I pledge to...



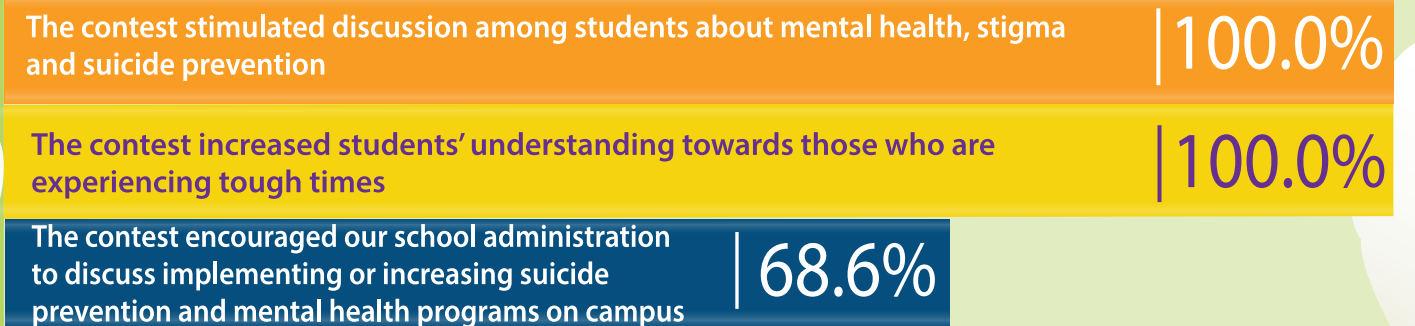
Based on 160 student responses to a post-contest self-administered questionnaire

High school and UC students across California were invited to Direct Change by creating 60-second films in two categories: suicide prevention or ending the silence about mental illness. A total of 432 films were received, representing 996 students from 112 high schools, 9 UC campus locations and 31 counties. Entries were judged by over 200 volunteer experts in mental health and suicide prevention, members of the media, and professionals in writing and film-making. Regional winners were selected to move onto a second, statewide round of judging.

Studies show that although about **half of teens who are thinking about suicide tell a friend, less than 25% of those friends tell an adult.** Youth need to know how to respond appropriately to a friend in need.

Each high school that participated in the contest received a donated suicide prevention or mental health program. **Over 4,000 schools received information about school-based prevention programs.** These programs play a key role in educating students about warning signs for suicide, and encouraging youth to stand up for their peers who experience a mental illness.

In the 2013/14 school year over 980 students were reached through donated "Ending the Silence" school-based presentations.



Based on 51 school advisor responses to a post-contest self-administered questionnaire

The **2013 contest films** have been viewed online **31,235** times and downloaded **434** times. (April 2013-April 2014)

"The contest is the perfect complement to our school's annual Yellow Ribbon Suicide Prevention Week. The contest website provides many of the important issues, facts and statistics about suicide and mental illness that the students need to make our Yellow Ribbon Week meaningful and successful. Plus, we play all of their finished films before each of the six assemblies so more than 2,000 students see them." School Advisor

"The contest was great. Within the video program I partnered with our school's Public Service Academy and we created an entire broadcast on the topic of stopping stigma. The broadcast was seen by almost the entire school and some classrooms had follow-up discussions on the topic." School Advisor

To view the videos visit: www.directingchange.org

Each Mind Matters
presents

The 2015 Directing Change Student Film Contest



TAKE ACTION BY CREATING 60-SECOND FILMS TO **END THE SILENCE** ABOUT MENTAL ILLNESS AND PREVENT SUICIDE. **THE WINNING** STUDENT ADVOCATES WILL WIN CASH PRIZES AND GET TO PARTICIPATE IN A MEETING WITH **STATE LEGISLATORS** ON THESE TOPICS AND ATTEND THE **AWARD CEREMONY** IN SACRAMENTO. ALL SCHOOLS THAT PARTICIPATE QUALIFY FOR **PREVENTION AND EDUCATIONAL PROGRAMS.**

SUBMISSIONS ARE DUE FEBRUARY 1, 2015.



VISIT www.DirectingChange.org
FOR CONTEST RULES AND EDUCATIONAL RESOURCES FOR STUDENTS AND SCHOOLS.



To keep up with the latest updates, follow 'Directing Change CA' on Facebook

PROGRAM MATTERS
Agenda Item 8.B.

SUBJECT: Principles for Licensing Intellectual Property Rights

ACTION FOR CONSIDERATION:

Approval of Statement of Principles for Licensing of Intellectual Property Rights.

BACKGROUND AND STATUS:

The broad scope and numerous products and resources from the counties' investment in Prevention and Early Intervention Statewide projects has resulted in CalMHSA funding the creation of a variety of intellectual property. Each CalMHSA contract with a program partner establishes CalMHSA's ownership of fully funded products under the contract. Exceptions or compromises were appropriately made for parties, such as universities and for the exception of claiming ownership of pre-existing work. As a consequence of the PEI contracts, CalMHSA now has a significant body of intellectual property. To date, staff has been operating under the principle that since the work of CalMHSA is for the public good, it would be appropriate to license rights to other public entities or non-profits that will use the intellectual property for the public good. However, staff does not want to make any unauthorized gifts of public property. Staff is seeking Board guidance on the licensing and use of such intellectual property. The following Statement of Principles was drafted to provide this guidance to staff regarding future use of these intellectual properties while ensuring that CalMHSA acts in the interests of protecting the investment of public funds.

Statement of Principles for Licensing of Intellectual Property Rights

- 1) CalMHSA's intellectual property may be licensed without charge to public entities and non-profit benefit organizations anywhere in the world for public benefit use, and
- 2) CalMHSA may authorize creation of derivative works to be used by public entities or non-profit organizations for public benefit, and possible collaboration, and
- 3) CalMHSA may charge public entities and non-profit public benefit organizations for certain appropriate costs of licensing and distribution as deemed appropriate, and
- 4) CalMHSA's intellectual property may be licensed or transferred to profit-making enterprises for market value, and the proceeds of such sales shall be deposited in CalMHSA's accounts to fund further additional mental health prevention and early intervention work by or on behalf of CalMHSA, and
- 5) CalMHSA may allow its intellectual property to be transferred or licensed for a profit by licensees, but only if the licensee has an agreement to pay CalMHSA as deemed appropriate

to fund further additional mental health prevention and early intervention work by or on behalf of CalMHSA.

FISCAL IMPACT:

None.

RECOMMENDATION:

Approval of Statement of Principles for Licensing of Intellectual Property Rights.

TYPE OF VOTE REQUIRED:

Majority vote of the Board of Directors.

REFERENCE MATERIAL(S) ATTACHED:

None.

PROGRAM MATTERS
Agenda Item 8.C.

SUBJECT: Report from CalMHSA Advisory Committee – Anne Robin

ACTION FOR CONSIDERATION:

None, information only.

BACKGROUND AND STATUS:

The CalMHSA Advisory Committee (AC) held a teleconference meeting on September 12, 2014. The Committee discussion focused on the following:

STATEWIDE PEI PROGRAMS:

Stigma and Discrimination Reduction (SDR) Consortium and Each Mind Matters – Joseph Robinson, Stigma and Discrimination Reduction (SDR) Consortium Program Manager, provided an overview of the Program. The final SDR Consortium meeting will be in October and located in Sacramento. Joseph informed the Committee that an Outreach Plan was drafted and would be sent through email circulation by the beginning of October, in order to get a broad range of feedback from stakeholders. Joseph also discussed the Each Mind Matters (EMM) Store, and a survey which was used to determine which new products would be sold by the EMM on-line store. The favorite items from the survey results were bumper stickers, decals, new shirts, hoodies, key chains, and baseball caps. The Committee was informed that Mental Health Awareness Week will take place the week of October 5-11, 2014, and tools have been developed to use to promote mental health awareness.

Evaluation Status and Update – Audrey Burnam, RAND Corporation, provided an overview of results collected from the latest evaluation on the following programs: Stigma and Discrimination Reduction, Suicide Prevention, and Student Mental Health.

Phase Two Plan Update – Ann Collentine, CalMHSA Program Director, provided an update of the Phase Two Sustainability Plan. The Committee was informed that the revised plan was approved by the Board on August 14, 2014, and the final version should be available within a few weeks. Ms. Collentine discussed the next steps regarding operationalizing of the plan, which was delegated to the Sustainability Task Force for presentation to the Board in October 2014.

PROGRAM MATTERS:

Report from the CalMHSA Program Director – Ann Collentine, CalMHSA Program Director, provided a verbal report, discussing the recent publications which highlighted information regarding Mental Health Awareness Week. Ms. Collentine also informed the Committee on the upcoming 7th International Conference: Together Against Stigma, Each Mind Matters in February 17-20, 2015. The Committee requested that a thank you letter be written to Assemblyman Wes

Chesbro, for his leadership in the recent passage and signing of *AB 1847 into law, replacing offensive and outdated terms concerning people with mental health disabilities in California statutes.*

FISCAL IMPACT:

None.

RECOMMENDATION:

None.

TYPE OF VOTE REQUIRED:

None, information only.

REFERENCE MATERIAL(S) ATTACHED:

None.

PROGRAM MATTERS
Agenda Item 8.D.

SUBJECT: Phase Two Plan Update

ACTION FOR CONSIDERATION:

None, information only.

BACKGROUND AND STATUS:

On August 14, 2014, the Board approved the Draft Phase Two Sustainability Plan for CalMHSA Statewide Prevention and Early Intervention Projects, for implementation from July 1, 2015 –June 30, 2017. The Final Plan was distributed to all CalMHSA Board members in September and is attached here.

The Board delegated development of key operational recommendations to the Sustainability Taskforce for presentation to the CalMHSA Board at the October 2014 Board Meeting. The Taskforce met to consider actions for operationalizing the Phase Two Plan and endorsed staff's recommendation to reconvene the Steering Committee in October to seek additional input before developing recommendations for the Board. This will allow staff to gather additional information prior to developing the recommended changes to the draft for the Taskforce.

NEXT STEPS:

The Sustainability Taskforce will meet in October and November to develop key recommendations to present to the Board at the December Meeting. The Advisory Committee will continue to provide programmatic advice to CalMHSA on the Revised Plan implementation.

RECOMMENDATION:

None, information only.

TYPE OF VOTE REQUIRED:

None.

REFERENCE MATERIAL(S) ATTACHED:

- Phase Two Sustainability Plan for CalMHSA Statewide Prevention and Early Intervention Projects
- Phase Two Timeline
- Strategic Funding Goals

Phase Two Plan for Sustaining CalMHSA Statewide Prevention and Early Intervention Projects

*Approved by the California Mental Health Services Authority
Board of Directors, August 14, 2014*



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Acknowledgments

The Phase Two Plan for Sustaining the California Mental Health Services Authority (CalMHSA) Statewide Prevention and Early Intervention Projects represents the commitment of many individuals and organizations to maintaining prevention and early intervention activities in California. We are grateful for the support and direction given by the CalMHSA Sustainability Taskforce, the Advisory Committee, the Executive Committee and several county behavioral health directors, County liaisons, and MHSAs and PEI Coordinators. All who helped to refine the priorities and activities laid out in this Plan. We are sincerely appreciative of the guidance from the CalMHSA Statewide PEI Projects Sustainability Steering Committee. This group of individuals from the fields of mental health, substance use, public health, and education, who represented 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 provided us with valuable input throughout the development process. We especially acknowledge the staff of the California Institute for Behavioral Health Solutions – Karen Kurasaki, PhD, Kelly Bitz, and Kimberly Mayer, MSSW – for facilitating the strategic planning process, ensuring diverse input and writing a plan that reflects the best thinking of statewide and national experts, CalMHSA and its diverse stakeholders.

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Stephanie Welch, MSW
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I. EXECUTIVE SUMMARY

For the past decade, California has steadily grown a statewide movement toward prevention and early intervention. When California voters passed The Mental Health Services Act (MHSA) (Proposition 63) in 2004, Prevention and Early Intervention (PEI) was one of the five components. PEI provided a historic investment of 20% of MHSA funds to address early signs of mental illness including suicide risk and to improve access to early services including and especially by addressing stigma and discrimination related to mental illness. PEI was seen as a critical strategy to prevent mental illness from becoming severe and disabling and to reduce the negative outcomes of untreated mental illness.

In 2007, a one-time investment of MHSA funds of \$160 million over four-years for statewide PEI projects created three significant initiatives: Suicide Prevention (SP), Stigma and Discrimination Reduction (SDR) and Student Mental Health (SMH). The California Mental Health Services Authority (CalMHSA) a Joint Powers Authority was created by the counties in 2010, to administer the three initiatives on a statewide basis. In 2013, with the end of the four-year period nearing, the CalMHSA Board of Directors adopted a two-phase planning strategy for continuing the investment in statewide PEI efforts. Phase One focused on sustaining current CalMHSA PEI Statewide Projects for one additional year with existing funds. The purpose of this short-term sustainability plan was to provide program partners with additional time to successfully complete their activities and deliverables, and to reduce the risk of any adverse consequences of discontinuing activities (e.g., the ability to measure long-term impact). This document pertains to Phase Two, which focuses on developing a long-term plan and new funds for future statewide projects to continue the investment in promoting prevention and early intervention strategies. The arguments for sustaining statewide PEI projects long-term include being able to implement population-based strategies that will result in larger social impact (e.g., statewide social marketing campaign), working on policy recommendations that can benefit counties statewide, procuring resources at lower cost (e.g., in the case of media buys), fostering cross-systems collaboration among statewide partners (e.g., in higher education), and ultimately making a significant impact on reducing the need for treatment services.

The present document is the Phase Two Plan. The Phase Two Plan was developed with considerable input from counties and designed to support and enhance local PEI work through a comprehensive set of strategies and activities that would be unduplicated at the local county level and more efficient and cost-effective to conduct at a statewide level. Therefore, in the implementation of the Plan, CalMHSA will need to diligently work in collaboration and partnership with local county jurisdictions early in the planning stages of any work done in local communities in order to avoid confusion and duplication of work, reduce any burden to communities, and maximize impact.

The Plan builds upon the initial statewide PEI investment by bringing three current initiatives (i.e., SP, SDR and SMH) together under one common umbrella – Each Mind Matters. Each Mind Matters will provide a branded comprehensive campaign and recognizable messaging across the state to support a movement in California to promote mental health and wellness and reduce the likelihood of mental illness, substance use and suicide among all Californians. By organizing multiple activities under Each

Mind Matters, California can continue to make strides in preventing mental illness, substance use disorders and suicide, improving student mental health, increasing open-mindedness and compassion toward persons experiencing mental health and substance use challenges, and improving health equity by addressing the specific needs of California's diverse ethnic, racial and cultural communities.

It is noteworthy that the Plan is much broader in scope than the current three initiatives. The Phase Two Plan covers several new sectors through the delineation of four Wellness Areas – Diverse Communities, Schools, Health Care and Workplace – with the Public Safety sector included under Diverse Communities. The Plan also expands the scope of statewide PEI efforts to include primary prevention activities with attention to reducing the impact of early childhood (i.e., children ages 0-5) trauma and targeting mothers with post-partum depression. Finally, the Plan integrates prevention activities for increasing public awareness of substance use and mental health issues, and fostering emotional health and resilience against not just mental illness but substance use disorders as well.

The Plan takes a public health approach and this is reflected throughout the strategies and activities in this document. Population-based strategies were deliberately selected for effecting community changes that would be deep and long-lasting changes. Broad dissemination in multiple languages of substance use, mental health and suicide prevention tools and resources under the social marketing strategy is one example of how this population-based approach is articulated in the Plan. The Evaluation section of this Plan describes the importance of developing clear, state-level metrics for measuring the overall effectiveness of these population-based activities, and this reflects CalMHSA's continued commitment to a rigorous evaluation of the state's and counties' investment in PEI.

The following bullets summarize the Plan's key features:

- A comprehensive set of strategies and activities that would be unduplicated at the local county level and be more efficient and cost-effective to conduct at a statewide level or regional level;
- Strategies and activities that may enhance those operating at the county or regional level;
- A population-based/public health approach to effect deep and long-lasting change, and greater societal impact;
- Integration of elements of the three current initiatives into a single, statewide PEI movement to provide a branded comprehensive campaign and recognizable messaging across the state;
- Continuation of the three current initiatives' targeted efforts to tailor materials for ethnic, racial and cultural groups to eliminate stigmatizing language and use language that instills dignity and hope;
- Expansion to other sectors using existing resource materials and tools from the three current initiatives to leverage new relationships and partnerships;
- Expansion to include substance use prevention awareness;

- Expansion to include activities that may focus on groups at highest risk for suicide (i.e., white transitional aging males, older adults, rural communities);
- Expansion to include primary prevention activities focused on reducing impact of trauma among early childhood population (children ages 0-5) thereby reducing the potential adult morbidity (i.e., suicidality, chronic medical conditions);
- Leverages new opportunities with the Affordable Care Act that did not exist a decade ago, and other health initiatives in the health care sector, public health and education to maximize impact;
- Continued commitment to accountability and evaluating overall effectiveness.

II. BACKGROUND

In 2004, California voters passed Proposition 63 (The Mental Health Services Act) (MHSA), landmark legislation that created an ongoing funding source and a framework for transforming California's traditional community mental health system into a system equipped to support prevention and wellness, and on addressing the unmet needs of California's diverse and underserved population groups with culturally relevant and effective services and education. In 2007, the Mental Health Services Oversight and Accountability Commission (MHSOAC), which was created as a stipulation of the MHSA to oversee the management of these funds, approved a one-time investment of \$160 million in Prevention and Early Intervention (PEI) funds for the implementation of statewide projects across a four-year period. The intent of the one-time allocation was to strengthen the capacity and infrastructure to support PEI activities locally, regionally and statewide. Three strategic initiatives were identified through a stakeholder process and approved by the MHSOAC in May 2008, for the distribution of this one-time allocation: \$40 million for Suicide Prevention (SP), \$60 million for Student Mental Health (SMH), and \$60 million for Stigma and Discrimination Reduction (SDR). In 2010, the counties came together and acted collectively to create the California Mental Health Services Authority (CalMHSA) a Joint-Powers Authority to efficiently and effectively administer the three initiatives on a statewide basis. In January 2011, the MHSOAC approved the CalMHSA PEI Statewide Projects Implementation Work Plan. A total of 25 providers were identified through an RFP process to implement the Work Plan by June 30, 2014, with the evaluation to be completed by the following year.

In 2013, the CalMHSA Board of Directors adopted a two-phase planning strategy for sustaining CalMHSA PEI Statewide Projects. It was during their 2013 Strategic Planning meeting that CalMHSA Board Members discussed in concept this two-phase approach and their desire to sustain PEI Statewide Projects. This discussion resulted in a request that staff return to the Board with a more detailed plan. Since that time, the Board formally authorized the implementation of Phase One and the development of a Phase Two Plan. Phase One continues some of the current CalMHSA PEI Statewide Projects for fiscal year 2014-2015 using existing funds and a winding down of others pursuant to the guidance of stakeholders and Board. Phase One is recognized as a short-term sustainability solution for the purpose of providing program partners with additional time to successfully complete their activities and deliverables, and to reduce the risk of any adverse consequences of discontinuing activities (e.g., the

ability to measure long-term impact). The Board's vision for Phase Two is longer term. Some examples of their documented arguments for sustaining statewide PEI projects long-term include being able to implement population-based strategies that will result in larger social impact (e.g., statewide social marketing campaign), working on policy recommendations that can benefit counties statewide, procuring resources at lower cost (e.g., in the case of media buys), fostering cross-systems collaboration among statewide partners (e.g., in higher education), and ultimately making a significant impact on reducing the need for treatment services. The Board's expectation for the Phase Two Plan was that it would be a product of examining the original CalMHSA PEI Statewide Projects Implementation Work Plan and revising as necessary to reflect the information and data gleaned from the implementation of the first plan, and that it would incorporate new strategic direction as a result of major policy changes, such as the Affordable Care Act (ACA), and input from key stakeholders.

In January 2014, CalMHSA contracted with the California Institute for Mental Health, now the California Institute for Behavioral Health Solutions (CIBHS) to facilitate the development of the Phase Two Plan. CIBHS immediately established a Steering Committee to guide the development of the Phase Two Plan. The Steering Committee was comprised of 35 members from the fields of mental health, substance use, public health, and education, who represented 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. Several county behavioral health staff were involved in the Steering Committee. The Steering Committee convened several times over a four-month period (between February and May 2014) to develop priority areas and explore diverse funding options, including MHSAs funds and other public and/or private funding streams for sustaining the plan. In April, CIBHS also convened 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 Phase Two Plan about what is working, not working and how statewide or state-level activities could better coordinate with and support local and regional PEI efforts.

The present document is the Phase Two Plan and is the culmination of a six-month, intensive planning process. The Phase Two Plan was written by CIBHS with CalMHSA staff for the CalMHSA Board of Directors and was approved at their meeting on August 14, 2014. The Plan has been vetted by the Steering Committee, the CalMHSA Sustainability Taskforce, CalMHSA Advisory Committee, CalMHSA Executive Committee, and several county behavioral health directors, County Liaisons, and MHSAs and PEI Coordinators.

III. GUIDING FRAMEWORK

The Prevention Institute's Spectrum of Prevention (Cohen & Swift, 1999) was adopted by CIBHS and supported by the Steering Committee to guide the development of the Phase Two Plan. The

Spectrum of Prevention was selected because it provided a comprehensive, multifaceted framework for influencing deep and long-lasting change. As such, the ideas presented in this Plan are comprehensive in scope and address 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. Other instrumental documents included the National Prevention Strategic Plan, the National Suicide Prevention Strategic Plan, the MHSOAC 2010 PEI Work Plan, the California Reducing Disparities Project Strategic Plan to Reduce Mental Health Disparities, the California strategic plans for the three current initiatives – SMH, SP, SDR – and the CalMHSA Statewide PEI Evaluation Plan developed by RAND Corporation, to ensure that the Phase Two Plan builds upon CalMHSA’s initial investment and other efforts both statewide and nationally. The most important guiding theme that runs through the entire Phase Two Plan and should also be prioritized in the operationalization of the Plan is that all strategies and activities be designed to outreach to all of California’s diverse communities and create equitable access to services for all Californians.

IV. EACH MIND MATTERS – CALIFORNIA’S MOVEMENT TOWARD MENTAL HEALTH AND WELLNESS

One of the improvements proposed for Phase Two is to bring the three current initiatives – SP, SDR and SMH – together under one common umbrella. This concept of an umbrella framework emerged from the planning process as a way to simplify the message and thereby support a more effective statewide campaign. Key stakeholders were united in their viewpoint that all of the work needed to be connected under a common theme and framework.

Each Mind Matters – California’s Movement Toward Mental Health and Wellness – is being presented here as the umbrella framework for all of the strategies proposed under the Phase Two Plan. The proposed vision for Each Mind Matters is to *promote mental health and wellness, suicide prevention and health equity to reduce the likelihood of mental illness, substance use and suicide among all Californians in diverse communities, schools, health care and workplace*. By working to achieve this vision, California can continue to make strides in preventing suicide, improving student mental health and reducing stigma and discrimination.

While Each Mind Matters provides an umbrella to broadly organize multiple activities as part of it, the critical need for specific efforts developed by and for California’s diverse ethnic, racial and cultural communities remains paramount. The use of Each Mind Matters as a branded comprehensive campaign will create simple, consistent, and recognizable messaging across the state while still supporting Californians in very different communities to implement a wide set of activities as part of one statewide effort. For example *SanaMente*, *Native Communities of Care* and *Each Aggie Matters*, are all current efforts developed by and for diverse ethnic, racial and cultural communities. The flexibility to tailor resources and tools to be effective for California’s diverse communities would still be possible and expected under the umbrella of Each Mind Matters in order to achieve the vision.

Each Mind Matters builds on the original investment and includes all of the social marketing and informational resources developed under the three original statewide initiatives. Through a diverse set of program partners, all outreach activities, educational tools and products, and trainings and technical assistance would be packaged using the existing materials and resources and disseminated under the Each Mind Matters umbrella. Thus as a branded comprehensive campaign, Each Mind Matters is a vehicle for more centralized and coordinated dissemination and technical assistance with implementation. The dissemination process will support the capacity for local use and refinement of various products and informational resources, ensuring quality that addresses California’s diversity. Each Mind Matters would resonate with the “wellness movements” happening outside of behavioral health (i.e., mental health and substance use) in other service sectors such as health care, public health, education, workplace (including both government and private sector), and for California’s diverse populations across all the regions of the state and across the life span.

V. AIMS

In order to fulfill the Each Mind Matters vision to promote emotional health and reduce the likelihood of mental illness, substance use and suicide among all Californians in diverse communities, schools, health care and workplace, the following 10 aims are put forth. The set of aims are necessarily comprehensive and reflective of the reality that real change for a complex problem requires a comprehensive and multifaceted solution.

- **Aim 1.** Integrate mental health and substance use awareness and suicide prevention into diverse communities, schools, health care and the workplace.
- **Aim 2.** Promote understanding that resilience and recovery from mental illness and substance use disorders, and overcoming thoughts of suicide is possible.
- **Aim 3.** Promote early identification and multiple points of entry into prevention and treatment services.
- **Aim 4.** Promote a more supportive environment for persons experiencing mental health and/or substance use challenges, or thoughts of suicide.
- **Aim 5.** Promote access to peer-based support and education.
- **Aim 6.** Support policies and programs that enhance emotional well-being, and promote best practices in Prevention and Early Intervention.
- **Aim 7.** Leverage new opportunities created by the Affordable Care Act and other health initiatives in public health, education, public safety and the health care sectors.

- **Aim 8.** Promote health equity for California’s diverse population with particular attention to underserved ethnic, racial and cultural subgroups.
- **Aim 9.** Improve the usefulness of research, evaluation and surveillance data for improving performance of statewide Prevention and Early Intervention among California’s diverse populations.
- **Aim 10.** Support policies and programs that focus on primary prevention strategies to reduce the impact of trauma, especially early childhood trauma, and improve family functioning.

VI. WELLNESS AREAS AND TARGET POPULATIONS FOR PROMOTING PREVENTION AND MENTAL HEALTH

During the planning process, it became evident that broad coverage to a wide range of communities and population groups was favored. The Plan is built around four Wellness Areas in order to achieve that broad coverage. These Wellness Areas are: 1) Diverse Communities; 2) Schools; 3) Health Care; and 4) Workplace. (See Diagram 1.) The multiple target populations within each of these four Wellness Areas are described in this section.

Diagram 1. Four Wellness Areas



Diverse Communities

Diverse Communities is the broadest of the four Wellness Areas. Diverse Communities is intended to cover children (0-5), youth (6-15), Transition Age Youth (TAY) (16-25), adults, transitional aging adults, older adults, veterans and their families, justice-involved persons and their families, faith-based communities, rural communities, underserved racial and ethnic subgroups, and especially populations at high risk for suicide such as white transitional aging males and Lesbian/Gay/Bisexual/Transgender (LGBT) persons.

Effectively reaching all of the diversity in California with quality and culturally responsive materials and approaches is a fundamental priority. The targeted efforts of CalMHSA's current work with regard to ethnic and linguistic subgroups will be continued in Phase Two. This continued emphasis on ethnic and linguistic subgroups is based on early findings from existing investments analyzed by the RAND Corporation. For example, subgroups of Asian Americans and Latinos were shown to be particularly vulnerable due to cultural stigma regarding mental illness and also due to being less likely to be exposed to social marketing messages and other mainstream channels of information distribution as a result of language. Targeted efforts to reach these and other underserved groups known to be high risk for suicide such as Native Americans and LGBT persons, and for whom resources and tools require tailoring to be culturally responsive and non-stigmatizing will continue to be a main priority. The limited coverage in CalMHSA's current work were noted during the planning process and are included here as important populations to consider for Phase Two. The first of these are underserved, recent immigrant communities that are undergoing a fragile adjustment period stemming from trauma in their homeland and cultural adjustment to living in the U.S. Arab, Armenian, Iranian and Iraqi immigrants are some examples of these recent immigrant populations. The second grouping is subpopulations at highest risk for suicide according to surveillance research. These include transitional aging and older adults, white transitional aging males and rural residents. Focusing on these highest risk subgroups is necessary in order to really impact suicide rates. As additional findings emerge from the independent evaluation being conducted by the RAND Corporation, these will be incorporated into the Phase Two Plan.

Schools

Target populations within the Schools Wellness Area include pre-school/early childhood education children (0-5) and their parents/caregivers, K-12 students in public, private and alternative education and their parents/caregivers, career technical education students and their families, public and private college and university students and their families, TAY, foster care and LGBT TAY, student and veterans and their families. Because Schools are embedded within Diverse Communities, the target populations within the Schools Wellness Area also include the racial, ethnic and other underserved and/or high risk subgroups described in the previous section.

Health Care

The target populations within the Health Care Wellness Area are those that are users of services of the various health care systems, such as Federally Qualified Health Centers (FQHCs), Community Clinics, public health plans, private health plans, primary care clinics, integrated care clinics, emergency departments, and others. These include children (0-5), youth (6-15), TAY, adults, transitional aging

adults, older adults, and veterans. Because Health Care is embedded within Diverse Communities, the target populations within the Health Care Wellness Area are inclusive of the racial, ethnic and other underserved and/or high risk subgroups described above under Diverse Communities.

Workplace

Finally, the target populations within the Workplace Wellness Area are employers and employees and their families, and veteran employees and their families in both the government and private sectors. Targeted reach to private and public employers is vital and should focus particularly on individuals working in health care and public safety. Once again, because Workplaces are embedded within the Diverse Communities where they are located, the target populations within the Workplace Wellness Area will include the racial, ethnic and other underserved and/or high risk subgroups described earlier under Diverse Communities.

VII. STRATEGIES

The Phase Two Plan is organized around six Key Strategies: 1) Social Marketing and Informational Resources; 2) Training and Education; 3) Policies, Protocols and Procedures; 4) Networks and Collaborations; 5) Crisis and Peer Support Services; and 6) Research, Evaluation and Surveillance. (See Diagram 2.) Under each Strategy, there are many different kinds of activities that will be performed. These Strategies reflect a public health/population-based approach for advancing community change. It is worth noting here that there is a great deal of consistency between the labeling of Phase Two Key Strategies and the evaluation areas of the current initiatives. This was a deliberate decision on the part of CalMHSA staff to maintain consistency with the current evaluation areas wherever it was possible to do so, in order to benefit the evaluation of long-term outcomes.

Diagram 2. Key Strategies



Strategy 1. Social Marketing and Informational Resources

The primary activity proposed within Strategy 1. Social Marketing and Informational Resources is dissemination of an array of tools and resources under the Each Mind Matters umbrella.

Dissemination will consist of procurement of quality resource materials that are culturally responsive for California's diverse communities and in multiple languages; maintaining the Each Mind Matters website with informational resources tailored to the various target audiences, outreach and engagement to develop relationships with new partners in other sectors; and very importantly technical assistance around the refinement, tailoring and use of materials to achieve and ensure cultural relevance.

Dissemination as it is presented here is not expected to be a unilateral process. It will be a dynamic, interactive process to ensure the refinement and tailoring of materials to be meaningful and useful for California's diverse populations. This interactive process may include the adoption and then statewide dissemination of existing and effective resources and tools that have been developed by local communities. It will require some on-going costs associated with this process (e.g., staff time), but there are opportunities here to disseminate and promote materials and resources that are already developed with CalMHSA funds for a significant cost-saving approach.

Tools and resources for *dissemination* will go beyond print materials and written content on the Each Mind Matters website. CalMHSA has focused on social media in its current work and will continue to do so in Phase Two. Social media is important given how commonplace it has become as a source of information and means for communication for more and more segments of the population, but especially for younger generations. Media products are also important tools and serve multiple roles. Media products serve as a source of information (e.g., documentary, "breaking news"), entertainment (e.g., stories and characters that shape, reinforce and change perceptions while entertaining), and "contact" or connection with others. Stigma and discrimination reduction strategies benefit from message reinforcement in media and during times of isolation and loneliness, television and radio might be the only sources of "contact" with others. Media also serves as a tool for reaching low-literacy populations. CalMHSA will continue to promote and disseminate several low-literacy media products that have been developed for Lao, Cambodian, Vietnamese and Mien communities. It is important here to recognize the impactful role that partnerships with media can provide including the dissemination and use of social marketing tools, resources and messaging through journalism and entertainment that can widely reinforce key messaging to the broad public. Most importantly, under the Social Marketing and Informational Resources Strategy is a state-level media campaign for cost-effectively accelerating norm change at a population level.

Successful *dissemination* to reach all the target populations described under each of the four Wellness Areas will require extensive outreach and relationship building with an extremely wide array of community partners. There will be costs involved with this Strategy and marketing some of this work as a fee-for-service model will be necessary. The remainder of this section provides a fairly comprehensive although not complete list of prospective community partners under each of the four Wellness Areas.

Dissemination of tools and resources as part of the Each Mind Matters campaign will reach Diverse Communities through partnerships with community-based organizations (CBOs) (e.g., youth

organizations, Boys and Girls Clubs, senior wellness centers, YMCAs, food pantries, homeless and domestic violence shelters, ethnic-specific CBOs), other community organizations (e.g., sports leagues, scouts organizations, cultural organizations), City Parks and Recreation Departments, public libraries, Woman Infants and Children programs, child welfare agencies, California Department of Public Health programs, California First 5 Commission programs, faith-based organizations, community service organizations (e.g., Rotary Club, Lions Club), large commercial retailers and other natural networks (e.g., grocery chains, CVS and Walgreen’s pharmacies), local small business retailers (e.g., “mom and pop” grocery stores, barber shops, hair/nail salons), fire departments and other emergency responders, law enforcement agencies, and probation departments.

Dissemination of tools and resources under the Each Mind Matters umbrella will reach the Schools through partnerships with pre-schools and K-12 public and private schools, school boards, Special Education Local Plan Area, school-based behavioral health providers, the California Department of Education, Career Technical Education Programs, California Community Colleges Chancellor's Office, California State Universities Chancellor's Office, University of California Office of the President, individual college and university campuses both public and private and departments within those campuses such as student affairs departments, student health centers, student counseling centers and student organizations.

Dissemination of Each Mind Matters tools and resources will reach various Health Care settings through partnering with FQHCs, community clinics, emergency departments, pharmacists, home visitation programs, provider membership organizations such as the California Council of Community Mental Health Agencies, the California Primary Care Association, and California Association of Physician Groups, public and private health plans, the Department of Consumer Affairs, Department of In-home Health Services, California Council of Local Health Officers, American Association of Retired Persons, and Emergency Medical Services agencies.

Finally, *dissemination* of Each Mind Matters tools and resources will reach Workplace settings through partnerships with large private employers and corporations, chambers of commerce, government agencies, Employee Assistance Program (EAP) providers and regulatory bodies, and employee associations and unions.

Strategy 2. Training and Education

Strategy 2. Training and Education is complementary to Strategy 1. Operationally, training and education is actually interwoven with dissemination, however for the purposes of clarity has been broken apart in this Plan. *Training and Education* will cover a range of essential topics for increasing awareness around mental health and substance use issues, and suicide prevention. These topics will include: recognizing signs and symptoms of substance use and depression and warning signs of suicide risk; understanding how to assist those with mental health needs or at risk for suicide and facilitate access to appropriate services; the use of positive messaging (i.e., non-stigmatizing language) about mental health and substance use disorders; the negative consequences of stigma (e.g., bullying behavior in the schools, poor self-management of chronic physical conditions in the health care setting, reduced

productivity in the workplace); and where to seek help. *Training and Education* builds upon the training efforts that CalMHSA is currently funding under the three initiatives – e.g., Stigma Reduction Conferences. The same prospective community partners described above under Strategy 1 applies here to *Training and Education*. Collaboration with a diverse set of program partners will be crucial for ensuring that trainings are appropriately tailored to the racial, ethnic and other underserved and/or high risk subgroups described earlier under Diverse Communities. Like with Strategy 1, there will be costs involved with Strategy 2 and marketing some of this work as a fee-for-service model will be necessary.

Strategy 3. Policies, Protocols and Procedures

The primary activities proposed within Strategy 3. Policies, Protocols and Procedures are *consultation and technical assistance*. Strategy 3. Policies, Protocols and Procedures is complementary to Strategy 1 and Strategy 2. Operationally, *consultation and technical assistance* are an extension of dissemination, training and education. The ultimate goal is to effect wide change by targeting organizations that have the potential to reach broad segments of the population.

Consultation and technical assistance will be provided to organizations to support the implementation of organizational changes that reflect best practices in PEI. This will include identification and implementation of policy changes that create systemic support of mental health and substance use awareness and suicide prevention both locally and at the state-level. The main foci of the *consultations and technical assistance* will be around reducing stigma related to mental health and/or substance use, and creating a more supportive environment for those experiencing mental, emotional or behavioral health difficulties. That is to say, through organizational policies, protocols and procedures, fostering more open-mindedness and compassion toward persons experiencing mental health and/or substance use related challenges.

Some very specific areas for *consultation and technical assistance* emerged from the planning process as being highly important and of great value for PEI efforts, and are described here. In Diverse Communities, *consultation and technical assistance* is needed to create greater support for social inclusion and community integration of persons with mental health and substance use disorders, and access to housing, employment, education and other basic needs to improve opportunities in school, at work, at home and in the community. In Schools, *consultation and technical assistance* is needed to promote the inclusion of meaningful suicide prevention and mental health/substance use awareness activities in all K-12 School Safety Plans, provision of mental health and substance use services on all California Community College campuses, and Student Counseling Centers being responsible for developing and maintaining websites with information, online and chat support, wellness groups, and drop-in support services. Also in Schools, *consultation and technical assistance* should include advocacy for school districts to incorporate PEI activities, policies and funding allocations within their Local Control Accountability Plan to be consistent with the State’s priorities for student engagement, school climate and academic achievement. In Health Care settings, *consultation and technical assistance* is needed to promote screening for substance use, depression and suicide risk (including screening for access to firearms and poisons, and for a history of Adverse Childhood Experiences) as a reimbursable service under standard protocols. In Health Care settings, *consultation and technical assistance* is also

needed to promote the adoption and use of peers in integrated health care settings, and health plan policies and practices that will result in increased access to and utilization of preventive mental health and substance use services. The ACA requirement to integrate a behavioral health approach should be used as a leverage point for entrée into conversations with health care providers/plans to encourage implementation of such policies and procedures. In the Workplace, *consultation and technical assistance* is needed for promoting policies and procedures that encourage employees to use EAP services when needed and are supportive of persons living with mental health and/or substance use challenges being successful in the workplace. Similar to Strategy 1 and Strategy 2, there will be costs involved with Strategy 3 and marketing some of this work as a fee-for-service model will be necessary.

Strategy 4. Networks and Collaborations

The objective for Networks and Collaborations is to grow the pool of advocates and support local champions who are able to: influence policy, create and disseminate products for widespread impact and/or for deeper penetration into a “hard-to-reach” subgroup; and strengthen the movement around suicide prevention, mental health and substance use awareness both locally and at the state-level. The activities proposed under Strategy 4. Networks and Collaborations include but are not limited to: active outreach and relationship building with appropriate allies and advocates, participation as a member of a collaborative or network, and providing coordination support for a start-up or ongoing network or collaborative. One system of higher education, the California Community Colleges, offers us one example of the value and importance of Networks and Collaborations for meeting local needs. The California Community College system is very large and utilizes a model of regional representatives for feedback about various program areas. Supporting local networks and collaborations will help to ensure that local communities can participate in this regional structure and bring their voice to the table. Funding to support Strategy 4 is less likely to come from fee-for-service, and more likely to be procured from private foundation grants or county contributions.

Strategy 5. Crisis and Peer Support Services

The activities proposed under Strategy 5. Crisis and Peer Support Services support the goal of maintaining health and wellness in the community and reducing the need for crisis services. Examples of these activities include: live crisis and peer support services via online, text and telephone; friendship lines for older adults; warm lines for consumers; support groups for survivors and attempt survivors; emergency department follow-up; and collaboration, consultation and/or direct training for local crisis and peer support curriculum development and implementation. The approaches should be appropriate across the life span and support increased access to peer-led crisis alternatives. These and other peer-led crisis alternatives should be supported within suicide prevention efforts in all four Wellness Areas – Diverse Communities, on School campuses (K-12, colleges and universities), in Health Care settings, and in Workplace settings. Activities that facilitate partnering and support from counties and other provider agencies with ethnically and linguistically diverse communities will be paramount to ensure that peer-led crisis alternatives include and address the needs of those communities. Similarly, activities that facilitate capacity in the schools, including at K-12, colleges and universities for sustaining robust peer-to-peer programs is important for reducing the need for crisis services on school campuses.

Strategy 6. Research, Evaluation and Surveillance

The activities proposed within Strategy 6. Research, Evaluation and Surveillance are all toward the goal of improving understanding of suicide risk factors, population-level attitude change to see if stigma is being reduced, and effective prevention and early intervention strategies across institutions and communities. Activities would include developing metrics for and collecting data to evaluate the performance and outcomes of changes in Diverse Communities, Schools, Health Care and Workplace settings. This set of evaluation activities are described in greater detail in the next section. Activities would also include working with other agencies conducting population surveillance to promote more systematic data collection on risk factors. For example, county coroners and medical examiners can be encouraged to strive for greater uniformity in determining suicide as a cause of death and to participate in the California Violent Death Reporting System. California has several relevant population surveys, such as the California Health Interview Survey, the California Healthy Kids Survey, the California Youth Risk Behavior Survey, and the California Behavioral Risk Factor Surveillance Survey. These surveys are capable of providing more data on suicide risk, risk factors, mental health stigma and discrimination, and unmet needs for mental health services. More analysis of these and other sources can contribute to planning and evaluating programs and services. Disaggregation of data to examine and better understand differences and unique patterns within racial, ethnic and cultural subgroups is especially important and recommended as a priority area for addressing health equity. Disaggregated data analysis will serve to improve the field's understanding of effective practices with diverse population groups.

VIII. EVALUATION

CalMHSA is committed to using evaluation to measure the overall effectiveness of the Strategies in this Plan and for accountability purposes. Future contracting will incorporate measuring results including both process and outcomes as part of all contracted activities. CalMHSA plans to allocate between four- to seven-percent of the total Phase Two funds raised to support the evaluation work. The logic model for measuring overall effectiveness is presented in Appendix A. The logic model articulates eight short-term outcomes (listed below) covering a set of knowledge, skills, attitudes, beliefs and practices that are expected to lead to ten long-term outcomes (also listed below) covering behavioral indicators of mental health and wellness (e.g., reduced suicidal behavior, reduced use of crisis services, improved functioning at school, work, home and in the community), and costs to society.

Short-term Outcomes

The six Strategies in this Plan are expected to produce positive changes in eight short-term outcomes. These short-term outcomes cover changes in knowledge, skills, attitudes, beliefs and practices that are expected to result directly from the activities described under the six Strategies. The short-term outcomes are listed below. In addition, Appendices B through E provide more detail to show how the activities may vary for each Wellness Area.

List of Short-term Outcomes (SO)

- **SO 1.** Increased knowledge and skills for recognizing signs and facilitating help-seeking
- **SO 2.** Decreased stigma against persons with mental health and/or substance use challenges
- **SO 3.** Increased adoption/use of materials and protocols
- **SO 4.** Increased early identification and intervention
- **SO 5.** Increased access to peer-based support and education
- **SO 6.** Increased access/use of PEI, treatment and support services
- **SO 7.** Increased understanding of suicide risk factors
- **SO 8.** Increased understanding of effectiveness of PEI strategies

The methodology plan for evaluating these short-term outcomes will include multiple methods such as structured interviews, open-ended interviews and content analysis of documentation of organizational policies, protocols and procedures. Structured and open-ended interviews will be conducted electronically where possible (e.g., respondent is a mainstream organization reporting on their adoption/use of materials and protocols), as well as in-person and verbally in those cases where there are literacy, cultural and/or language translation considerations. Data will be collected from organizations and individuals who are the intended beneficiaries (e.g., congregation members, college and university students, student veterans, FQHC patients, employees). An independent evaluator will be contracted to provide technical assistance to program partners in the implementation of the evaluation. The exact methods, instruments and specific measurable objectives with performance benchmarks are beyond the scope of this Plan and will be developed by the independent evaluator. It will be important for the independent evaluator to work collaboratively with program partners and to maintain two-way feedback and communication about the evaluation process to ensure cultural appropriateness, data integrity and minimize unreasonable burden on program partners.

Long-term Outcomes

The logic model for the Phase Two Plan includes ten long-term outcomes. These long-term outcomes reflect broader changes in levels of resilience and functioning and the public health benefits measured at the population level. The long-term outcomes are listed below.

List of Long-term Outcomes (LO)

- **LO 1.** Reduced incidences of discrimination against persons with mental health and/or substance use challenges
- **LO 2.** Reduced social isolation and self-stigma
- **LO 3.** Improved mental and emotional well-being
- **LO 4.** Improved functioning at school, work, home/family, and in the community
- **LO 5.** Reduced impact of trauma
- **LO 6.** Reduced suicide rates
- **LO 7.** Reduced use of crisis services

- **LO 8.** Reduced negative consequences of untreated mental health and substance use challenges
- **LO 9.** Reduced societal costs related to untreated mental health and substance use challenges
- **LO 10.** Improved health equity

The methodology plan for evaluating these long-term outcomes will include population-based surveys, research and surveillance. An independent evaluator will be contracted to provide technical assistance to program partners in the implementation of the evaluation. The exact methods, instruments, indicators and specific measurable objectives are beyond the scope of this Plan and will be developed by the independent evaluator. It will be important for the independent evaluator to work collaboratively with program partners and ensure the inclusion of underserved ethnic and cultural subgroups in data collection, and cultural and linguistic appropriateness of data collection instruments.

Performance Monitoring

Data-driven quality improvement processes will be a requirement for all of the programs administered under this Plan. This Plan supports similar protocols as previous efforts by CalMHSA to ensure useful evaluation results. Currently the programs that operate as part of CalMHSA's statewide work on prevention and early intervention are required to both participate in an independent evaluation and to conduct individual program evaluations. Programs collect and report data to an independent evaluator based on an individual data collection plan. The independent evaluator provides technical assistance to comply with data collection activities and provides analyzed data back to program partners for quality improvement purposes. This relationship has strengthened the quality improvement capacity of our program partners as well as enhanced their ability to use data about their programs to document their impact and effectiveness. A similar approach will be implemented with this plan.

For performance and contract monitoring, CalMHSA will use a web-based data reporting system that has already been developed to collect quarterly process data (e.g., number and type of trainings, demographic information) from all program partners. This web-based reporting system allows CalMHSA to aggregate data to demonstrate coverage and outcomes of strategies and activities in diverse communities across the state. As such, it is a critical tool that can provide guidance on where more significant efforts are needed to reach underserved populations. The reporting system also provides CalMHSA with the ability to monitor when key activities are being accomplished and whether it is being completed within the required timeline.

IX. PRELIMINARY FUNDING PLAN

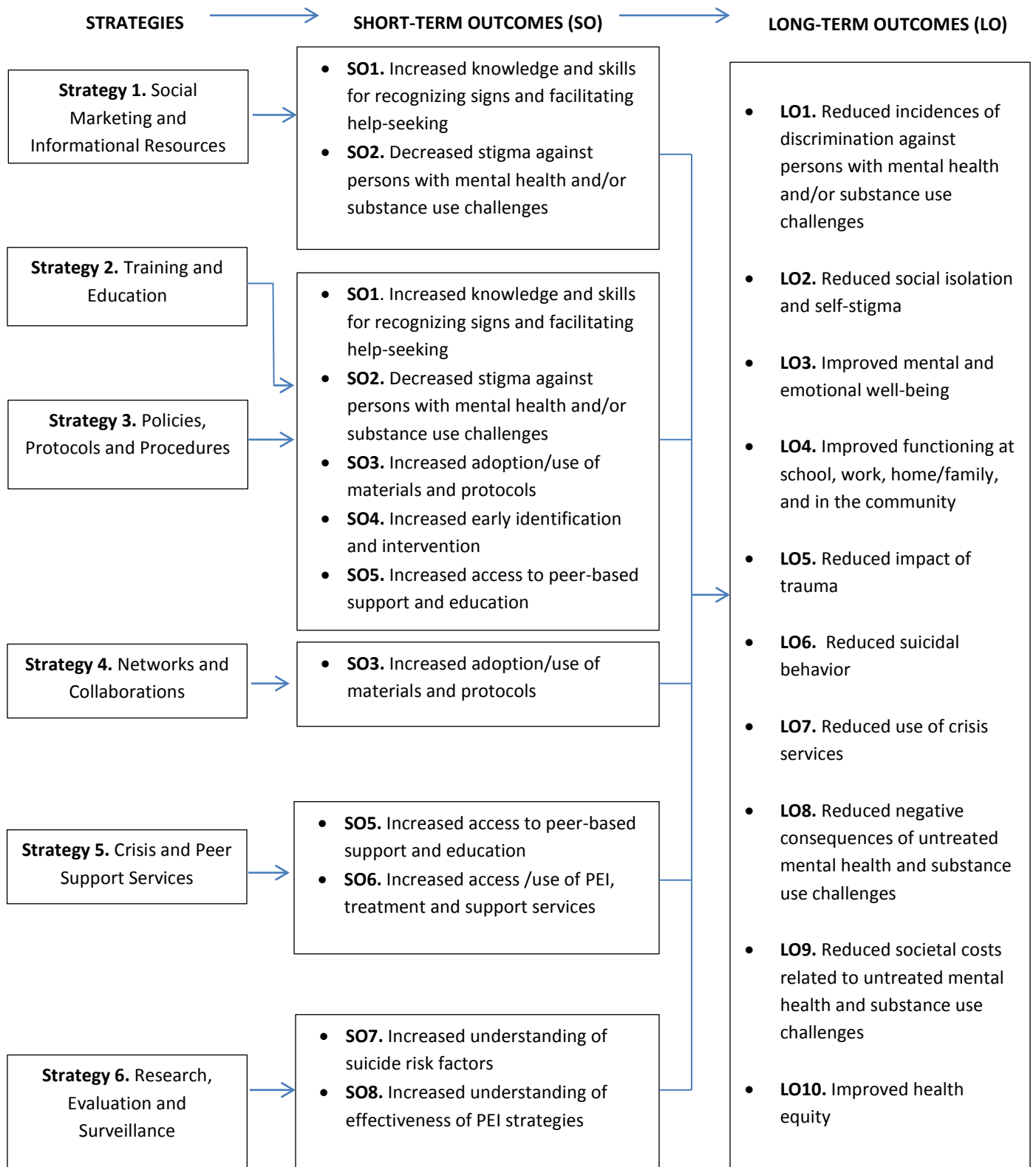
The magnitude of this Plan will require a phased approach and diverse sources of funding. CalMHSA staff estimates that at least \$20 million per year must be raised to support at a sufficient level all of the Strategies within this Plan. The Phase Two Plan is designed to support and enhance local PEI

work and counties will be expected to make a financial commitment to help reach this financial goal. Significant contributions from county PEI allocations of at least five-percent annually, on average, from each county will be important to meet this financial goal and to demonstrate sufficient commitment on the part of county behavioral health in order to successfully leverage the commitment of partners from other sectors (e.g., primary care, public safety, education, public health). Other funding sources that will need to be considered to raise the balance of the funds are fee-for-service, government and private foundation grants, and federal and non-MHSA state funding streams. It may even be necessary to consider requiring applicants to demonstrate their ability to secure matching funds in order to be competitive in the contract bidding process.

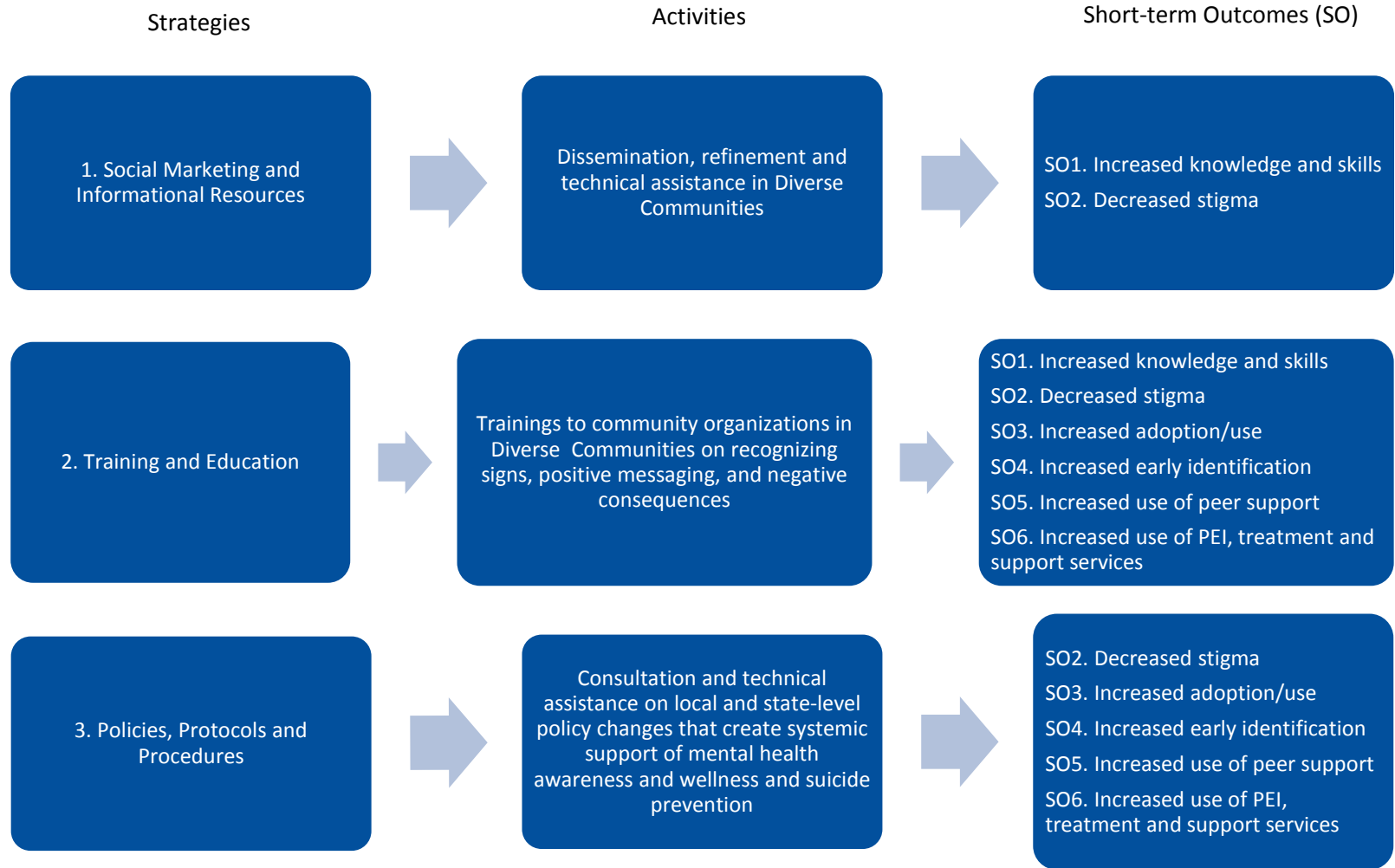
Due to the broad scope of this Plan, the activities in the Plan are expected to benefit other service sectors such as public safety, public health, primary care and education, which will position CalMHSA to solicit funding beyond county PEI contributions. Concerted outreach and relationship building with these other sectors, some of which has already been initiated by CIBHS on behalf of CalMHSA and has been met with great receptiveness, will be crucial to helping key leadership in other sectors recognize how this Plan will help them reach their goals and creating buy-in and commitment for purchasing some of the services through fee-for-service agreements. Strategy 1 (Social Marketing and Informational Resources), Strategy 2 (Training and Education) and Strategy 3 (Policies, Protocols and Procedures) are amenable to being marketed for fee-for-service to other sectors. A wide range of CBOs (e.g., faith-based organizations), the California Department of Education, local school boards, community colleges, California State Universities, and University of California system, FQHCs, community clinics, public and private health plans, health exchanges, the Department of Consumer Affairs (which regulates pharmacists, physicians and other health related professionals), the California Association of Physician Groups, private businesses, government employers, EAP providers and EAP regulation entities are examples of the kinds of entities and systems that should be targeted as part of this marketing effort. The many tools and resources that were developed from the current three initiatives can be used to begin this marketing immediately.

Other activities in this Plan such as those under Strategy 4 (Networks and Collaborations) and Strategy 5 (Crisis and Peer Support Services) would most likely be more in line with private foundation grants. Federal research grants and private foundation grants should be explored for funding Strategy 6 (Research, Evaluation and Surveillance).

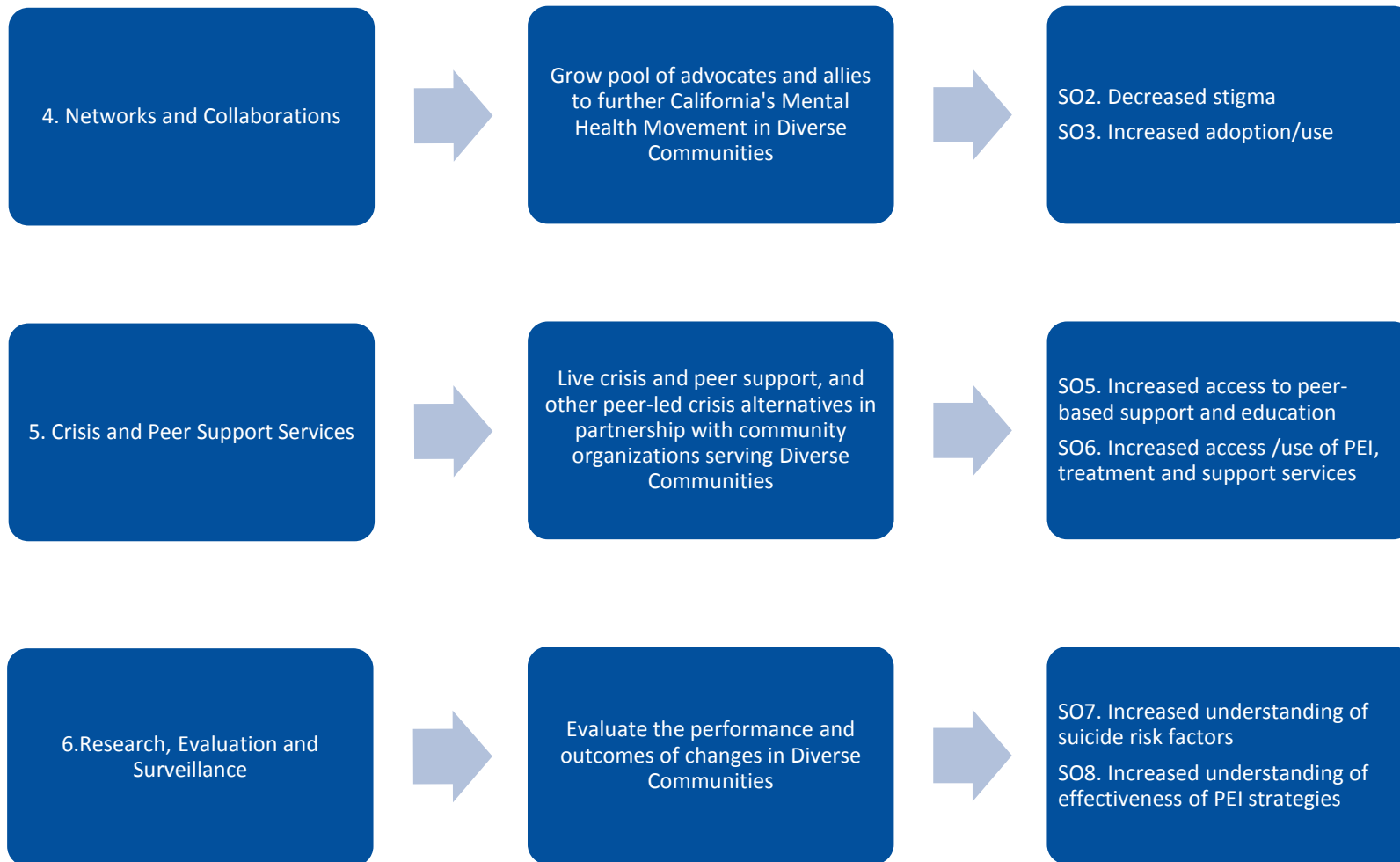
Appendix A. Phase Two Plan Logic Model



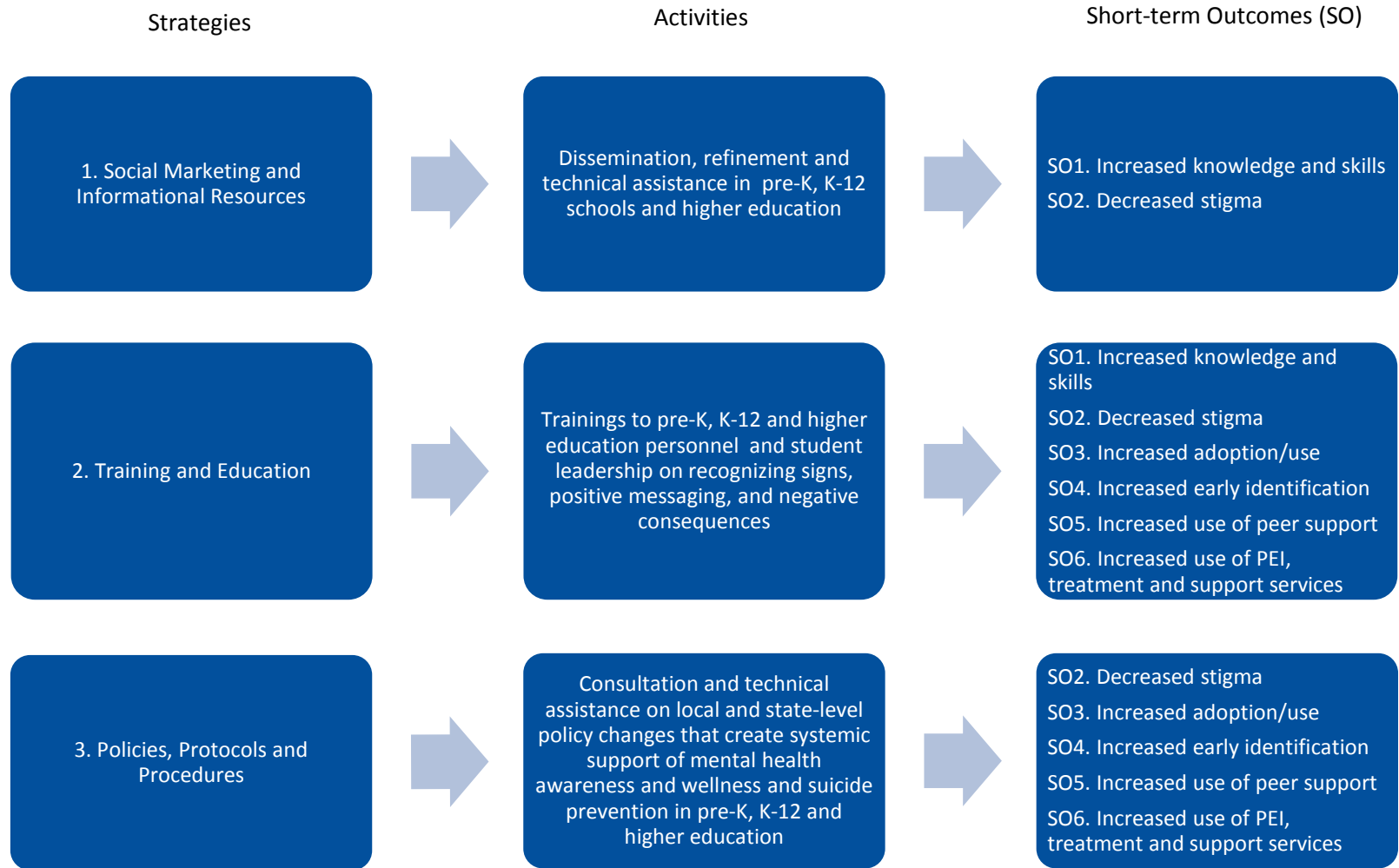
Appendix B. Logic Model for Diverse Communities



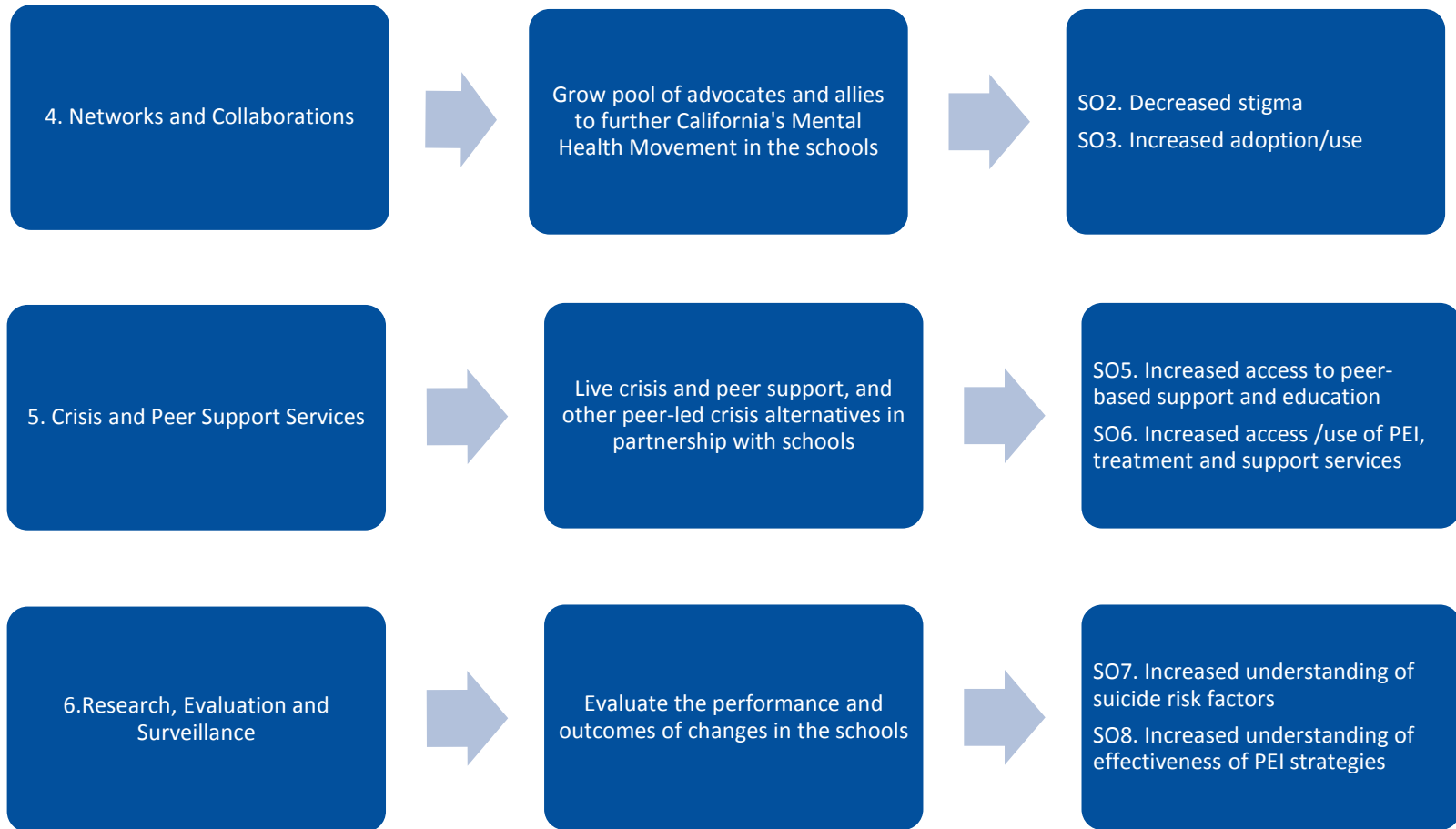
Appendix B. Logic Model for Diverse Communities (continued)



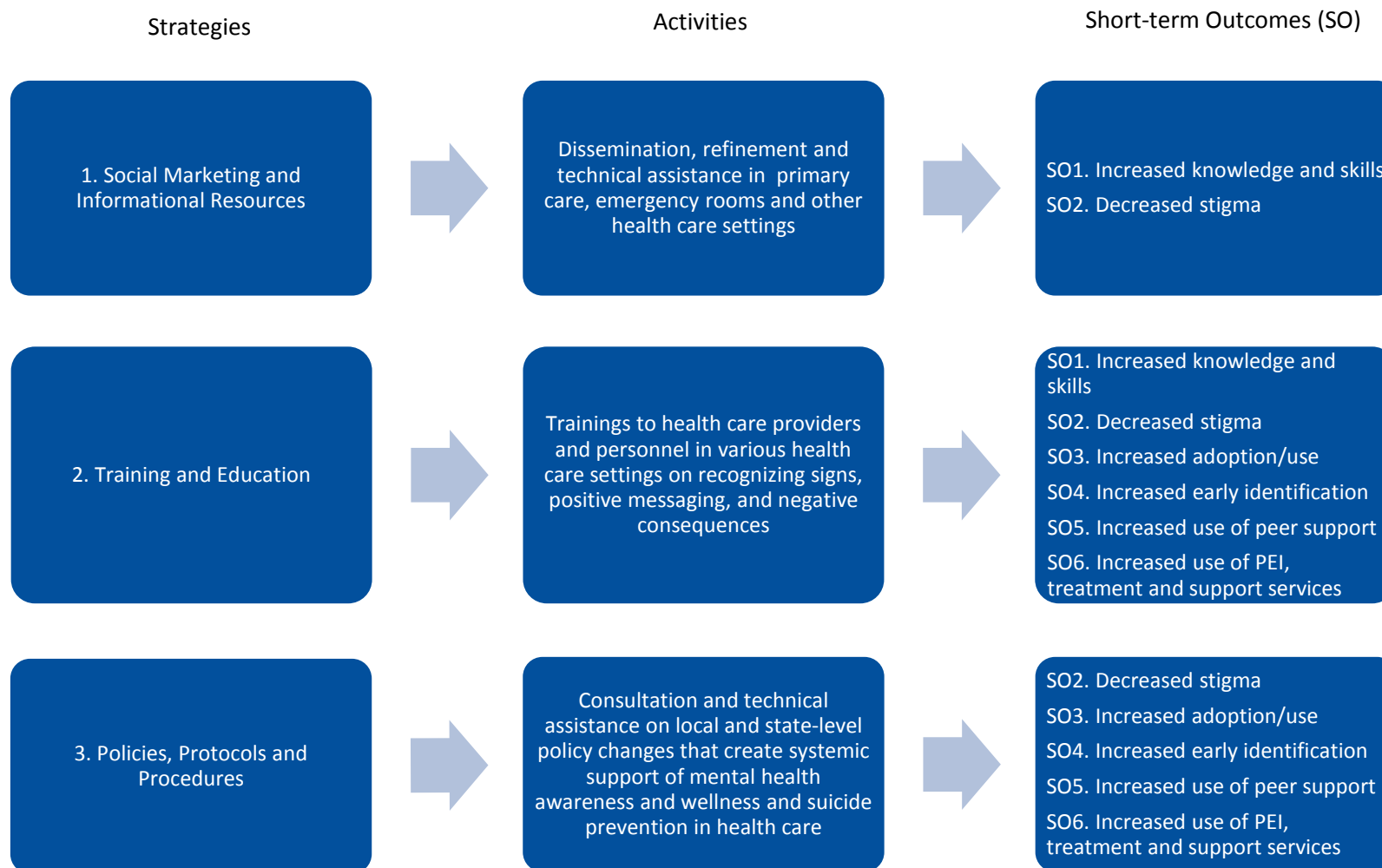
Appendix C. Logic Model for Schools



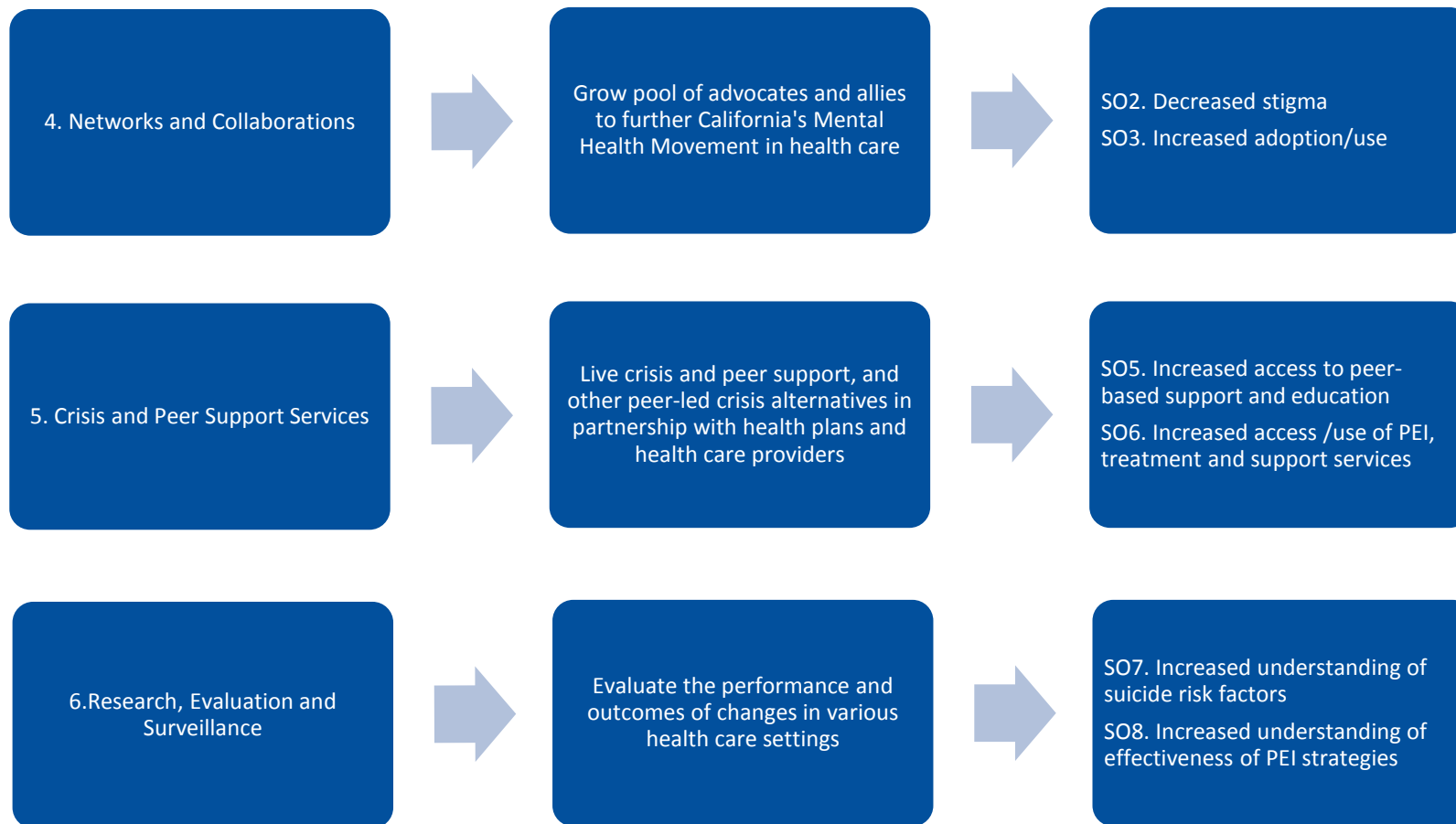
Appendix C. Logic Model for Schools (continued)



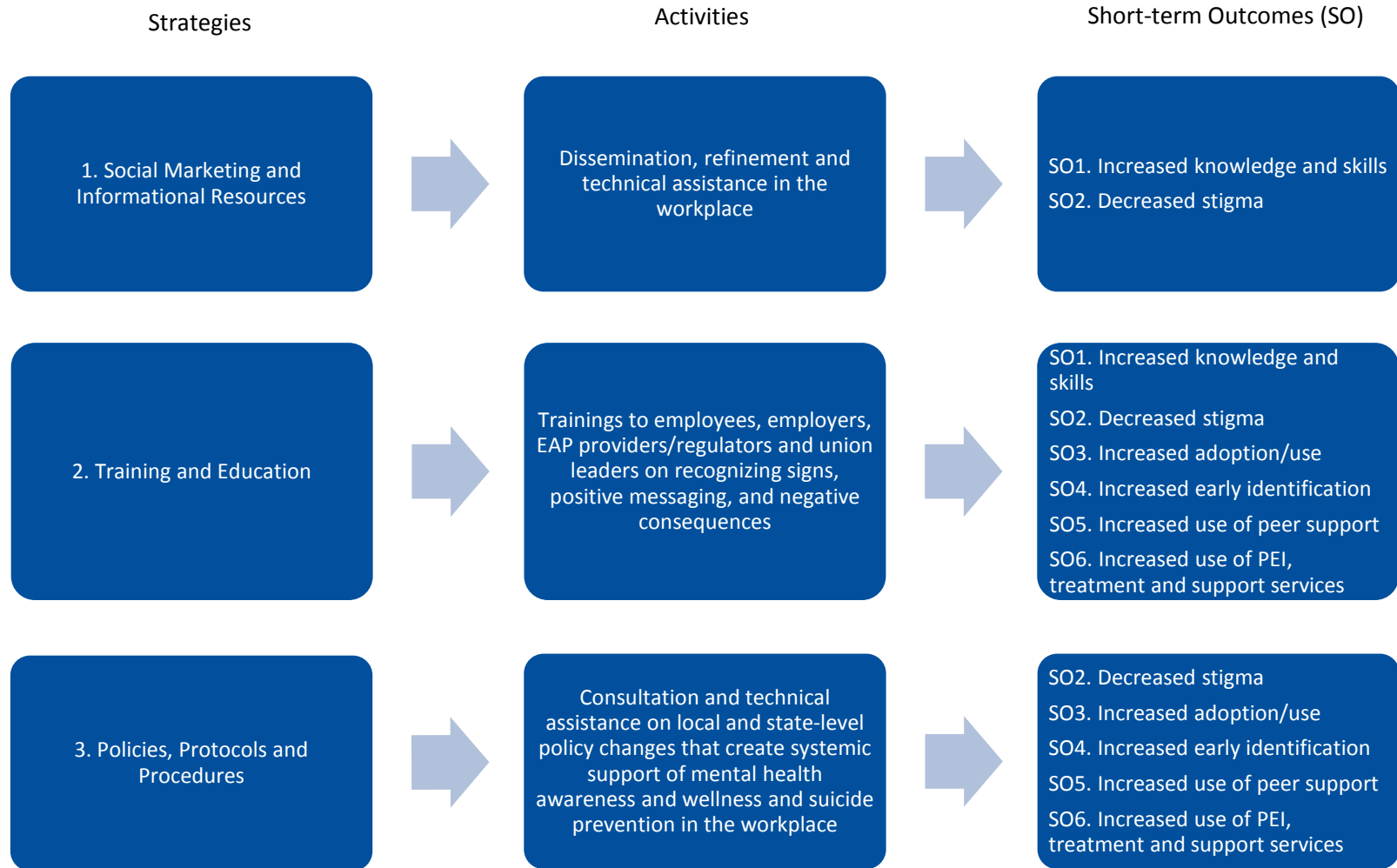
Appendix D. Logic Model for Health Care



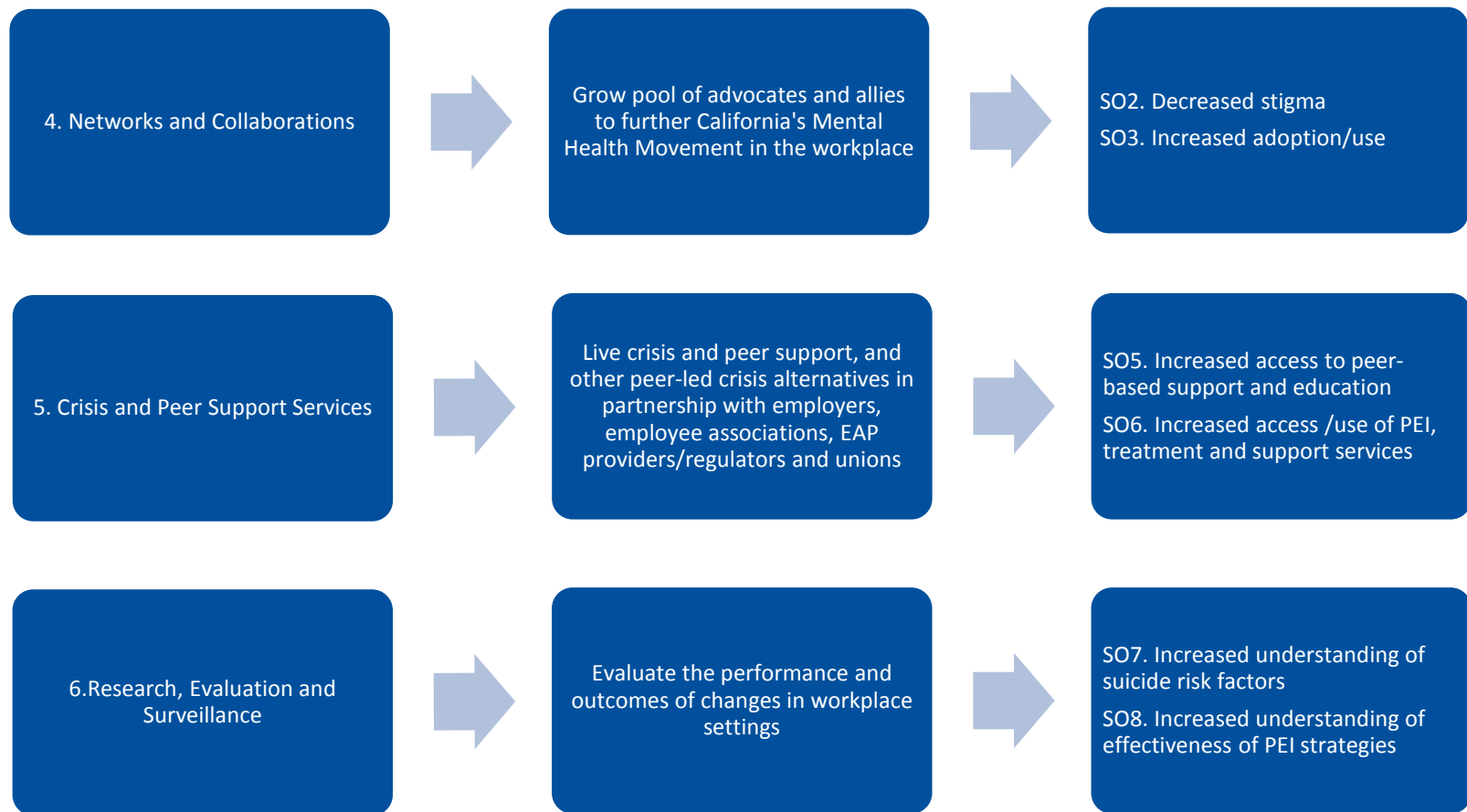
Appendix D. Logic Model for Health Care (continued)



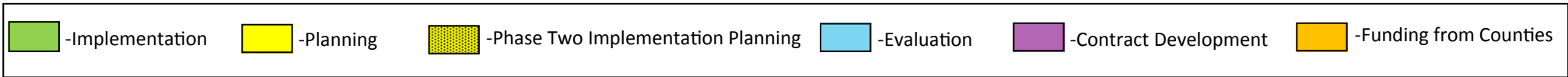
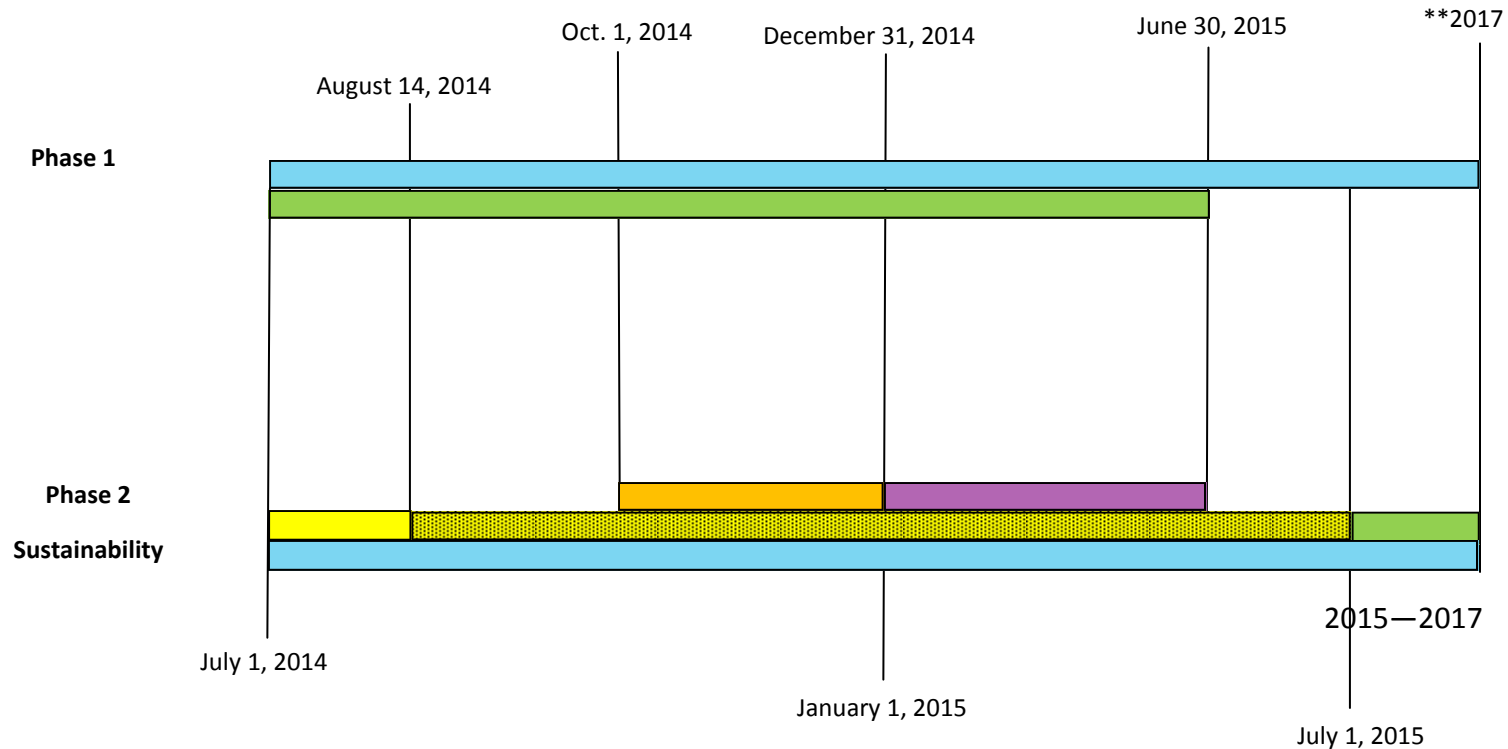
Appendix E. Logic Model for Workplace



Appendix E. Logic Model for Workplace (continued)



CalMHSA PEI Phase Two Timeline



- **August 14th**Phase Two Plan Approved
- **October – Dec. 2014** draft of competitive process timeline and beginning of requesting funding from counties
- **January – June:** bidding process and selection of contractors, contract development
- **July 1, 2015** Phase Two implementation begins

*** The expected completion date for the RAND evaluation is 2017.*

Approved Sustainability Budget for June 30, 2015 (2016, 2017 presented for information only)

California Mental Health Services Authority Proposed Sustainability Budget for June 30, 2015					
Sustainability Funding Category	Proposed Budget				
	Model 2 14/15	FY 14/15	FY 15/16	FY 16/17	Total
Contingency	1,666,667	-			-
PEI - Unobligated Carry over	1,000,000	5,766,603			5,766,603
PEI - Interest Earnings	1,000,000	3,096,310			3,096,310
Matching	1,040,000	100,000	1,040,000	1,040,000	2,180,000
Private/Other	100,000	100,000	500,000	750,000	1,350,000
State	5,000,000	5,600,000	10,000,000	10,000,000	25,000,000
Local - County Sustainability Contributions	10,400,000	7,600,000	10,000,000	10,000,000	27,600,000
Total Revenue	20,206,667	21,662,913	21,540,000	21,790,000	64,992,913
Expenditures					
Program		18,413,476	18,309,000	18,521,500	55,243,976
Evaluation		1,083,146	1,077,000	1,089,500	3,249,646
General and Administrative		2,166,291	2,154,000	2,179,000	6,499,291
Total Expenditures		21,662,913	21,540,000	21,790,000	64,992,913
Total Unexpended Funds		-	-	-	-

Note: Carry over Funds and interest of \$8,862,758 were allocated to FY14/15 only. Contingency Reserve of \$2,940,152 still maintained and not budgeted for Expenditure.

PROGRAM MATTERS
Agenda Item 8.E.

SUBJECT: State Hospital Bed Program Update

ACTION FOR CONSIDERATION:

None, information only.

BACKGROUND AND STATUS:

Request for Interest (RFI) — An RFI has been developed and released, to include the following next steps:

Sept. 10, 2014 – RFI Release Date
Oct. 10, 2014 – Last Day for Written Questions
Oct. 17, 2014 – Last Day for Responses for Responders Questions
Oct. 31, 2014 – Responses Due Date and Time

Summary of Recent Meeting(s):

The Department of State Hospitals (DSH) – A meeting was held with DSH on August 26, 2014 which included the participation of Department of Finance (DOF), State Controller's Office (SCO), Los Angeles County, Orange County and CalMHSA. The meeting consisted in continuing discussions related to moving the billing based on actual use, WIC 17601 election, rate calculation, and Medicare/ third party claims payments as they relate to the FY 2014-15 MOU.

DSH has confirmed a blended rate for the current fiscal year (*FY14-15*), which consists of \$626 for ICF/Acute and \$775 SNF. They are continuing to work on a new calculation methodology which would be acceptable to all parties, and expect to be able to share that later this month.

A significant outcome from this meeting resulted in mutual agreement from the State Controller's Office and the Department of State Hospital's legal counsels in determining DSH had sufficient authority to implement the billed-as-used concept, as the statute is currently written. Therefore, DSH submitted a zero value Schedule B on September 18, 2014, allowing for immediate implementation, restorative to September 1, 2014. Counties are expected to receive their first billing statement mid-October reflecting billing for bed days used for all days in September.

Given the new billing process, DSH is working to finalize the FY 14-15 MOU for execution by both counties and CalMHSA. Additionally, DSH intends to release a memo explaining the new billing methodology, later this month.

The Committee will continue to work collaboratively with DSH, DOF and SCO in an effort to resolve lingering issues, such as the third party payments.

Next Steps:

Staff is currently working with DSH to establish a new meeting date (*in October*), to review the final draft of the FY 14-15 MOU, to include the development of a process for bed allocations to counties.

FISCAL IMPACT:

None.

RECOMMENDATION:

None, Information only.

TYPE OF VOTE REQUIRED:

Majority vote of the Board of Directors.

REFERENCE MATERIAL(S) ATTACHED:

None.

PROGRAM MATTERS
Agenda Item 8.F.

SUBJECT: Together Again Stigma International Conference – Ann Collentine

ACTION FOR CONSIDERATION:

None, information only.

BACKGROUND AND STATUS:

The 7th International Conference Together Against Stigma: Each Mind Matters – Empowering Community Mental Health through Research, Practice, Policy and Advocacy – will take place February 18th – 20th in San Francisco California. A pre-conference Institute for Emerging Stigma Change Agents will also take place February 17th and will be organized by the Mental Health Association in San Francisco (MHASF). Over 150 abstracts and presentations have been submitted. The interest worldwide is encouraging, and conference hosts, The World Psychiatric Association (WPA), the California Mental Health Services Authority (CalMHSA), the California Institute for Behavioral Health Solutions (CIBHS), and the County Behavioral Health Directors Association (CBHDA) are gearing up to develop an informative and educational event that can provide attendees with specific tools to making stigma change at the local, state, national and international levels.

The goals of the conference are to provide a forum that will strengthen and empower the voices of individuals, communities, and stigma researchers; in addition to increasing awareness of the effects of stigma and discrimination on community mental health and access to quality and culturally responsive care. Themes for the three day event include:

- Day 1: Opportunities and Future Directions in Effectively Eradication Stigma
- Day 2: Empowering the Next Generation as Partners in Eradicating Stigma, Preventing Mental Illness and Supporting Mental Health Promotion
- Day 3: Empowering Global Communities and Creating Lasting Change

Confirmed keynote speakers include distinguished researchers such as: Dr. Graham Thornicroft, Professor of Community Psychiatry at King’s College London; Dr. Norman Sartorius, former Director the World Health Organization’s Mental Health Program; Patrick Corrigan, PsyD, Professor of Psychology at the Illinois Institute of Technology and Principal Investigator at the National Consortium for Stigma and Empowerment; Dr. Sergio Aguilar-Gaxiola, Founding Director of the UC Davis Center for Reducing Health Disparities. Moreover speakers reflect real people doing incredible work to affect change such as community activist Alison K. Malmon, founder and

Executive Director of Active Minds, and former U.S. Senator Gordon H. Smith, President and CEO of the National Association of Broadcasters, both of whom have lost a loved one to suicide and that experience has capitulated them into being stigma change agents. There are several keynote panels followed by over 30 choices for symposiums, workshops and oral presentation panels by researchers, individuals and families with lived experience, policymakers, and practitioners. There will be poster presentations and awards for outstanding work from students. Additional activities including an awards lunch, reception, interactive media room and art exhibit will round out the event.

Early registration is open. For more information please visit www.togetheragainststigma.com

FISCAL IMPACT:

None.

RECOMMENDATION:

None, information only.

TYPE OF VOTE REQUIRED:

None.

REFERENCE MATERIAL(S) ATTACHED:

- 7th International Conference: Call for Presentations and Abstracts.
- Exhibitor Application Packet

FIRST TIME
HOSTED IN THE
UNITED STATES

7TH INTERNATIONAL CONFERENCE TOGETHER AGAINST STIGMA: EACH MIND MATTERS

Empowering Community Mental Health through
Research, Practice, Policy and Advocacy

Submit Call for Presentations & Abstracts
by September 26, 2014

Early Registration Closes November 14, 2014

FEBRUARY 17-20, 2015
San Francisco, CA

EVENT DETAILS

- February 17 Special Meetings (Global Alliance, training for consumers and family members and other advocates)
- February 18-19 Full Conference
- February 20 Half-day Conference

Sponsorship and Exhibitor Opportunities available

FOR MORE INFORMATION

E: conferences@cibhs.org
P: (916) 379-5345

Click [here](#) for additional information and forms

In partnership with CIBHS, CaIMHSA, World Psychiatric Association (WPA) and CBHDA



7TH INTERNATIONAL CONFERENCE TOGETHER AGAINST STIGMA: EACH MIND MATTERS

Empowering Community Mental Health through
Research, Practice, Policy and Advocacy

Early Registration Closes November 14

The 7th International "Together Against Stigma" Conference will be held in San Francisco at the Hyatt Regency in San Francisco February 17-20, 2015 on behalf of the California Mental Health Services Authority, the World Psychiatric Association, the California Institute for Behavioral Health Solutions, and the County Behavioral Health Directors Association.

The international character of this conference will underscore the fact that stigma is not exclusive to any one country or culture: it is pervasive, encountered at all levels of society, institutions, among families and within the healthcare profession itself. This conference will be the first to be hosted in the United States.

GOALS OF THE CONFERENCE:

- Provide a forum that will strengthen and empower the voice of individuals, communities, and stigma researchers
- Advance education about stigma and discrimination
- Increase awareness of the effects of stigma and discrimination on community mental health and access to care
- Engage new and non-traditional stakeholders via culturally responsive, person-first, evidence based support and services.

WHY YOU SHOULD ATTEND?

The 2015 International "Together Against Stigma" Conference will promote universal understanding of the opportunities and challenges regarding efforts to reduce stigma associated with mental health issues. The Conference aims to achieve the following goals:

- **Understand Societal Injustices:** Understand efforts to reduce stigma and discrimination on an individual and societal level.
- **Expand your Global Perspective:** Learn about what nations and cultures across the world are doing to advocate for stigma change and increase quality of care and achieve equity of services.
- **Promote Cultural Responsiveness:** Identify diverse service needs and trends to address racial, ethnic, and cultural disparities that influence one's mental health for the purpose of improving competency, responsiveness and acceptance.
- **Network with Colleagues:** Exchange knowledge, share resources, and collaborate regarding successes and challenges.

WHO SHOULD ATTEND?

Who Should Attend the Conference? Those interested in mental health as it relates to reducing societal injustices, promoting cross-cultural collaboration, and advocating for improved quality of services through research, policy, and practice on a systemic and community level. The Conference is intended for:

- Researchers
- Mental Health Professionals
- Behavioral Health Administrators and Policymakers
- Community and faith-based organizations
- Health Care Administrators, Planners, Providers
- Criminal Justice professionals
- Public Health Administrators, Planners, Providers
- Primary Care professionals
- Education Administrators
- Treatment Providers and Counselors
- Veteran Service Providers
- Educators and community leaders
- Other individual, family, and community stakeholders

CONFIRMED KEYNOTES

Graham Thornicroft is Professor of Community Psychiatry at the Institute of Psychiatry, King's College London (KCL) and is a member of the Health Service and Population Research Department at KCL, and the Centre for Global Mental Health, a joint center between King's Health Partners and the London School of Hygiene and Tropical Medicine.

Norman Sartorius, MD, MA, DPM, PhD, FRCC Psych was Director of the World Health Organization's mental health programme from 1977-1993. President of the World Psychiatric Association from 1993-1999 and has been President of the European Psychiatric Association since 1999. is the President of the Association for the improvement of Mental Health Programmes.

Patrick Corrigan, PsyD is a Distinguished Professor of Psychology at the Illinois Institute of Technology. His research examines psychiatric disability and the impact of stigma on recovery and rehabilitation. Currently, he is principal investigator of the National Consortium for Stigma and Empowerment (NCSE); funded by NIMH.

Sergio Aguilar-Gaxiola, MD, PhD is a Professor of Clinical Internal Medicine, School of Medicine, University of California, Davis. He is the Founding Director of the UC Davis Center for Reducing Health Disparities.

Heather Stuart, PhD has been working in the field of stigma research for almost 15 years and is the co-founder and current Chair of the Scientific Section on Stigma and Mental Disorders for the World Psychiatric Association.

Julio Abroleda-Florez, MD, PhD is a forensic psychiatrist epidemiologist and Professor Emeritus at Queen's University in Kingston Canada with a long list of distinctions including past president of the World Association of Social Psychiatry and the Canadian Academy of Psychiatric Epidemiology.

Alison K. Malm is founder and Executive Director of Active Minds, Inc., the nation's leading organization dedicated to empowering students to speak openly about mental health in order to educate others and encourage help seeking.

7TH INTERNATIONAL TOGETHER AGAINST STIGMA: EACH MIND MATTERS

Empowering Community Mental Health through
Research, Practice, Policy and Advocacy

Early Registration is Open!

FEBRUARY 17-20, 2015
Hyatt Regency San Francisco
Five Embarcadero Center
San Francisco, CA

In partnership with CIBHS, CalMHSA, the WPA Scientific Section on Stigma and Mental Health, and CBHDA (County Behavioral Health Directors Association of California).



EACH MIND
MATTERS
California's Mental Health Movement

7TH INTERNATIONAL TOGETHER AGAINST STIGMA: EACH MIND MATTERS

Empowering Community Mental Health through
Research, Practice, Policy and Advocacy

Early Registration is Open

The 7th International Together Against Stigma Conference, will be held in San Francisco at the Hyatt Regency from February 17-20, 2015. The conference will be hosted by California's Mental Health Movement, "Each Mind Matters", with the parallel theme, *Each Mind Matters: Empowering Community Mental Health through Research, Practice, Policy and Advocacy*, through a collaboration between the California Mental Health Services Authority (CalMHSA), the California Institute for Behavioral Health Solutions (CIBHS), and the World Psychiatric Association's (WPA) Scientific Research Subcommittee on Stigma and Mental Health.

The international character of this conference will underscore the fact that stigma is not exclusive to any one country or culture: it is pervasive, encountered at all levels of society, institutions, among families and within the healthcare profession itself. This conference will be the first to be hosted in the United States.

Core values of the "Together against Stigma" conferences are:

- Efforts to reduce stigma must include those who experience it firsthand,
- Rigorously study stigma and discrimination reduction efforts and apply findings to future efforts,
- Share, exchange, and disseminate knowledge of best practices to be cost effective,
- Efforts should be more than cultural competent and should reflect cultural humility and responsiveness while striving for equity, and
- Efforts should promote hope, resilience, recovery, and wellness.

THEMES FOR THE THREE DAYS INCLUDE:

- Day 1: Opportunities and Future Directions in Effectively Eradicating Stigma
- Day 2: Empowering the Next Generation as Partners in Eradicating Stigma, Preventing Mental Illness, and Supporting Mental Health Promotion
- Day 3: Empowering Communities and Creating Lasting Change – Call to Action



WORLD PSYCHIATRIC ASSOCIATION (WPA) CONFIRMED SPEAKERS



Graham Thornicroft: brief biography

Consultant Psychiatrist

South London and Maudsley NHS
Foundation Trust

Professor of Community Psychiatry

King's College London, Institute of Psychiatry

Director King's Improvement Science

King's Health Partners

Chair

Maudsley International

Graham Thornicroft is Professor of Community Psychiatry at the Institute of Psychiatry, King's College London (KCL) and is a member of the Health Service and Population Research Department at KCL, and the Centre for Global Mental Health, a joint center between King's Health Partners and the London School of Hygiene and Tropical Medicine. He also works as a Consultant Psychiatrist at South London and Maudsley NHS Foundation Trust in a local community mental health team in Lambeth. He is a Fellow of the Academy of Medical Sciences and is a National Institute of Health Research Senior Investigator.

Graham took his undergraduate degree at Cambridge in Social and Political Science, trained in Psychiatry at the Maudsley and Johns Hopkins Hospitals and gained an MSc in Epidemiology at the London School of Hygiene and Tropical Medicine.

Graham has made significant contributions to the development of mental health policy in the UK including Chairing the External Reference Group for the National Service Framework for Mental Health, the national mental health plan for England for 1999-2009.

He is also active in global mental health, for example, he chaired the World Health Organization Guideline Development Group for the Mental Health Gap Action Programme (mhGAP) Intervention Guide, a practical support for primary care staff to treat people with mental, neurological and substance use disorders in low and lower middle incomes. He currently leads the EU funded 5 year EMERALD research programme on mental health system strengthening in Ethiopia, India, Nepal, Nigeria, South Africa and Uganda, and co-ordinate the INDIGO network of colleagues undertaking research on stigma and discrimination in 41 countries worldwide.

His areas of research expertise include: stigma and discrimination, mental health needs assessment, cost-effectiveness evaluations of mental health treatments, implementation science and global mental health. Graham has authored or edited 29 books and 365 peer-reviewed papers in PubMed.

Visit www.togetheragainststigma.com to register, apply for Exhibitor and Sponsorship opportunities, and submit Abstracts and Presentations.



Norman Sartorius, MD, MA, DPM, PhD, FRC Psych was the first Director of the Division of Mental Health of the World Health Organization and subsequently the President of the World Psychiatric Association (WPA) and of the Association of European Psychiatrists (EAP). He is currently the President of the Association for the Improvement of Mental Health Programmes a not-for-profit organization in Geneva. He has been leading the global programme against stigma involving more than 20 countries worldwide and participated in or carried out a number of projects dealing with stigma in various countries. Dr Sartorius holds professorial appointments at several other universities and has published more than 400 articles in peer reviewed journals and numerous books.

He is an Honorary Fellow of numerous professional associations and has been honored by honorary doctorates and membership in medical academies in several countries.



Heather Stuart, MA, PhD is a social epidemiologist who researches stigma from the inside out; understanding stigma experiences from the perspective of the individuals who experience it. She is a Professor and the Bell Canada Mental Health and Anti-stigma Research Chair at Queen's University and the Senior Consultant to the Opening Minds Anti-stigma Initiative of the Mental Health Commission in Canada. She is a leading international authority on stigma and stigma reduction and has over 100 peer reviewed publications.



Julio Abroleda-Florez, MD, PhD is a forensic psychiatrist epidemiologist and Professor Emeritus at Queen's University in Kingston Canada with a long list of distinctions including past president of the World Association of Social Psychiatry and the Canadian Academy of Psychiatric Epidemiology and has authored almost 250 peer reviewed publications including numerous books and book chapters. He is a leading international authority on legal psychiatry, stigma reduction, and the human rights of people with a mental illness.

**DISTINGUISHED INTERNATIONAL
CONFIRMED SPEAKERS**



Patrick Corrigan, PsyD is a Distinguished Professor of Psychology at the Illinois Institute of Technology. His research examines psychiatric disability and the impact of stigma on recovery and rehabilitation. Currently, he is principal investigator of the National Consortium for Stigma and Empowerment (NCSE); funded by NIMH, NCSE is a collaboration of investigators from more than a dozen research institutions. Corrigan has authored or edited more than a dozen books, most recently, *The Stigma of Disease and Disability* by the American Psychological Association. He is also PI of current grants from NIMHD and PCORI as well as supported on stigma research with the Department of Defense, VA, and Canadian Institutes of Health Research. He edits the *American Journal of Psychiatric Rehabilitation*.



Sergio Aguilar-Gaxiola, MD, PhD is a Professor of Clinical Internal Medicine, School of Medicine, University of California, Davis. He is the Founding Director of the UC Davis Center for Reducing Health Disparities, the Director of the Community Engagement Program of the UCD Clinical Translational Science Center (CTSC), and the co-Director of the UC Davis Latino Aging Research and Resource Center (LARRC). He is currently a board member of the Steering Committee and Research Scientist member of the National Hispanic Science Network (NHSN), a member of the Scientific Advisory Committee of Autism Speaks, a member of the International Advisory Committee of the Carlos Slim Health Institute, a Treasurer of the Board of the Latino Physicians of California, and First Vice President of NAMI California. He has held several World Health Organization (WHO) advisory board and consulting positions and is currently a member of the Executive Committee of the World Health Organization (WHO) World Mental Health Surveys Consortium (WMHSC) and its Coordinator for Latin America and the Caribbean.



Bernice A. Pescosolido, PhD is a Distinguished Professor of Sociology at Indiana University and Director of the Indiana Consortium for Mental Health Services Research. She has focused her research and teaching on social issues in health, illness, and healing. More specifically, Pescosolido's research agenda addresses how social networks connect individuals to their communities and to institutional structures, providing the "wires" through which people's attitudes and actions are influenced. This agenda encompasses three basic areas: health care services, stigma, and suicide research. In the area of stigma research, Pescosolido has led a team of researchers on a series of national and international stigma studies including the first US national study in 40 years, the first national study of children's mental health, and the first global study of 16 countries representing all six inhabited continents. As a result, she and her colleagues developed a model on the underlying roots of stigma, designed to provide a scientific foundation for new efforts to alter this basic barrier to care. Pescosolido has received numerous career, scientific, and community awards from the NIH, the ASA, the APHA, and Mental Health America, and in 2011 was the recipient of the prestigious Wilbur Lucius Cross Medal from Yale University. She works closely with mental health advocacy organizations such as Bring Change 2 Mind and the Carter Center to use research to foster public awareness and improve public policy and decision-making regarding these devastating illnesses.

EXHIBITOR AND SPONSORSHIP OPPORTUNITIES

Official Title Sponsor - \$20,000

Recognition as sponsor for the Conference Keynote Speaker
Four conference registrations
Exhibit Table – Preferred location
Full page title sponsor advertisement in onsite conference brochure
Logo on conference lanyards
Recognition during conference includes logo in all printed materials (onsite program and signage), on conference app and on slides during general sessions

Platinum Sponsor - \$10,000

Recognition as sponsor of the Mobile Event App
Exhibit Table – Preferred location
Three conference registrations
Main advertisement on official mobile event app
Recognition during conference includes logo in all printed materials (onsite program and signage) and on slides during general sessions

Gold Sponsor - \$5,000

Exhibit Table – Preferred location
Two conference registrations
Sponsorship of one of the following events:
Welcome Reception
Continental Breakfast (two available)
Luncheon (two available)
Quarter page advertisement in onsite conference brochure
Recognition during conference includes logo in all printed materials (onsite program and signage), on conference app and on slides during general sessions

Bronze Sponsor - \$2,500

Exhibit Table
One conference registration
Signage recognizing your sponsorship during breaks
Recognition of sponsorship in the onsite conference brochure

Exhibit Table Only - \$2,000

Includes Exhibit Table and one conference registration
Recognition in onsite conference brochure

Consumer/Family Scholarship Sponsors

(Call for information on sponsorship levels)

An important component of the conference is our ability to provide scholarships.
Let us know how you can help and we'll put a package together for you.

PROGRAM MATTERS
Agenda Item 8.G.

SUBJECT: Short Doyle Modernization (SDM) Project. Formerly the Behavioral Health Billing System Feasibility Study – Kim Santin

ACTION FOR CONSIDERATION:

Adopt New Project Scope as approved by the Project Steering Committee and the Governance Team Committee.

BACKGROUND AND STATUS:

The Department of Health Care Services (DHCS) has indicated the need to explore options to transition from Short-Doyle 2 to a new billing system. In response, the County Behavioral Health Directors Association of California (CBHDA) Financial Services and Information Technology (IT) Committee members and staff proposed a migration from the state-operated Short-Doyle 2 system to HIPAA-compliant, county-based encounter data systems that use certified vendors/systems to collect and store encounter information in a HIPAA-compliant format locally. This solution is intended to simplify the federal reimbursement process for the state and counties, and allow counties and their vendors to fully implement the federal information coding and exchange requirements.

Counties have taken action on this topic through both CBHDA and CalMHSA: At the May 9, 2013 CBHDA All Directors Meeting, members voted to approve the IT Committee's CBHDA/DHCS Short-Doyle 3 Feasibility Study Partnership Proposal. At the July 25, 2013 CalMHSA Executive Committee Meeting, staff was authorized to work with CBHDA and DHCS to implement the Feasibility Study. At the August 15, 2013 CalMHSA Board Meeting, the allocation methodology outlined in [MHSD Information Notice 13-15](#) was approved as the methodology to be used in determining each county's share of the estimated \$300,000 cost for the feasibility study. CalMHSA invoiced counties for their estimated share of cost, should they wish to participate. Financial participation is not mandatory; however, if full participation is not achieved, counties may need to increase their level of funding. Staff calculated a possible range for the share of cost – up to the maximum they would be asked to contribute. This range is currently being calculated based on responses from counties intending to participate.

The original scope, New Billing System Feasibility Project, was presented to CalMHSA November 2013.

- Conduct a full assessment of current claiming processes.
- Identify business needs from state and counties
- Conduct a feasibility study.
- Document business and technical requirements.
- Develop proposed alternative solutions.
- Write a Feasibility Study Report (FSR) and an Advanced Planning Document (APD).

During 2014, the CBHDA Financial Services and IT Committee members and DHCS vetted the need to use more modern technology, reduce silos in claims processing and payments, and improve processing efficiencies. Ultimately the Medicaid Information Architecture (MITA), will provide the opportunity to accomplish these goals statewide with the integration of Behavioral Health in future MITA projects.

On September 30, 2014 the members of the Project Steering Committee presented the New Scope to the Governance Team Committee for approval with the Short Doyle Modernization (SDM) Project Charter attached to this staff report. The Scope Presented consists of short and long term strategies.

1. Federal Reimbursement Pilot Study
2. Short Doyle 2 Enhancement Project
3. Long Range MITA Planning.

The Project objective statement is included in the attached SDM Project Charter.

NEXT STEPS:

1. Project Steering Committee to establish criteria for county selection for pilot program.
2. Project Steering Committee to determine priorities and timelines and develop a project document.
3. Develop a Project Budget.

FISCAL IMPACT:

The total cost of implementing the Feasibility Study was estimated to be up to \$300,000. This includes an estimated \$250,000 for the vendor contract. In addition, it is anticipated that CalMHSA will assume a substantial administrative and fiscal role in:

- Contracting with counties to participate in project.
- Planning and development of the procurement along with Steering Committee partners including DHCS and CBHDA.
- Procuring, executing and managing the required contracts.
- Obtaining the advice of legal counsel for county participation, Memorandums of Understanding with partners, procurement and contract documents.

As such, CalMHSA staff time, legal counsel and administrative expenses would need to be allocated across participating counties and align with the indirect and indirect cost guidelines determined by the CalMHSA Finance Committee. Any unused funds would be allocated to future program expenses.

RECOMMENDATIONS:

Adopt New Project Scope as approved by the Project Steering Committee and the Governance Team Committee.

TYPE OF VOTE REQUIRED:

Majority vote of the Board of Directors.

REFERENCE MATERIAL(S) ATTACHED:

- Short Doyle Modernization (SDM) Project Charter

Project Charter

Short Doyle Modernization (SDM) Project Charter

Project Start Date: April, 2013
Project Steering Committee

Project End Date: June, 2015
Team Members

Member	Role	Email Address
Deepa Pochiraju	DHCS/OHC	deepa.pochiraju@dhcs.ca.gov
Don Kingdon	CBHDA	dkingdon@cbhda.org
Karen Eckel	DHCS/PMO	karen.eckel@dhcs.ca.gov
Kim Santin	CalMHSA	Kim.Santin@calmhsa.org
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Marvin Southard	CBHDA/Co	msouthard@dmh.lacounty.gov
Mary Hale	CBHDA/FIN	mhale@ochca.com
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Mike Geiss	CBHDA/Co	
Robert Morison	DHCS/IT	robert.morison@dhcs.ca.gov
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Steve Kaplan	DHCS/Policy	skaplan@co.sanmateo.ca.us
Susan King	DHCS/SUD	Susan.King@dhcs.ca.gov
Thad Dickson	CBHDA/Co	
Tom Sherry	CBHDA/FIN	TSherry@co.sutter.ca.us
Toquyen Collier	DHCS/IT	toquyen.collier@dhcs.ca.gov
Vic Singh	CBHDA/IT	vsingh@sjcbhs.org

Member	Role	Telephone
Karen Eckel	Project Manager/Author	(916) 323-1726
Toquyen Collier	DHCS	(916) 440-7279
Robert Morison	DHCS	(916) 322-8044
Kathie Tyler	DHCS	(916) 440-7776
Chuck Anders	DHCS	(916) 319-8199
Sarah Brichler	CalMHSA	(916) 859-4827
Kim Santin	CalMHSA	(916) 859-4820
Don Kingdon	CBHDA	(916)
Dan Walters	CBHDA/County	(661) 868-6710

In Scope

1. Federal Reimbursement Pilot Study
 - a. Develop a Federal Reimbursement Pilot Study methodology which includes identification and testing of the variables necessary to develop a risk adjusted specialty mental health capitation formula that could be used by each county MHP to develop a proposed annual per member/per month (PM/PM) payment.
 - b. Conduct Pilot Study (with 3-6 counties)
 - c. Create a concept and proposed methodology document to present to DHCS for review by CMS
 - d. Implement SPA and/or waiver changes along with key stakeholders.
2. Short Doyle 2 Enhancement Project
 - a. Design and implement short term adjustments to the SD 2 system with the goal of decreasing denied Medi-Cal claims and improving the timeliness and accuracy of Medi-Cal billing.
 - b. The top two areas for system improvement were identified as:
 1. Improve reconciliation between 837's (claims) and 835's (remittance advice):
 2. Fix current, outstanding bugs in system:
3. Long Range MITA Planning
 - a. County behavioral health representatives will participate in the federally required MITA process; and provide perspective regarding the behavioral health component as part of the planning process.

Out of Scope

1. Anything outside of Efforts 1-3.
2. Changes, enhancements, or modifications to SD2 that are not included in the SOW.
3. System build resulting from CMS approval to implement new Reimbursement methodology derived from the Pilot Study.

Project Objective Statement

The objective of the SDM project is to explore an alternative payment or reimbursement system starting with a pilot study while concurrently providing direction and resources for enhancing the current system with the goal of decreasing denied Medi-Cal claims and improving the timeliness and accuracy of Medi-Cal billing. During the life of the project, focus will also be given to Medicaid Information Technology Architecture (MITA) long range planning to ensure that the ongoing solution will align with MITA Standards and Conditions and promote a more mature system that meets the needs of all Stakeholders.

Project goals

1. Improve reconciliation of 837's and 835's.
2. Decrease the incidence of inappropriately adjudicated claims by enhancing the current SD2 system.
3. Develop a federal reimbursement methodology to be tested by a small group of counties.
4. Produce a white paper for CMS that supports an alternative payment methodology for reimbursement of Behavioral Health Claims.
5. Provide the opportunity for DHCS, CBDHA, and CalMHSA to form a partnership to proactively collaborate in joint ventures which result in improved Behavioral Health Services and reimbursement of the same.
6. Position the department to advance our MITA maturity.

Project Charter

Short Doyle Modernization (SDM) Project Charter

Benefits

1. Measured improvement towards MITA principles and maturity levels that will align with MITA Standards and Conditions and promote a more mature system that meets the needs of all Stakeholders.

Assumptions

1. The short term support for SD 2 claims adjudication will be a priority project component and will require consulting and financial resources contributed by federal, state and county partners.
2. The design and implementation of the federal reimbursement pilot study will require the participation of DHCS policy and fiscal staff in all phases of the project. County selection will be an early priority as will county development of the data sources, information technology, and fiscal changes needed for the participating counties to implement the desired changes to simulate the proposed reimbursement methodology.

Dependencies/Constraints

1. A key initial component of the enhancement effort will be the identification and prioritization of the needed SD 2 enhancements.
2. County Selection will be an early priority
3. Selected Counties will be able to develop data sources and perform IT and Fiscal changes timely.
4. Sufficient access to appropriate levels of SMEs from County and State program areas
5. Timely review and approval of draft and final deliverables
6. Scope – Claiming Process

Risks

1. Scope Creep
2. Stakeholder Expectations

Trade-offs

Dimension	Schedule	Cost	Resources
Constrained (Least Flexible)		X	
Accepted (Somewhat Flexible)			X
Improved (Most Flexible)	X		

Critical Success Factors

1. Continuity in services.
2. More timely and accurate estimate of federal payment to the county for cash flow purposes.
3. County participation in the long term approach to alignment with MITA Maturity Improvement Initiatives DHCS behavioral health enterprise concept of operations.

Roles and Responsibilities

Steering Committee

1. Champion the project at the executive level
2. Provide prompt decisions to keep the project on track

Team Members

1. Execute project tasks
2. Manage project risks and issues
3. Maintain appropriate communication

Governance Team Committee

Member	Role	Email Address
Barney Gomez	DHCS/IT	Barney.Gomez@dhcs.ca.gov
Brenda Grealish	DHCS/SUD	Brenda.Grealish@dhcs.ca.gov
Chris Cruz	DHCS/IT	Chris.Cruz@dhcs.ca.gov
Don Braeger	DHCS/SUD	Don.Braeger@dhcs.ca.gov
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John E. Chaquica	CalMHSA	John.Chaquica@calmhsa.org
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Karen Eckel	DHCS/PMO	Karen.Eckel@dhcs.ca.gov
Karen Johnson	DHCS	Karen.Johnson@dhcs.ca.gov
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Toquyen Collier	DHCS/IT	Toquyen.Collier@dhcs.ca.gov
Vic Singh	CBHDA/IT	vsingh@sjcbhs.org

Charter Approval

Member	Signature	Date
Karen Johnson		
Karen Baylor		
Chris Cruz		
Barney Gomez		
Philip Heinrich		
Robert Oakes		
Maureen Bauman		

GENERAL DISCUSSION
Agenda Item 9.A.

SUBJECT: Report from CalMHSA President – Maureen Bauman

ACTION FOR CONSIDERATION:

Discussion and/or action as deemed appropriate.

BACKGROUND AND STATUS:

CalMHSA President, Maureen Bauman, will provide general information and updates regarding the JPA.

- CalMHSA Board Calendar of Meetings 2015
- Appointment of Interim Treasurer Scott Gruendl, MPA, Glenn County

FISCAL IMPACT:

None.

RECOMMENDATION:

Discussion and/or action as deemed appropriate.

TYPE OF VOTE REQUIRED:

Majority vote of the Board of Directors.

REFERENCE MATERIAL(S) ATTACHED:

- 2015 Draft Board Meeting Calendar

Draft Proposed Schedule

2015 Governing Board (GB), Small Counties (SC) and All Members Meeting (AMM) Schedule

**Draft as of 8-06-14*

Date	Time	Location
JANUARY		
Governing Board (GB) Wednesday, January 14 th , 2015	9:30am – 3:30pm	CBHDA Conference Center
Small Counties (SC) Thursday, January 15 th , 2015	8:00am – 9:45am	Sacramento Hotel – Location TBD
All Members (AMM) Thursday, January 15 th , 2015	10:00am – 4:00pm	Sacramento Hotel – Location TBD
FEBRUARY		
International Stigma Conference February 17 th – 20 th , 2015	TBD	Hyatt Regency San Francisco Five Embarcadero Center San Francisco, California 94111
Governing Board (GB) At the Int'l Stigma Conference Thursday, February 19 th , 2015	5:30pm – 8:30pm Tentative	Hyatt Regency San Francisco Five Embarcadero Center San Francisco, California 94111
MARCH		
Governing Board (GB) Wednesday, March 11 th , 2015	9:30am – 3:30pm	CBHDA Conference Center
Small Counties (SC) Thursday, March 12 th , 2015	8:00am – 9:45am	Sacramento Hotel – Location TBD
All Members (AMM) Thursday, March 12 th , 2015	10:00am – 4:00pm	Sacramento Hotel – Location TBD
CaIMHSA Strategic Planning Meeting Friday, March 13, 2015	8:30am – 3:30pm	Sacramento Hotel – Location TBD
APRIL		
Governing Board (GB) Wednesday, April 8 th , 2015	9:30am – 3:30pm	CBHDA Conference Center
MAY		
Governing Board (GB) Wednesday, May 13 th , 2015	9:30am – 3:30pm	CBHDA Conference Center
Small Counties (SC) Thursday, May 14 th , 2015	8:00am – 9:45am	Sacramento Hotel – Location TBD
All Members (AMM) Thursday, May 14 th , 2015	10:00am – 4:00pm	Sacramento Hotel – Location TBD
JUNE		
Governing Board (GB) Wednesday, June 10 th , 2015	9:30am – 3:30pm	CBHDA Conference Center
CaIMHSA Board Meeting Wednesday, June 10, 2015 To include dinner	6:00pm – 8:00pm	Location - TBD
JULY		

Date	Time	Location
Governing Board (GB) Wednesday, July 8 th , 2015	9:30am – 3:30pm	CBHDA Conference Center
Small Counties (SC) Thursday, July 9 th , 2015	8:00am – 9:45am	Sacramento Hotel – Location TBD
All Members (AMM) Thursday, July 9 th , 2015	10:00am – 4:00pm	Sacramento Hotel – Location TBD
AUGUST		
Governing Board (GB) Wednesday, August 12 th , 2015	9:30am – 3:30pm	CBHDA Conference Center
SEPTEMBER		
CA Behavioral Health Policy Forum September 9 th – 11 th - Tentative	TBD	TBD
Governing Board (GB) Wednesday, September 9 th	TBD	TBD
CaIMHSA Board Meeting Wednesday, September 9, 2015 To include dinner	6:00pm – 8:00pm	Location - TBD
OCTOBER		
GB Strategic Planning Meeting – October 14 th – 16 th - Tentative	TBD	TBD
NOVEMBER		
Governing Board (GB) Thursday, November 12 th	TBD	Sacramento Hotel – Location TBD
All Members (AMM) Thursday, November 12 th	TBD	Sacramento Hotel – Location TBD
DECEMBER		
Governing Board (GB) Wednesday, December 9 th , 2015	9:30am – 3:30pm	CBHDA Conference Center
CaIMHSA Board Meeting Wednesday, December 9, 2015 To include dinner	6:00pm – 8:00pm	Location - TBD

*CBHDA Conference Center is location at
2125 19th Street, 2nd Floor – Sacramento, CA 95818

For questions or additional information, please contact Andrea Porter at aporter@cbhda.org
or (916) 330-1000. Current agendas and handouts are posted on our website at
<http://cbhda.org/go/AboutCMHDA/GoverningBoard/Agendas.aspx> and
<http://cbhda.org/go/AboutCMHDA/Alldirectors/Agendas.aspx>

Key:

Pink – Governing Board
Light Blue – Small Counties
Yellow – All Members
Green – Policy Forums
Blue - CaIMHSA

GENERAL DISCUSSION
Agenda Item 9.B.

SUBJECT: Report from CalMHSA Executive Director – John Chaquica

ACTION FOR CONSIDERATION:

Discussion and/or action as deemed appropriate.

BACKGROUND AND STATUS:

CalMHSA Executive Director, John Chaquica, will provide general information and updates regarding the JPA.

- General

FISCAL IMPACT:

None.

RECOMMENDATION:

Discussion and/or action as deemed appropriate.

TYPE OF VOTE REQUIRED:

Majority vote of the Board of Directors.

REFERENCE MATERIAL(S) ATTACHED:

None.