

CalMHSA Statewide Prevention and Early Intervention
(PEI) Project
Proposed Phase III Implementation Plan
July 1, 2017 - June 30, 2020

Forging California's Culture of Mental Wellness

Presented to the CalMHSA Board of Directors on December 15, 2016



Proposed Phase III CalMHSAs Statewide PEI Project
Forging California's Culture of Mental Wellness

Background:

For the past decade, California has steadily grown a statewide movement toward prevention and early intervention underwritten by MHSAs funds. CalMHSAs, a Joint Powers Authority, was created by the counties in 2010, to administer MHSAs PEI projects on a statewide basis. Through the initial implementation and the second phase (Phase I: 2011-2015 and Phase II: 2015-2017) of the CalMHSAs Statewide PEI Project, CalMHSAs developed and implemented population-based strategies aligned with Welfare and Institutions Code Section 5840: MHSAs PEI Programs designed to prevent mental illnesses from becoming severe and disabling through outreach to recognize the early signs of mental illness, reduce stigma associated with mental illness and service seeking, and reduce discrimination against people with mental health challenges. Furthermore, in addition to adhering to this WIC Code, CalMHSAs also emphasizes an upstream public health prevention approach, promoting mental wellness as well as preventing the onset of severe and disabling consequences of untreated mental illness.

Goal of Phase III:

To continue the investment in PEI strategies that will result in larger social impact (e.g., changing attitudes, increasing knowledge, and modifying behaviors), implementing programs that can benefit counties regionally and statewide, procuring resources at lower cost (e.g., cost efficiencies), and ultimately making a significant impact on preventing mental illnesses from becoming severe. PEI strategies can accomplish these goals by improving access to necessary treatment services as early in the onset of conditions as practicable, reduce the duration of untreated severe mental illnesses and assist people in quickly regaining productive lives.

Phase III Timeframe:

FY 2017-2018 through FY 2019-2020 (July 1, 2017 through June 30, 2020)

Phase III Funding:

The Phase III Plan budget is \$12.6 million per year for 3 years. CalMHSAs can reach the \$12.6 million per year budget as a result of each CalMHSAs member county contributing 4% of their annual PEI funds to CalMHSAs on an annual basis for 3 years¹. *This recommendation, from the CalMHSAs Finance Committee, will be submitted to the CalMHSAs Board of Directors for approval at the December 15th, 2016² meeting.*

¹ Alternatively, counties can contribute the *equivalent* of 4% of their annual PEI funds to CalMHSAs through another local funding source that can be non-PEI or non-MHSA related.

² Furthermore Attachment 1 indicates activities that can be implemented at a lower funding level (\$5 million per year for 3 years) if the ideal budget of \$12.6 million cannot be achieved. Attachment 2 indicates activities that can be implemented at a higher funding level (\$25-30 million per year for 3 years) if CalMHSAs is able to leverage county contributions with private funding, which is expected to occur in FY 2020-2021.

This ideal budget was chosen for three reasons:

1. It is a funding level that allows CalMHSA to robustly implement the Statewide PEI Project utilizing the strategies identified below.
2. As indicated by the Lester Consulting Group Feasibility Study, presented to the Board of Directors on August 11, 2016, CalMHSA may be able to raise at least \$15 million from private funders beginning in FY 2020-2021 if private funders find that the counties are collectively providing robust foundational funding for private funds to supplement. In order for \$15 million in private funds to be realized, CalMHSA members must a) all contribute to the Statewide PEI Project to establish foundational funding, and b) collectively contribute close to \$15 million in order for private funds to be maximized with a match of an additional \$15 million.
3. Since CalMHSA's viability as an organization is currently intrinsically tied to the funding of the Statewide PEI Project, this funding level allows CalMHSA to remain operational at its current staffing level. This staffing level is necessary for the oversight of the Statewide PEI Project as well as other member-supported projects, and allows CalMHSA to pursue other funding streams and statewide or regional projects on behalf of counties. It is also the funding level that allows CalMHSA to operate sufficiently until private funds are realized.

Proposed Phase III Plan:

The Phase III Plan builds upon the prevention and early intervention strategies of the Phase II Plan³, which were developed with broad statewide stakeholder input and approved by the Board of Directors on August 14, 2014.

Phase III Priority Audiences:

CalMHSA will continue to reach the general public, including diverse communities such as LGBTQ, API, African American, Native American, and immigrant communities, to ensure that the programs implemented under the Statewide PEI Project continue to have statewide presence. However, Phase III will primarily target English and Spanish-speaking Latino and/or Hispanic communities throughout California with the strategies identified above.

CalMHSA has identified English and Spanish-speaking Latino and/or Hispanic communities as the primary target audiences to focus on for Phase III for the following reasons:

- As of 2014, California has a total Hispanic population of nearly 15 million, ranking California highest in total Hispanic population compared to other states. California Hispanics account

³ Phase II Plan for Sustaining Statewide Prevention and Early Intervention Projects: http://calmhsa.org/wp-content/uploads/2014/10/8D1_Final-Phase-Two-Plan1.pdf

for 39% of the overall California population, 64% are U.S.-born, while 36% are foreign-born, 84% are of Mexican origin, and 74% of Hispanics in California speak a language other than English at home⁴.

- Every California County has a Hispanic community, from a low of 7% of total county population in Trinity County, to a high of 63% of total county population in Tulare County⁵.
- RAND's California Well Being Survey found that English-speaking Latinos have higher levels of self-stigma and were more likely to say that they would conceal a potential mental health problem from coworkers or classmates than Whites. In addition, Spanish-speaking Latinos were least likely to have used mental health services compared to Whites and Asian/Pacific Islanders⁶.
- SanaMente, the Spanish-language Each Mind Matters Campaign, will be relaunching in Spring 2017. Funding in Phase III will ensure that SanaMente's Spanish-language outreach is thorough throughout California.

Phase III Strategies:

CalMHSA recognizes the value of taking a **multi-faceted public health approach** towards addressing mental health promotion and mental illness prevention, as this approach has been found to effectively combat other public health issues such as tobacco cessation. In the Phase I implementation of the Statewide PEI Project, CalMHSA implemented a comprehensive public health approach, including unveiling social marketing campaigns, growing networks and collaborations, changing policy, supporting community education and trainings, and expanding the reach and capacity of local crisis support services, with promising results. With reduced funding in Phase II, CalMHSA implemented three strategies identified in the Phase II Plan – social marketing & informational resources, policy change, and research, evaluation & surveillance. With further funding reductions in Phase III, CalMHSA proposes that Phase III activities focus on expanding the reach, depth and capacity of the social marketing programs that were originally developed in Phase I, and maintaining statewide evaluation and surveillance. These particular strategies were chosen because of their ability to have statewide impact and because of the programs' proven effectiveness. If additional funding can be identified, CalMHSA will be able to implement a broader range of strategies under the public health approach, which will deepen and sustain the short and long term Statewide PEI Project outcomes and impacts.

Social Marketing and Informational Resources

- Utilize social change, social science and marketing concepts to change attitudes and behaviors regarding mental illness and accessing services.
- Disseminate an array of quality resource materials that are culturally responsive for California's diverse communities in order to increase awareness and knowledge of mental health, wellness, and services. Resources materials include, but are not limited to, print, online, social media, and traditional media materials.

⁴ <http://www.pewhispanic.org/states/state/ca/>

⁵ <http://www.pewhispanic.org/states/state/ca/>

⁶ http://www.rand.org/pubs/research_reports/RR1441.html

- Utilize and leverage social marketing efforts and informational resources to further public health prevention approaches, which may include policy advocacy, crisis support, contact education and research.
- Provide outreach, engagement and technical assistance to counties, community-based organizations, and other key partners 1) to access, refine, tailor and use materials and 2) to achieve and ensure cultural relevance.

Research, Evaluation and Surveillance

- Carry out activities to improve understanding of suicide risk factors and population-level attitude change to verify stigma is being reduced and effective prevention and early intervention strategies across institutions and communities.
- Develop metrics for and collect data to evaluate the performance and outcomes of PEI projects.
- Measure results including both process and outcomes of all contracted activities.

Phase III Activities:

Following the identified Phase III strategies, Phase III activities will focus on the implementation of statewide social marketing campaigns and related programs, with an emphasis on reaching Latino communities throughout California.

With \$12.6 million (4% contribution from each county) per year for 3 years, CalMHSA proposes to implement the following activities as part of the Statewide PEI Project:

- **Update and refresh website content** of the following programs: Each Mind Matters, SanaMente, Know the Signs, Reconozca Las Senales, Walk In Our Shoes, Ponte En Mis Zapatos and Directing Change
- **Actively engage communities through social media** in Each Mind Matters, SanaMente, Know the Signs, Reconozca Las Senales, Walk In Our Shoes, Ponte En Mis Zapatos and Directing Change
- **Provide resource navigation** to each county through a designated Each Mind Matters contact person to support counties and CBOs in accessing and utilizing existing resources associated with those programs
- **Provide subject matter expertise and technical assistance** to counties and CBOs to support local suicide prevention and stigma reduction programs
- **Provide local integration support to counties** in order to incorporate statewide social marketing campaigns, brands and resources
- **Create new culturally-adapted Spanish-language stigma reduction and/or suicide prevention outreach materials** in collaboration with stakeholders, including counties and CBOs to (or other culturally adaptations, as determined by stakeholders, available research and best practices) reach Latino communities

- **Provide mini-grants to local CBOs serving Latino communities** to support the development, local integration and dissemination of new Latino-focused outreach materials, with a particular focus on communities with high Latino populations
- **Partner with Latino-focused regional or statewide agencies** that can collaborate on statewide dissemination of new Latino-focused outreach materials
- **Maintain partnerships with higher education school system partners & NAMI** with a focus on dissemination of Latino-focused outreach materials through their respective networks, ensuring thorough reach into higher education students and consumers and family members
- **Continue supporting Directing Change**, with a focus on reaching Spanish-speaking students, and provides counties and CBOs with technical assistance to engage schools to participate in Directing Change
- **Disseminate all other existing resource materials** including those reaching other diverse communities (such as LGBTQ, API, African American, Native American, etc.) created during Phase 2 of the Statewide PEI Project
- **Provide mini-grants to CBOs serving diverse communities** such as LGBTQ, African American, Native American, etc. communities throughout California to ensure local integration and dissemination of existing resource materials
- **Implement Walk In Our Shoes statewide tour** reaching at least 80 schools
- **Statewide evaluation & surveillance** to measure changes in changes in attitudes, knowledge and behavior regarding stigma, mental health and suicide

Projected 10 year outcomes:

- Increased intervention and provision of support by a community helper
- Increased proactive inclusion of individuals with mental health challenges
- Increased community encouragement and acceptance of seeking services early
- Increased knowledge and skills for recognizing and facilitating help seeking

Projected 20 year outcomes:

- Reduced discrimination against persons with mental illnesses
- Reduced social isolation and self-stigma
- Improved functioning at school, work, home and in the community
- Reduced suicidal behavior
- Reduced societal costs related to untreated mental illness

Rationale for Proposed Phase III CalMHSA Statewide PEI Project Plan

Through the implementation of the Phase III CalMHSA Statewide PEI Project Plan, CalMHSA and its member counties will embark on the 7th year of CalMHSA Statewide PEI Project activities. While the CalMHSA Statewide PEI Project has made significant accomplishments since its inception in 2011, there continues to be a critical need to continue the investment over the long term. Prevention and public

health-oriented efforts require long term investments and commitment to ensure the achievement of long term goals. The following outlines explicit rationales that support the continuation of CalMHSA Statewide PEI Project.

Rationale 1: The CalMHSA Statewide PEI Project is built upon the goals and strategies of the MHSA PEI Program

Phase III of the CalMHSA Statewide PEI Project is based on the strategies and activities of the Phase II Plan that was approved by the CalMHSA Board in August 2014. It is also projected to continue to fulfill the short term and long term outcomes also identified in the Phase II plan. The Phase II Plan aligns with the MHSA PEI Program goal to *prevent mental illness from becoming severe and disabling*. In addition, CalMHSA's Phase II Plan activities achieve the majority of the identified MHSA PEI Plan components and outcomes, including: 1) outreach to recognize the early signs of potentially severe and disabling mental illnesses; 2) reduction in stigma associated with either being diagnosed with a mental illness or seeking mental health services; and 3) reduction in discrimination against people with mental illness.

Successful implementation and execution of activities in Phase III will also significantly contribute to the achievement of the MHSA PEI Program's key outcomes which include the reduction of the following negative outcomes that may result from untreated mental illness: 1) suicide; 2) incarceration; 3) school failure/dropout; 4) unemployment; 5) prolonged suffering; 6) homelessness; and 7) removal of children from their home. Coinciding implementation of the CalMHSA Statewide PEI Project with local PEI efforts will ensure the accomplishment of these MHSA PEI Program components and outcomes.

Rationale 2: The CalMHSA Statewide PEI Project is built on an asset-based approach

The CalMHSA Statewide PEI Project is designed with the perspective of a strengths-based and recovery-oriented approach. The Phase III Plan will continue to take this approach. The strengths-based approach focuses on each individual's unique strengths and abilities as key to achieving recovery and wellness. This approach is in alignment with other local, national and international stigma reduction approaches.

Rationale 3: The social marketing campaigns developed under the CalMHSA Statewide PEI Project achieve significant economies of scale

These campaigns have the greatest statewide and local level impact, achieve the highest level of economies of scale, and can be customized and integrated for county-specific use. For example, implementing the Know the Signs Campaign on a statewide level allowed the campaign to leverage over \$3 million in pro bono media. These campaigns can also be expanded to incorporate new materials and reach new populations, depending on funding availability. Thus far, the campaign materials have been translated and culturally adapted into over 10 different languages.

Rationale 4: The CalMHSA Statewide PEI Project has placed California as a leader in the field of population-based public health approaches towards achieving mental health and suicide prevention

California's unique investment in mental health and wellness through the CalMHSA Statewide PEI Project has been recognized throughout the country. For example, the CalMHSA Statewide PEI Project was highlighted in a recent report by the National Academy of Sciences entitled *Ending the Discrimination Against People with Mental and Substance Use Disorders: The Evidence for Stigma Change* as a "notable-state-based initiative... to reduce mental health stigma and encourage treatment."

Rationale 5: There has been significant exposure and local integration of the social marketing campaigns and programs that were developed under the CalMHSA Statewide PEI Project

Among the CalMHSA Statewide PEI Project campaigns and programs of Each Mind Matters, Know the Signs, Walk In Our Shoes and Directing Change, tens of thousands of pieces of materials have been disseminated reaching nearly all county behavioral health agencies, as well as hundreds of other local government agencies, statewide agencies and associations and local community-based organizations. In addition, an internal RAND memo demonstrated that 81% of community respondents had heard of CalMHSA and/or at least one of the five brands/activities (Each Mind Matters, Know the Signs, Walk In Our Shoes, Applied Suicide Intervention Skills Training, and Directing Change) that are associated with the CalMHSA Statewide PEI Project. More specifically, over 50% of respondents recognized the Each Mind Matters and Know the Signs campaigns. It is critical to keep these partner agencies and organizations engaged in the Statewide PEI Project networks and programs.

The preliminary RAND report indicated that the CalMHSA Statewide PEI Project has been successful in reaching Advocacy/Council/Union and Homeless services/housing categories – 100% of respondents in these categories had heard of at least one of the programs associated with the Statewide PEI Projects. However, the RAND report also showed that CalMHSA still has significant work to do in reaching individuals within the mental health/physical health field. Only 56% of those in the mental health/physical health field were familiar with any programs associated with the CalMHSA Statewide PEI Project.

Rationale 6: The social marketing campaigns have demonstrated significant achievement of short term outcomes and indicate promise for achieving measurable long term outcomes.

In a relatively short period of time, CalMHSA Statewide PEI Project social marketing campaigns have demonstrated the ability to change attitudes and awareness. It is imperative that CalMHSA continue to invest in long term, surveillance-level evaluation to determine whether these changes are sustained and ultimately lead to behavior change that will result in reducing the negative outcomes identified for the MHS PEI Program. Without continued investment in evaluation and surveillance, the ultimate impact of the significant investment in the CalMHSA Statewide PEI Project will never be realized.

In conclusion, the Phase III Plan outlines strategies and projected outcomes that can be implemented at a funding level of \$12.6 million per year for three years, beginning in FY 2017-2018. The following attachments are reference documents to provide additional information, context and alternatives to the Phase III Plan, for Board consideration:

- Attachment 1: Describes reduced activities and consequences of implementing Phase III Statewide PEI Project with \$5 million per year for three years
- Attachment 2: Describes expanded strategies and activities for the Phase III Statewide PEI Project if CalMHSA leverages county contributions with private funding, projected at \$25-30 million per year for three years, beginning in FY 2020-2021
- Attachment 3: Provides a logic model of activities and outcomes for the Phase III Plan at \$12.6 million per year for three years, alternative Phase III Plan at \$5 million per year for three years and Phase III Plan at \$25-30 million per year for three years.

Attachment 1: Proposed Phase III activities at \$5 million per year for 3 years

At a reduced funding level of \$5 million per year for 3 years, CalMHSA can continue to implement limited activities under the strategies of social marketing & informational resources and even more limited research, evaluation & surveillance. However, at less than \$5 million per year, CalMHSA cannot sustain itself as a viable organization⁷.

Phase III activities at \$5 million per year for 3 years may include:

- Moderate website maintenance for Each Mind Matters, Know the Signs and Directing Change
- Moderate social media presence to engage statewide audiences in Each Mind Matters, Know the Signs and Directing Change
- Minimal resource navigation to support counties and CBOs in accessing and utilizing existing resources associated with Each Mind Matters, Know the Signs and Directing Change
- Minimal development of new Latino-focused outreach materials
- Mini-grants to local CBOs to support the local integration and dissemination of new Latino-focused outreach materials, with a particular focus on communities with high Latino populations
- Maintain partnerships with school system partners & NAMI with a focus on dissemination of outreach materials through their respective networks
- Moderate support of Directing Change program implementation
- Dissemination of all other existing resource materials including those targeting other diverse communities
- Statewide evaluation & surveillance to measures changes in attitudes, knowledge and behavior regarding stigma, mental health and suicide

⁷ At the October 2016 CalMHSA Board of Directors Meeting, members authorized a sole source agreement with Lester Consulting Group for the purpose of fund development for a 3 year term, and that members would collectively contribute \$500,000 as an annual budget for 3 years to pay for Lester Consulting Group consulting services, fund development staff and all associated costs. Through these fund development efforts, private funding is expected to be realized in FY 2020/2021 at the very latest if private funders can leverage county contributions. However, if county contributions collectively amount to less than \$5 million per year, CalMHSA as an organization in its current structure may not be viable for long enough to realize private funding.

Attachment 2: Proposed Phase III activities at \$25-30 million per year for 3 years

At the October 13, 2016 CalMHSA Board of Directors meeting, Board members passed the motion to authorize staff to enter into a sole source agreement with Lester Consulting Group (LCG) for the purpose of Fund Development for a three year term. In addition, Board members approved a \$500,000 annual budget for this project for each of the next 3 years, which pay for LCG consulting services, fund development staff and all associated costs, via a special member fee. The special member fee was assessed to counties in November 2016.

As discussed at the October 2016 CalMHSA Board of Directors meeting, the Fund Development project with LCG is intended to raise funds from private parties to support activities implemented under the Statewide PEI Project, not supplant the current funding by counties. It is expected that private parties will provide supplemental funding, at the end of the three year Fund Development project, commensurate with county funding. Therefore, if counties collectively contribute \$12.6 million per year for 3 years, private parties are expected to supplement county contributions at a commensurate level, resulting in an annual budget of approximately \$25-30 million per year to support the Statewide PEI Project. It is expected that funding from private parties will be realized between FY 2019-2020 and FY 2020-2021.

Phase III activities at \$25-30 million per year for 3 years will exponentially expand the reach and depth of activities implemented under the Phase III \$12.6 million per year plan, to ensure saturation of Statewide PEI Project reach throughout California. Under a \$25-30 million per year plan, CalMHSA Statewide PEI Project plans to focus on creating new social marketing campaigns, associated programs and outreach materials to target healthcare systems and workplaces. CalMHSA may also consider implementing other strategies identified in the Phase II Plan, including activities to address policy change, training and education and crisis support. In doing so, CalMHSA will have thoroughly addressed all strategies and Wellness Areas⁸ identified in the Phase II Plan for Sustaining Statewide Prevention and Early Intervention Projects.

⁸ Wellness Areas identified in the Phase II Plan include Diverse Communities, Schools, Health Care and Workplace.

Attachment 3: Proposed Statewide PEI Project Phase III Implementation Plan Logic Model

	Projected Statewide PEI Project Phase III Activities:	Short Term Outcomes Achieved:	Projected 10 Year Outcomes:	Projected 20 Year Outcomes:	Projected Societal Return on Investment:
Phase III Plan	<p><i>Proposed County funding at 4% (\$12.6 million):</i></p>	<p>1) Increased knowledge and skills for recognizing signs and facilitating help-seeking</p> <p>2) Decreased stigma against persons with mental health challenges</p>			
Attachment 1	<p><i>County funding at \$5 million:</i></p>	<p>Independent evaluation shows:</p> <p>81% of Californians are aware of brands created by Statewide PEI Projects</p> <p>After one year of SDR initiatives, nearly 1.5 million more Californians are socially inclusive with people with mental health challenges</p>	<ul style="list-style-type: none"> Increased intervention and provision of support by a community helper Increased proactive inclusion of individuals with mental health challenges Increased community encouragement and acceptance of seeking services early Increased knowledge and skills for recognizing signs and facilitating help seeking 	<ul style="list-style-type: none"> Reduced discrimination against persons with mental illnesses Reduced social isolation and self-stigma Improved functioning at school, work, home, and in the community Reduced suicidal behavior Reduced societal costs related to untreated mental illness 	<p>County funding at \$12.6 million per year result in over \$12 billion return to society*</p>
Attachment 2	<p><i>County & private funding at \$25-30 million:</i></p>	<p>15.4% more Californians exposed to Each Mind Matters turn to help for mental health challenges</p> <p>Adults exposed to the Know The Signs campaign report gains in confidence to intervene with those who might be at risk of suicide</p> <p>13% of Californians have seen someone wearing a lime green ribbon and nearly half of those had a conversation about mental health because of it</p>	<p><i>Increased investment in programs will lead to commensurate increase in impact. Investment in ongoing and robust evaluation & surveillance efforts throughout Phase III will allow CalMHSa to capture and project expected impact.</i></p>		<p>County funding at \$5 million per year result in over \$6 billion return to society*</p> <p>County and private funding at \$25 million per year will result in over \$31 billion return to society*</p>

* RAND analyses have demonstrated that for every \$1 invested in Each Mind Matters, there is a corresponding **\$1,251 return to society** through higher wages and lower social costs each year.