Request for Proposals

Project Title: CalMHSA Prevention and Early Intervention Program

Applications due by 12:00pm on Monday, April 6, 2020

The RFP does not constitute a contract or an offer. In addition, any contract awarded as a result of this RFP is subject to any additional restriction, limitation, or condition enacted by CalMHSA in any manner. CalMHSA reserves the right to make one award, multiple awards, or to reject all proposals, in whole or in part, submitted in response to this RFP.

CalMHSA reserves the right to amend this this RFP via written addendum or cancel at any time.
Executive Summary

The California Mental Health Services Authority (CalMHSA) Prevention and Early Intervention (PEI) Three-Year Program Plan (2020-2023) operates under the Each Mind Matters brand and specifically works to enhance three of the components described in the Mental Health Services Act (MHSA) PEI Regulations: Suicide Prevention, Stigma and Discrimination Reduction (SDR), and Student Mental Health (SMH). This RFP is soliciting proposals from organizations with the expertise and capabilities to provide services for all or some of the CalMHSA initiatives. Through this RFP, CalMHSA seeks qualified applicants who can participate as part of a statewide effort to support CalMHSA’s Three-Year Program Plan.

CalMHSA, in collaboration with our members, has designated the following target populations:

- California General Population
- Latinx and/or Hispanic communities
- Youth, particularly transition to adulthood and elementary age youth
- Rural populations
- Other underserved, unserved, and inappropriately served communities.

The goals of CalMHSA’s PEI Program Plan are:

- Stigma reduction
- Suicide prevention
- Increased access to mental health care
- Reduced disparities in access to mental health care
- Improved student mental health
- Intersectionality of mental health and other social determinants of health (SDOH).

With this RFP, CalMHSA is interested in improving existing strategies or utilizing alternative, potentially more effective, strategies for achieving the stated goals and target populations. We are interested in receiving proposals from entities with existing efforts which can enhance and/or collaborate with our programs. The enhancement of these efforts shall include increased awareness of the EMM movement, extended outreach of EMM materials into communities served and unserved, and further adaptation of materials for underserved, inappropriately, and unserved communities.
# Table of Contents

1. **Introduction and Process** *(Page 1)*  
   1.1 Issuing Body  
   1.2 Project Overview  
   1.3 Proposal Timeline  
   1.4 Submittal Address  
   1.5 RFP Questions and Clarifications  
   1.6 Withdrawal  
   1.7 Joint Proposal and Subcontractors  
   1.8 Review of Applications  
   1.9 Negotiations and Potential Proposers  
   1.10 Protest Procedures  
   1.11 Notice Regarding Public Record Act Requests  
   1.12 Length of Project Period  
   1.13 Format of Proposal  

2. **Eligibility** *(Page 6)*  
   2.1 Minimum Qualifications  
   2.2 Evaluation Criteria  

3. **Scope of Work** *(Page 7)*  
   3.1 Phase I  
   3.2 Phase II  
   3.3 Phase III  
   3.4 References  

4. **Attachments**  
   Attachment 1 – January 2020 CalMHSA Board Pages 96-114 *(Page 10)*  
   Attachment 2 – Previous 3-Year Plan *(Page 29)*  
   Attachment 3 – Budget Form *(Page 41)*
Introduction and Process

1.1 Issuing Body:
The California Mental Health Services Authority (CalMHSA) is a Joint Powers Authority, an independent government agency created by California counties and cities, focused on the efficient delivery of California mental health projects for its Members. CalMHSA works collaboratively with the Member counties/cities to implement mental health services, project, and educational programs across the state, regionally, and locally.

The Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) component was designed to improve the awareness of, and access to, mental health services, reduce the negative impacts that mental illness can have on a person’s well-being, and reduce the stigma associated with mental illness and help-seeking. Since 2009, CalMHSA has partnered with its members to enhance the statewide capacity and capabilities of Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) component funds and effect proactive change on a statewide level.

The CalMHSA Three-Year Program Plan was developed by CalMHSA in collaboration with RAND Corporation and CalMHSA Members.

1.2 Project Overview

1.2.1 What is the role of CalMHSA?
CalMHSA will be the contract oversight for all PEI programs. In this role, CalMHSA will work with the contractors to oversee and represent Each Mind Matters (EMM), California’s Mental Health Movement. Each Mind Matters represents an umbrella name and vision to amplify individual efforts of the counties/cities and other organizations that are taking place across California to reduce stigma and discrimination and prevent suicides. In addition to EMM, the PEI program oversees additional initiatives, including SanaMente, Know the Signs, Reconozca las Senales, Directing Change, Walk in Our Shoes, and Ponte en Mis Zapatos.

In this role, CalMHSA works with our Members to shape and implement the PEI plan. For more information on the next three-year plan please see pages 96-114 of the January 2020 CalMHSA Board agenda here: https://calmhsa.org/wp-content/uploads/Agenda_01.28.20_BOD_Mtg_Final.pdf (Attachment 1). For more information on the last three-year plan and the current contractors please visit the CalMHSA website here: https://calmhsa.org/programs/pei/ (Attachment 2).
1.2.2 What is the role of the contractors?
The contractors work in collaboration with CalMHSA, and our Members, to implement strategies, activities, and programs which engage Californians to promote mental health help-seeking and awareness. Contractors must be responsive to the needs and requests of CalMHSA, as well as CalMHSA Members and community partners.

Historically, CalMHSA has contracted with up to nine (9) contractors to assist in the implementation of the PEI three-year plan, and each designated with specific tasks and deliverables.

Anticipated total available funding is $3 million for fiscal year 2020-2021. The program focuses on areas outlined below; however, proposals may recommend additional target areas. Multiple contractors may be awarded for the same target area, and in that event the awarded contractors will be required to collaborate. Please see below for approximate funding levels.

With this RFP, CalMHSA is interested in understanding the innovative methods, activities and outcomes of the proposers which will enhance and improve the outcomes already achieved. Based on the proposals received, CalMHSA will consider expanding or reducing the total number of contractors. This expansion or reduction will be based on the total number, expertise, and budgets of the proposals received. Moving forward we wish to ensure that the EMM movement is continuing to expand, reach, and serve the communities in need.

1.3 Proposal Timeline

<table>
<thead>
<tr>
<th>EVENT</th>
<th>Key Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issue RFP</td>
<td>March 4, 2020</td>
</tr>
<tr>
<td>Deadline to Submit Questions</td>
<td>March 20, 2020</td>
</tr>
<tr>
<td>Deadline for Proposals to be Submitted</td>
<td>April 6, 2020 12:00pm</td>
</tr>
<tr>
<td>Application Review</td>
<td>April 6-20, 2020</td>
</tr>
<tr>
<td>Selection of Proposals</td>
<td>April 21, 2020</td>
</tr>
<tr>
<td>Contract Negotiation</td>
<td>April 21- May 22, 2020</td>
</tr>
<tr>
<td>CalMHSA Board Approval</td>
<td>June 2020</td>
</tr>
<tr>
<td>Contracts Signed June 2020</td>
<td>June 2020</td>
</tr>
</tbody>
</table>
1.4 Submittal Address
Please submit your proposal to this address:

CalMHSA
3043 Gold Canal Dr., Suite 200
Rancho Cordova, CA 95670
Attn: Julia Byrd

*Proposers must submit a flash drive containing their application and 10 copies of their application to CalMHSA at the address above by Noon, April 6, 2020.

1.5 RFP Questions and Clarifications
All questions and requests must be submitted by email to the rfp@calmhsa.org. The deadline to submit questions for this RFP is March 20, 2020. The FAQ responding to the questions will be posted on March 21, 2020.

To ensure all parties have access to the same information at the same time, except as stated below CalMHSA will NOT respond to questions as they are received and will not accept telephonic questions.

CalMHSA will not send out emails following the posting of the FAQ. It is the sole responsibility of the proposer to refer to the FAQ.

If a question relates to a proprietary aspect of a proposal and the question would expose proprietary information if disclosed to competitors, the proposer may submit the question in writing, and must mark it as "CONFIDENTIAL." With the question, the proposer must submit a statement explaining why the question is sensitive. If CalMHSA concurs that the disclosure of the question or answer would expose proprietary information, the question will be answered by email reply, and both the question and answer will be kept in confidence. If the CalMHSA does not concur regarding the proprietary nature of the question, the question will not be answered in this manner and the vendor will be notified.
1.6 Withdrawal
The proposer may withdraw its proposal prior to the Application Submittal Deadline. Any withdrawal must be sent in writing to rfp@calmhsa.org.

1.7 Joint Proposals and Subcontractors
CalMHSA will accept joint proposals. However, one organization must be listed as the lead proposer. All roles and responsibilities must be clearly described in the proposal. Subcontractors may be included and shall be listed with their roles clearly described.

1.8 Review of Applications
CalMHSA will receive all applications and review for completeness. If a proposal is missing information, it will not be selected to move forward to scoring and review. Following the initial review, all qualified applications will be reviewed and scored by an independent evaluation review panel. The evaluation panel will conduct a fair and impartial evaluation of proposals received in response to this RFP.

The independent review panel is comprised of individuals with varied backgrounds, to include professional expertise, lived experience, personal knowledge, etc. Panelists’ information will not be disclosed as a matter of confidentiality. CalMHSA is committed to ensuring the Evaluation Panel is representative of California’s racial, ethnic, and cultural diversity.

1.9 Negotiations with Potential Proposers
Selection will not be based exclusively on price. CalMHSA reserves the right to negotiate with proposers who, in the opinion of the Evaluation Committee, have submitted the best proposal in an attempt to reach an agreement. If no agreement is reached, CalMHSA may negotiate with other proposers or may choose to extend the proposal period. CalMHSA also reserves the right to meet with vendors to gather additional information. Additional information may include, but is not limited to, a demonstration of skills described in the proposal.

1.10 Protest Procedures
Protests must be received no later than five (5) business days after the Notice of Intent to Award is posted on the CalMHSA website. The sole basis for protest are that the award (1) was in violation of law, (2) in violation of the provisions of this RFP, or (3) in violation of CalMHSA’s procurement process. All protests must be in writing and (1) state in detail each and every ground asserted for the protest, citing to the law, RFP provision, or particular provision of the procurement policy on which the protest is based; (2) explain why the error prevented the aggrieved organization from being awarded the contract; and (3) identify the remedy sought.
Within 14 days of receipt of any protest, CalMHSA’s Executive Director will provide a written decision which shall be final upon transmission to the protesting party. If the Executive Director determines that the error identified by the protesting party has deprived that party from receiving the contract, the Executive Director may act to rectify the error, including but not limited to cancellation of the RFP or proposed contract, correction or other revision of the awarded contract, termination of an improperly awarded contract, or affirmation of an existing contract if the discovered defect is immaterial or the Executive Director determines that affirmation is in the best interest of CalMHSA.

1.11 Notice Regarding Public Records Act Requests
All proposals received for this RFP will be considered trade secrets of the proposer and will not be shared via a Public Records Act request.

1.12 Length of Project Period
Selected proposals will be awarded a one-year contract based on available funding (projected roughly $3 million in FY 20-21). However, the project period lasts three fiscal years (July 1, 2020 – June 30, 2023). Contracts will be renewed yearly by CalMHSA, based on available funds. CalMHSA reserves the option to continue the contracts each year.

1.13 Format of Proposal
Proposals shall be in Calibri, 12-point font, double-spaced, and in compliance with the page limits stated below.
Eligibility

2.1 Minimum Qualifications
Proposers must meet the minimum qualifications listed here.

2.1.1 The Proposing organization must be able to demonstrate significant staff experience planning, developing, and providing similar programs, with an emphasis on understanding mental health care services to the public and/or private sector agencies.

2.1.2 The proposer shall have experience working with people with lived experience, including Peers and Consumers, as well as the Wellness and Recovery model.

2.1.3 The proposer shall have proven experience working with California communities in a culturally and linguistically appropriate manner.

2.1.4 Proposer shall demonstrate experience managing large, multifaceted projects. Examples shall be provided. Past projects should demonstrate experience managing projects of similar size to what is being proposed.

2.1.5 Respondent must demonstrate that it has previously assembled and managed a team of individuals or subcontractors/partners and specialists with the necessary skills. The team may consist of individuals, subcontracts, or partnerships with other organizations. The exact nature of the subcontracts or partnerships must be described, including organization names, key staff, qualifying experience, and contractual relationships between the proposer and the subcontractor(s)/partner(s).

2.1.6 Work collaboratively with contract manager, co-contractors, county partners, community stakeholders, and CalMHSA’s independent evaluator.

2.1.7 Proposals which seek to oversee the social marketing aspects of the project MUST have a mental health professional and a plan to ensure materials are developed in a culturally and linguistically appropriate manner. The mental health professional can be on staff, or a consultant to the proposer.

2.1.8 Respondents must not currently have a Settlement Agreement with CalMHSA or any of CalMHSA’s members.

2.2 Evaluation Criteria
Proposals will be reviewed by CalMHSA upon submission to determine if the proposal contains all required documentation.

Following the initial review by CalMHSA, all complete proposals will move to a scoring and evaluation period. The review panel will consist of diverse, non-biased professionals. Please see subsection 1.8 for further information on the evaluation period.
Scoring will be based on experience of the proposing organization and staff, geographic and population reach, and quality of activities and strategies proposed.

**Scope of Work**

3.1 Phase I
Executive Summary of proposed project.

Proposer shall develop a summary document (no longer than 5 pages) which describes at a high-level the 1) goals of the proposal/outcomes to be impacted, 2) communities to be targeted, and 3) activities and strategies to reach these goals in these target populations. Executive Summary shall describe the subcontractors and/or partners for the proposal and their designated role as well as how the proposal addresses one or more of CalMHSA’s PEI Program Plan goals.

3.2 Phase II
The proposer shall develop a proposed Scope of Work and description of staff expertise (no longer than 15 pages). Staff resumes/CVs can be included as attachments and do not count against the total page limit.

Scope of Work
The scope of work shall consist of three main parts.

1. **Goals/Outcomes**: The proposal shall clearly describe the ultimate outcomes that they wish to achieve with their project proposal. Indicate process outcomes (e.g., services administered) and the timelines for their completion, as well as the ultimate goals of the activities.

   Key CalMHSA goals include:
   - Stigma and Discrimination Reduction
   - Suicide Prevention
   - Increased access to mental health care
   - Reduced disparities in access to mental health care
   - Improved Student Mental Health
   - Intersectionality of mental health and other SDOH

2. **Target populations**: The proposal shall describe which populations will be targeted by the proposer. In addition, this section shall describe the reasoning and/or evidentiary support for the selection of the target populations.
CalMHSA, in partnership with our members, have designated the following target populations:

- California General Population
- Latinx and/or Hispanic communities
- Youth, particularly transition to adulthood and elementary age youth
- Rural populations
- Other underserved, unserved, and inappropriately served communities.

3. **Activities and strategies**: What activities will the proposer undertake to meet the outcomes and target populations listed above? How do these activities support the overall project goal?

CalMHSA has identified some key activities in its strategic plan, but is open to innovative ideas for reaching mental health prevention and early intervention goals and target populations that are not specifically called out in its plan. Key strategies/activities include:

- Social marketing campaigns
- Material and Information development
- Material and information dissemination
- Mini-grants to CBOs in local communities
- Mobilization of K-12 and college students

Again, proposals are not limited to these strategies; innovative approaches are welcome.

Under the umbrella of the Each Mind Matters (EMM) campaign, CalMHSA contractors will continue to 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 and materials include, but are not limited to, print, online, social media, and traditional media materials.

FY 2020-2023, CalMHSA is seeking to increase emphasis on social media content (e.g., Facebook, Instagram, and Twitter) and digital/online resources that *directly* reach consumers and the public. We are seeking contractors who can greatly increase EMM’s social media followers and will push out quality content (posts, memes, graphics, etc.) to these followers on an ongoing basis. CalMHSA also seeks contractors who can amplify social media messages, for instance by engaging influencers and creating content for counties and community-based organizations (CBOs) to push out to their followers.
We are also considering creating a Spanish language social media presence for the SanaMente and ReconozcaLasSenales Spanish language stigma reduction and suicide prevention campaigns, and welcome proposals to do this work.

CalMHSA is also seeking to increase visibility of its social marketing campaigns in rural areas of the state. This may require strategies beyond social media (e.g., English and Spanish radio). We welcome innovative strategies to reach rural populations.

Proposals should highlight their relevant experience in successful implementation of the strategies outlined (e.g., growing social media followers) and in reaching target populations (e.g., rural Californians). Please also indicate when proposed strategies are evidence-based.

**Staff Expertise**

The proposer shall clearly describe the staff who will be involved in the project. Descriptions should include but not be limited to years of experience, ability to manage project of equivalent scale and evidence of their successful implementation, and other pertinent information which could inform the evaluation committee.

**3.3 Phase III**

Budget. Please complete the attached budget form (Attachment 3). Indirect Expenses may not exceed 15% of the total budget.

**3.4 References**

The proposer shall submit references for 4 organizations or individuals. References should be able to speak to the experience of the proposer, including the ability to execute a project of similar size to the proposal.
SUBJECT: CALMHSA PEI THREE-YEAR PROGRAM PLAN, FISCAL YEARS 2020 – 2023

ACTION FOR CONSIDERATION:

Approval of the Prevention and Early Intervention (PEI) Three-Year Program Plan for Fiscal Years 2020 through 2023 and the release of a Request for Proposals (RFP) for the specified components of the PEI Three Year Program Plan.

BACKGROUND AND STATUS:

On November 14, 2018, the CalMHSA Board approved the continuation of the Prevention and Early Intervention (PEI) program through Fiscal Year (FY) 2019/2020 and on June 13, 2019, the CalMHSA Board approved the contracts for the PEI program for FY 2019/2020. CalMHSA contracted with RAND Corporation to assist in the research and development phases to support the development of the PEI Three Year Program Plan 2020 - 2023. During this process RAND interviewed 10 CalMHSA Board Members and collected survey responses from CalMHSA Board Members to help further illuminate key priorities and goals of PEI funding. The RAND report (attached) relies on the interviews, research, and prior evaluation of past CalMHSA funded PEI programming to lay a framework for the next three years.

The plan largely builds on the considerable past program successes and helps frame the future work with an eye towards the intersectionality of behavioral health and the growing realization of the impact that social determinants of health have on California’s communities. CalMHSA and our contractors will continue to employ a social marketing campaign strategy which has shown to impact the willingness and methods used by individuals to seek care. The priority populations for the PEI Three-Year Program Plan will continue to be:

- California General Population
- English and Spanish-speaking Latino and/or Hispanic communities
- Rural populations
- Youth, and in particular Transitional Aged Youth (TAY)

The PEI Three-Year Program Plan 2020 – 2023 builds upon the PEI strategies of the Phase III Plan (FY 2017-2020), which were developed with broad statewide stakeholder input and approved by the Board of Directors on December 15, 2016.
CalMHSA Staff is also recommending that a Request For Proposals (RFP) be issued for the following components of the PEI programs, Student Mental Health, Marketing, Suicide Prevention County Technical Assistance and CBO Technical Assistance. Staff recommends that EMM, Directing Change, and Evaluation remain with their current vendors due to the unique qualifications of the existing providers.

**FISCAL IMPACT:**

There is no fiscal impact, at this time

**RECOMMENDATION:**

Approval of the Prevention and Early Intervention (PEI) Three-Year Program Plan for Fiscal Years 2020 through 2023 and the release of a Request for Proposals (RFP) for the specified components of the PEI Three Year Program Plan.

**TYPE OF VOTE REQUIRED:**

Majority vote

**REFERENCE MATERIAL(S) ATTACHED:**

- CalMHSA Three-Year Plan Slide Deck
- Draft CalMHSA Three-Year Plan
Mental Health Prevention and Early Intervention Three-Year Program Plan (Fiscal Years 2020-2023)

CalMHSA Board of Directors Meeting
January 28, 2020

Jeremy Wilson
Plan is based on

- RAND Corporation interviews and surveys of CalMHSA Board Members
- Research literature
- RAND’s work as external evaluator of the CalMHSA PEI programs

- New plan is largely a continuation of previous CalMHSA activities, with some changes to make the PEI initiatives more relevant and effective.
Goals

Top Goals Remained the Same

- Stigma reduction
- Suicide prevention

Other Key Goals

- Increase access to mental health care
- Reduce disparities in access to care
- Improve student mental health
- Explore ways to address the intersectionality of mental health and other Social Determinants of Health (SDOH)
Most Remained the Same

- California general population
- Latino and/or Hispanic communities
- Youth, particularly transition to adulthood

Other Key Goals

- Rural populations
Social marketing campaigns continue to be a key strategy
But the campaigns need some refinement to better serve Californians

Increased emphasis on **directly reaching individuals** with experiencing mental health challenges and the general public via social media content and digital/online resources.

Greatly increase number of EMM social media followers

Better integrate the KTS suicide prevention campaign under the EMM umbrella
But the campaigns need some refinement to better serve Californians

- **Create content for counties/cities** and organizations working on SDOH to share on social media, including *local* information.

- Promote *year-round visibility* of EMM beyond Mental Health Month in May.

- **Refresh content of EMM messages** to reflect CalMHSA board member priorities and current research evidence.

- Continue to prioritize *information dissemination*
  - Particularly creation and distribution of *culturally and linguistically responsive* materials and resources.
Other key strategies include...

Provide **mini-grants to CBOs in local communities**

Reach out to **TAY**, which may include continued partnerships with California community colleges and continued support of Directing Change

Facilitate **collaboration and partnerships** among Member counties and cities

Improve **communication to Member counties and cities**

Conduct **independent, external outcomes evaluation and surveillance** and create communications tool(s) for Members regarding outcomes

Provide **technical assistance and subject matter expertise** to individual counties, cities, community based organizations, and other key partners
Questions and Discussion

CalMHSA
California Mental Health Services Authority

California Mental Health Services Authority
Prevention and Early Intervention
Three-Year Program Plan (Fiscal Years 2020-2023)

DRAFT: DO NOT CITE

The California Mental Health Services Authority (CalMHSA) is undergoing a planning process to identify its goals and priorities for Prevention and Early Intervention (PEI) efforts for the coming three years. CalMHSA contracted with the RAND Corporation to assist with this effort. RAND interviewed and surveyed CalMHSA Board Members from Member counties and cities in order to understand their goals and priorities for CalMHSA PEI initiatives, reviewed the research literature to identify effective strategies for achieving these goals and priorities, and drew on its prior research and observations as the external evaluator of the CalMHSA PEI programs for the past eight years.

The interviews and survey revealed that CalMHSA Board Members’ priorities for the next three years are consistent with CalMHSA’s current priorities – namely an emphasis on strategic goals related to stigma and discrimination reduction and suicide prevention, and strategies such as social marketing campaigns and mini-grants to achieve those goals. In addition, prior evaluation of CalMHSA programs suggested that efforts such as the social marketing campaigns are associated with improved outcomes such as reduced stigma\(^1\), increased mental health service utilization\(^2\), and greater confidence to intervene with those at risk for suicide\(^3\) and are projected to yield a positive return on investment for the state of California\(^4,5\).

Based on these findings, the current plan is largely a continuation of previous CalMHSA activities. However, the stakeholder process revealed ways to make CalMHSA’s PEI initiatives more relevant and effective, such as increasing social media presence and outreach efforts specific to rural regions of the state. In addition, in light of growing recognition of the impact social determinants of health (SDOH) have on the wellbeing of all communities, and particularly low income and diverse racial and ethnic communities, CalMHSA endeavors to build linkages to other organizations targeting social needs. The FY 2020-2023 Three-Year Program Plan builds upon the PEI strategies of the Phase III Plan (FY 2017-2020), which were developed with broad statewide stakeholder input and approved by the Board of Directors on December, 15, 2016 \(^6\). The current plan does not shift CalMHSA’s overarching goals; it identifies how combining some previously utilized strategies with some updated strategies can help them better achieve these goals. It also helps CalMHSA prioritize where to spend resources based on strategies that are evidence-based and desired by CalMHSA Member counties and cities.

The plan is comprised of three major components, defined as follows:

- **Goals** – What CalMHSA aims to accomplish (e.g., prevent suicide).
- **Priority Populations** – Key target populations for these goals (e.g., Latino/Hispanic communities).
- **Strategies** – What CalMHSA will do to work toward these goals for these target populations (e.g., social marketing campaigns).

**FY 2020-2023 Three-Year Program Plan Timeframe**

FY 2020-2021 through FY 2022-2023 (July 1, 2020 through June 30, 2023)
FY 2020-2023 Three-Year Program Plan Goals

CalMHSA will continue to utilize PEI strategies that can result in social impact (e.g., changes in attitudes, knowledge, and intentions), benefit Members locally and statewide, are cost efficient, and prevent mental illnesses from becoming severe. PEI strategies can accomplish this by improving access to necessary treatment services, reducing the duration of untreated severe mental illnesses, and assisting people in quickly regaining productive lives.

In this phase, CalMHSA’s top two goals are to **prevent suicide** and **decrease stigma**, consistent with their previous goals. These goals support the following three additional goals: **increasing access to mental health care**, **reducing disparities in access to care**, and **improving student mental health**. CalMHSA will also explore ways to address the intersectionality of mental health and other social determinants of health.

FY 2020-2023 Three-Year Program Plan Priority Populations

The California general population remains a key target population. CalMHSA will ensure that the programs implemented under the PEI Project continue to have a statewide presence. Specifically, CalMHSA will focus on strategies that prevent suicide, decrease stigma, and promote increased access to mental health care at the statewide level.

However, CalMHSA will continue to target its resources to specific high priority groups. There will be a continued focus on English and Spanish-speaking **Latino and/or Hispanic communities**. CalMHSA Board Members identified this population as a particular target of their goal of reducing disparities in access to mental health care. Further, RAND’s evaluations found evidence of higher levels of stigma and lower levels of mental health service utilization among some Latino groups.

CalMHSA will add a new focus on reaching **rural populations**. Rural populations were particularly identified as a key priority of small counties. CalMHSA specifically seeks to address suicide prevention and access to mental health care in rural areas. Suicide rates are highest among California’s more rural counties, and access to mental health care is particularly challenging in rural areas.

Latino/Hispanic populations and rural populations intersect, and different materials and strategies are appropriate for Latino/Hispanic communities in urban versus rural areas. CalMHSA will target both urban and rural Latino and/or Hispanic populations, as well as reaching out to Latino/Hispanic communities and rural California residents more broadly.

Finally, CalMHSA will also focus on **youth**. Some counties noted a lack of materials and resources appropriate for elementary school and middle school children, and transition age youth (TAY) were particularly identified as a target of larger counties. TAY are an important target because mental health problems often first emerge during the transition to adulthood and there is often a long delay between onset of mental disorders and start of needed treatment, disrupting a key developmental period where individuals are pursuing higher education, forming close relationships, and entering the workforce.

FY 2020-2023 Three-Year Program Plan Strategies

**Social marketing campaigns** will continue to be a key strategy in the FY 2020-2023 Three-Year Program Plan, as they were overwhelmingly the preferred strategy among those surveyed. The Each Mind Matters (EMM) campaign will continue to focus on stigma reduction while the Know the Signs (KTS) campaign will continue to focus on preventing suicide among the California general population. RAND evaluations found evidence that exposure to EMM is associated with reduced stigma. Moreover,
the campaign increased mental health service utilization by leading more individuals to interpret symptoms of distress as indicating a need for treatment.\(^2\)

RAND evaluations also found that exposure to the KTS campaign is associated with greater confidence to intervene with those at risk for suicide.\(^3\) Both campaigns are projected to yield a positive return on investment for the state.\(^4\)\(^5\)

CalMHSA will continue to 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 and materials include, but are not limited to, print, online, social media, and traditional media materials.

However, FY 2020-2023 3-Year Program Plan will be marked by an increased emphasis on **social media content** (e.g., Facebook, Instagram, and Twitter) and **digital online resources** that *directly* reach out to consumers and the public. CalMHSA Board Members surveyed indicated that these online strategies are a high priority for the next phase of CalMHSA programming. Further, increased online presence is an effective approach for reaching out to the identified target populations of TAY and rural communities. EMM was intended to be a mass campaign targeting the general public, but in practice Phase III (FY 2017-2020) online content did not directly reach large numbers of Californians. For instance, EMM currently has a limited social media presence, with under 10,000 followers on Instagram, Facebook, and Twitter. As such, this *increased focus on directly reaching individuals with mental health problems and the general public* in FY 2020-2023 reflects a shift in strategy. *FY 2020-2023 3-Year Program Plan social media strategies will include the following:*

- **EMM** will greatly increase its number of social media followers and will push out quality content (posts, memes, graphics, etc.) to these followers on an ongoing basis.
- **CalMHSA** will also work to integrate the *Know the Signs* (KTS) suicide prevention campaign under the EMM umbrella, with EMM actively promoting KTS content on social media. More broadly, EMM and KTS should promote one another and leverage each other’s efforts.
- **CalMHSA** will create a Spanish language social media presence for the SanaMente and ReconozcaLasSenales Spanish stigma reduction and suicide prevention campaigns in FY 2020-2023 Three-Year Plan as funding allows.
- In addition to statewide social messaging strategies directly pushed out to consumers, CalMHSA and EMM will also create and push out content to counties to share on social media. This locally focused content will include messages where counties can insert local contact information, in order to improve access to mental health care—a key goal. In addition to direct and local strategies, CalMHSA will also explore ways of amplifying their messages by engaging social media influencers with large numbers of followers. Further, we aim to build linkages with other organizations addressing SDOH and create tailored social media content appropriate for their use.

More broadly, **EMM will work to have increased visibility** in FY 2020-2023. In addition to *increased social media presence*, EMM will work toward having *year-round visibility* beyond Mental Health Month in May, and will focus on increasing visibility in rural areas of the state. In addition to social media, strategies targeting rural areas may include local radio—in both English and Spanish. CalMHSA recognizes that rural and urban areas require different outreach strategies, and is committed to ensuring that its messages reach individuals in all areas of the state.

The **content of EMM messages will be refreshed** in FY 2020-2023. The key message to convey over the next three years is **how to access local care**; this message is the highest priority for many CalMHSA Members. Other key messages may include: mental health issues are common, people experiencing mental health problems should seek care, people with mental illness can lead meaningful lives, and inclusion and acceptance of people living with mental illness. These messages were prioritized by stakeholders surveyed, and they are consistent with the evidence base on effective social marketing
campaigns. CalMHSA will also explore ways to develop resources that integrate a focus on SDOH (e.g., messaging around social factors that impact ability to seek care).

The FY 2020-2023 EMM campaign will seek to include the following elements which are found in most successful stigma-reduction campaigns13-22:

- Depictions of those who have experienced mental health challenges engaging in activities that involve everyday responsibilities.
- Recategorization (messages indicating that mental illness is common and/or that those with mental illness are no different from others)
- A call to action.

KTS messages will continue to be disseminated with minimal changes in approach, as an expert panel determined the campaign to be largely consistent with best practices and one of the best campaigns they had observed23.

CalMHSA will continue to prioritize information dissemination, particularly creation and distribution of culturally and linguistically responsive materials and resources. Culturally and linguistically responsive materials and resources are vital in order to reduce disparities in access to mental health care. Responsive materials and resources are particularly needed for Latino and Hispanic populations. While current resources make it difficult to culturally adapt all materials, it is possible to take a tiered approach to culturally adapting and translating materials, in which short core messages are translated and culturally adapted for a wide variety of languages and cultures common in California, and more in-depth materials are available in Spanish only via the SanaMente campaign. It is also possible to have a subset of materials that are consistent across communities, with some materials tailored for cultures and communities. CalMHSA will also continue to disseminate existing resource materials developed during Phases II (FY 2014-2017) and III (FY 2017-2020) of the PEI projects.

CalMHSA will complement its social marketing and information dissemination strategies with a number of additional strategies:

- CalMHSA will continue to administer mini-grants to CBOs in local communities and may increase mini-grant opportunities if there is available funding. Mini-grants will focus on key target populations including Latino/Hispanic communities, rural communities, and TAY. CalMHSA may seek to fund organizations working on SDOH.

- CalMHSA will continue to reach out to TAY via efforts to mobilize students on high school and/or college campuses. In particular, efforts in the community colleges continue to be important because community college students are unlikely to be reached by county mental health systems, but they serve a vulnerable population with limited access to mental health resources24. There is evidence that CalMHSA’s college-based interventions are effective; they are associated with decreased stigma, increased perceived knowledge and helping behaviors, and increased mental health service utilization that is projected to yield a positive return on investment for the state26. CalMHSA will explore other strategies to reach vulnerable TAY not currently enrolled in college.

- CalMHSA will work to facilitate collaboration and partnerships among Member counties and cities during FY 2020-2023. CalMHSA can create opportunities for its Members to learn from one another, collaborate, and forge productive working relationships. CalMHSA will itself seek opportunities to partner with other organizations and leverage available materials and resources whenever possible.

- CalMHSA will focus on improved communication to Member counties and cities during FY 2020-2023. CalMHSA will focus its communication efforts on informing Members about local CalMHSA-funded events, involving Members more in selecting mini-grant recipients, and
enhancing communication about what Member counties and cities are getting for their CalMHSA investment.

- CalMHSA will continue to focus on independent, external outcomes evaluation and surveillance in order to better understand and communicate the value of county and city investments. CalMHSA will work with an independent evaluator to develop metrics and collect data to evaluate selected PEI activities. Statewide surveillance will be used to measure changes in attitudes, knowledge and behavior regarding stigma, service utilization, mental health, and suicide. Evaluation findings will be disseminated to members.
- CalMHSA will continue to provide technical assistance and subject matter expertise to individual counties, cities, community based organizations, and other key partners in order to support local and statewide PEI goals and promote sustainability of efforts. Technical assistance will allow counties to access, refine, tailor, and use CalMHSA materials, brands, and resources. CalMHSA will provide resource navigation to each contributing county and member city through a designated Each Mind Matters contact person. As in Phase III (FY 2017-2020), counties who invest more in CalMHSA will be able to receive augmented services that focus on local priorities and local target populations (e.g., older adults).

Scope of CalMHSA PEI Activities

It is anticipated that funding for FY 2020-2023 will be similar to Phase III (FY 2017-2020). As such, CalMHSA is focusing on a limited range of evidence-based strategies that are most highly prioritized by its Member counties and cities. If additional funding is available, CalMHSA will be able to implement a broader range of strategies and/or target additional diverse populations.

Projected Outcomes

As described above, evaluations of CalMHSA activities have found evidence that the planned interventions described above can successfully influence short-term outcomes such as measures of stigma, perceived knowledge, helping behaviors, mental health service utilization, and confidence to intervene with those at risk for suicide. Given these promising short-term outcomes, we project that the programming will lead to a number of longer term outcomes which have not yet been measured:

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
- Increased community college graduation rates
- Increased collaboration and linkages to new partners working on SDOH

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
• Reduced disparities in mental illness stigma among California’s diverse racial and ethnic groups
• Reduced disparities in mental health service utilization among California’s diverse racial and ethnic groups
References


3. Ramchand R, Roth EA, Acosta JD, Eberhart NK. Adults newly exposed to “Know the Signs” campaign report greater gains in confidence to intervene with those who might be at risk for suicide than those unexposed to the campaign. Santa Monica, CA: RAND; 2015.


6. California Mental Health Services Authority. Forging California’s Culture of Mental Wellness. 2016.


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 CalMHSA 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 MHSA funds. CalMHSA, a Joint Powers Authority, was created by the counties in 2010, to administer MHSA 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 CalMHSA Statewide PEI Project, CalMHSA developed and implemented population-based strategies aligned with Welfare and Institutions Code Section 5840: MHSA 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, CalMHSA 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. CalMHSA can reach the $12.6 million per year budget as a result of each CalMHSA member county contributing 4% of their annual PEI funds to CalMHSA on an annual basis for 3 years. This recommendation, from the CalMHSA Finance Committee, will be submitted to the CalMHSA Board of Directors for approval at the December 15th, 2016 meeting.

1 Alternatively, counties can contribute the equivalent of 4% of their annual PEI funds to CalMHSA 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 CalMHSA 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 Plan, 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

---

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 home\textsuperscript{4}.

- 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 County\textsuperscript{5}.
- 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 Islanders\textsuperscript{6}.
- 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 \textit{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.

\textsuperscript{4} http://www.pewhispanic.org/states/state/ca/
\textsuperscript{5} http://www.pewhispanic.org/states/state/ca/
\textsuperscript{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 MHSA 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 organization.

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 Areas identified in the Phase II Plan for Sustaining Statewide Prevention and Early Intervention Projects.

Wellness Areas identified in the Phase II Plan include Diverse Communities, Schools, Health Care and Workplace.
### Short Term Outcomes Achieved:
1. Increased knowledge and skills for recognizing signs and facilitating help-seeking
2. Decreased stigma against persons with mental health challenges

### 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 signs 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

### Projected Societal Return on Investment:
- County funding at $12.6 million per year result in over $12 billion return to society*
- County funding at $5 million per year result in over $6 billion return to society*
- County and private funding at $25-30 million: County and private funding at $25 million per year will result in over $31 billion return to society*

* 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.
<table>
<thead>
<tr>
<th>COSTS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. PERSONNEL-ADMIN/SUPPORT STAFF</strong></td>
<td></td>
</tr>
<tr>
<td>1. Project Staff</td>
<td></td>
</tr>
<tr>
<td>2. Administration/Support</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL PERSONNEL COSTS</strong></td>
<td></td>
</tr>
<tr>
<td><strong>B. SERVICES AND SUPPLIES</strong></td>
<td></td>
</tr>
<tr>
<td>1. Production/reproduction of materials</td>
<td></td>
</tr>
<tr>
<td>2. Office Supplies</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL SERVICES AND SUPPLIES</strong></td>
<td></td>
</tr>
<tr>
<td><strong>C. EQUIPMENT</strong></td>
<td></td>
</tr>
<tr>
<td>1. Equipment</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL EQUIPMENT</strong></td>
<td></td>
</tr>
<tr>
<td><strong>D. FACILITIES</strong></td>
<td></td>
</tr>
<tr>
<td>1. Facility Costs</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL FACILITIES</strong></td>
<td></td>
</tr>
<tr>
<td><strong>E. OTHER COSTS</strong></td>
<td></td>
</tr>
<tr>
<td>1. Specify (e.g. Travel Stipends)</td>
<td></td>
</tr>
<tr>
<td>2. Specify</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL OTHER COSTS</strong></td>
<td></td>
</tr>
<tr>
<td><strong>GRAND TOTAL</strong></td>
<td></td>
</tr>
</tbody>
</table>