

Mental Health Act Steering Committee Meeting

August 5, 2013



Health Care Agency
Behavioral Health Services



WELLNESS • RECOVERY • RESILIENCE



Health Care Agency
Behavioral Health Services (BHS)



WELLNESS • RECOVERY • RESILIENCE

**Mental Health Services Act
Steering Committee Meeting**

**Monday August 5, 2013
1 – 4 p.m.
Delhi Community Center.
505 E. Central Ave. Santa Ana, CA**

AGENDA

- | | |
|---|---|
| 1:00 – Welcome | Sharon Browning, Facilitator |
| 1:05 – MHSA Financial Update | Mike Geiss, Financial Consultant |
| 2:20 – BREAK | |
| 2:30 – CalMHSA Statewide
Project Updates | Sarah Brichler and Ann Collentine,
CalMHSA |
| 3:45 – Steering Committee Comments | |
| 3:50 – Public Comments | |
| 4:00 – Adjourn | |

Next Month: MHSA Subcommittee Meetings, Monday September 9, 2013 (the week after the Labor Day Holiday).

**1:00 p.m. – 2:25 p.m. CSS Adults and Older Adults and/or PEI
2:35 p.m. – 4:00 p.m. – CSS Children and TAY and/or WET and Innovations**

Delhi Community Center



Orange County MHSA Steering Committee

MHSA Fiscal Update
August 5, 2013

Mike Geiss





Mental Health Services Act

- The MHSA created a 1% tax on income in excess of \$1 million to expand mental health services
- Approximately 1/10 of one percent of tax payers are impacted by tax
- Two primary sources of deposits into State MHS Fund
 - 1.76% of all monthly personal income tax (PIT) payments (Cash Transfers)
 - Annual Adjustment based on actual tax returns
 - Settlement between monthly PIT payments and actual tax returns



Mental Health Services Act

- Cash Transfers are largest in months with quarterly tax payments and year end tax payments
 - January, April, June and September
- Annual Adjustments are incredibly volatile
 - Two year lag
 - Known by March 15th
 - Deposited on July 1st
- Funds distributed to counties monthly based on unspent and unreserved monies in State MHS Fund at end of prior month
 - Counties receive one amount not identified by component
 - Orange County receives approximately 8.1% of statewide MHSA distributions



MHSA Estimated Revenues

- FY13/14 May Budget Revision is primary source for projections
- Approximately 15% of FY12/13 Component Funding is estimated to be from prior year State MHS Fund deposits
- FY13/14 Budget increased State share of MHSA funding from 3.5% to 5%
 - Assist in funding the Investment in Mental Health Wellness Act of 2013



MHSA Estimated Revenues

- January, 2013 total Personal Income Tax Collections were significantly higher than anticipated
 - Due to primarily higher than anticipated 2012 estimated tax payments
 - Proposition 30 created three higher income tax brackets for families with taxable income above \$500,000 retroactive to 2012
 - Reduced Federal tax rates expired at the end of 2012 increasing taxes for dividend income and capital gains in 2013
- State tax law change does not impact amount earned in State MHS Fund
 - Increases cash transfers but decreases annual adjustment
- Federal tax law change may marginally impact amount earned in State MHS Fund

MHSA Revenues

(Dollars in Millions)

MHSA Estimated Revenues^{a/} (Cash Basis-Millions of Dollars)

	Fiscal Year					
	Actual	Estimated				
	10/11	11/12	12/13	13/14	14/15	15/16
Cash Transfers	\$905.0	\$910.0	\$1,256.4	\$1,323.0	\$1,406.3	\$1,489.3
Annual Adjustment	\$225.0	(\$64.5)	\$157.0	\$153.5	\$216.0	\$86.0
Interest	\$9.7	\$2.4	\$2.6	\$1.2	\$1.0	\$1.0
Total	\$1,139.7	\$847.9	\$1,416.0	\$1,477.7	\$1,623.3	\$1,576.3

a/ FY13/14 Governor's May Budget Revision cash transfers and interest through FY13/14 and annual adjustment through 15/16.

Orange County MHSA Component Funding (Dollars in Millions)

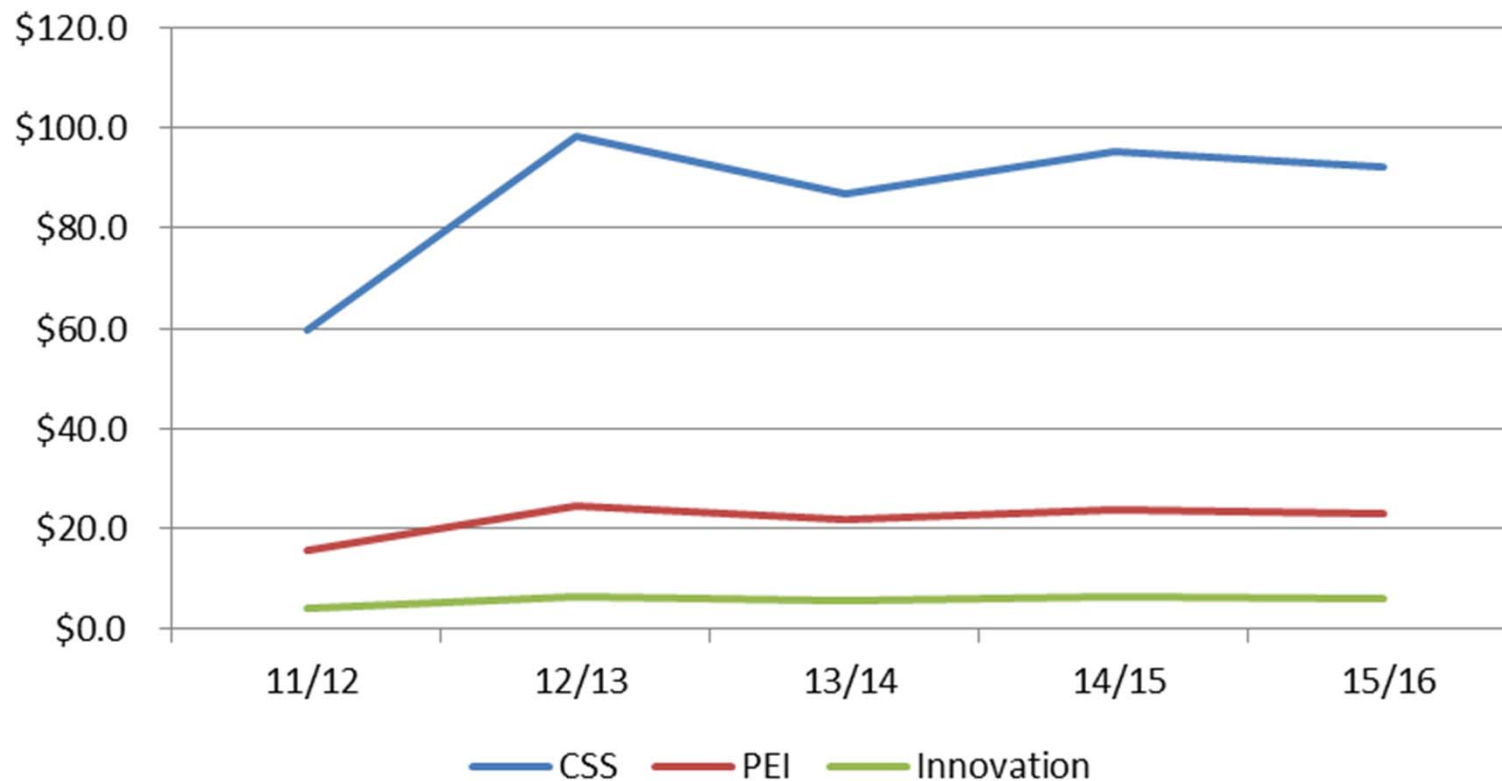
Orange County MHSA Estimated Component Funding (Millions of Dollars)

	Fiscal Year				
	Actual		Estimated		
	11/12	12/13	13/14	14/15	15/16
CSS	\$59.8	\$98.2	\$86.7	\$95.2	\$92.4
PEI	\$15.5	\$24.6	\$21.7	\$23.8	\$23.1
Innovation ^{a/}	\$4.0	\$6.5	\$5.7	\$6.3	\$6.1
Total	\$79.3	\$129.3	\$114.1	\$125.3	\$121.6

a/ 5% of the total funding must be utilized for innovative programs (W&I Code Section 5892(a)(6)).

Orange County MHSA Component Funding (Dollars in Millions)

Orange County Estimated MHSA Component Funding





MHSA Fiscal Planning

- Amount of component funding is not guaranteed
 - Estimated funding needs to be tracked
 - More risk to counties
- Cash flow will vary during the fiscal year
 - 40% of MHSA cash transfers received in last three months of fiscal year
- Use tools provided in MHSA to manage funding
 - Local prudent reserve
 - Three year reversion period for unspent CSS, PEI and Innovation funds
- Funds still subject to reversion if not spent within specified time period
- Three Year Integrated Plan beginning in FY14/15



Other Community Mental Health Funding

- 1991 Realignment
 - Mental Health guaranteed minimum level of funding
 - Orange County received \$65.1 million in FY11/12 and estimate receiving \$67.3 million in FY12/13
 - Includes VLF Collection
 - Don't anticipate any additional growth until at least FY14/15
 - FY14/15 growth won't be available until probably October, 2015
 - Anticipate receiving approximately \$300,000 in October, 2013 from FY12/13 growth in 2011 Realignment

Other Community Mental Health Funding

- 2011 Realignment
 - EPSDT and Managed Care now included in Behavioral Health Subaccount
 - FY11/12 Orange County distributions
 - EPSDT - \$16.9 million
 - Managed Care - \$8.9 million
 - FY12/13 Orange County receives 3.4% of deposits into Behavioral Health Subaccount (\$32.6 million base)
 - EPSDT (\$18.1 million)
 - Existing EPSDT (\$15.4 million)
 - Katie A. implementation (\$1.0 million)
 - Transfer of Healthy Families Program to Medi-Cal (\$1.6 million)
 - Mental Health Managed Care (\$9.4 million)
 - Substance Use Disorders (\$5.1 million)
 - Drug/Medi-Cal (\$1.8 million)
 - Drug Courts (\$1.9 million)
 - Non-Drug/Medi-Cal (\$1.4 million)
 - Don't anticipate much additional growth until FY13/14
 - Growth not known until FY14/15



Medi-Cal Program Changes

- Responsibility for the Medi-Cal Specialty Mental Health program shifted from DMH to the Department of Health Care Services (DHCS)
- Statewide Maximum Allowances (SMAs) eliminated
- Supplemental Payment State Plan Amendment
 - Will allow counties to voluntarily claim for Certified Public Expenditures above the SMAs
- Implementation of Federal Affordable Care Act in January, 2014



Medi-Cal Program Changes

- Counties looking towards new federal reimbursement system in future
- Current claims-based, minutes of service system with modes and service functions not sustainable
- Propose interim solution based on county mental health plan Certified Public Expenditures
- Longer term solution is probably case rates or capitated payments



Opportunities and Challenges

- Majority of community mental health funding driven by economy and not demand for services
- Counties being given more flexibility in return for increased responsibility and risk
 - MHSA
 - 2011 Realignment
- Federal Health Reform in 2014
- Potential new federal reimbursement system could provide increased flexibility as well as additional risk to counties

MHSA-Funded Statewide Prevention & Early Intervention (PEI) Projects




Background, Status & What's on the Horizon

Orange County Steering Committee Meeting

August 5, 2013

Presented By:

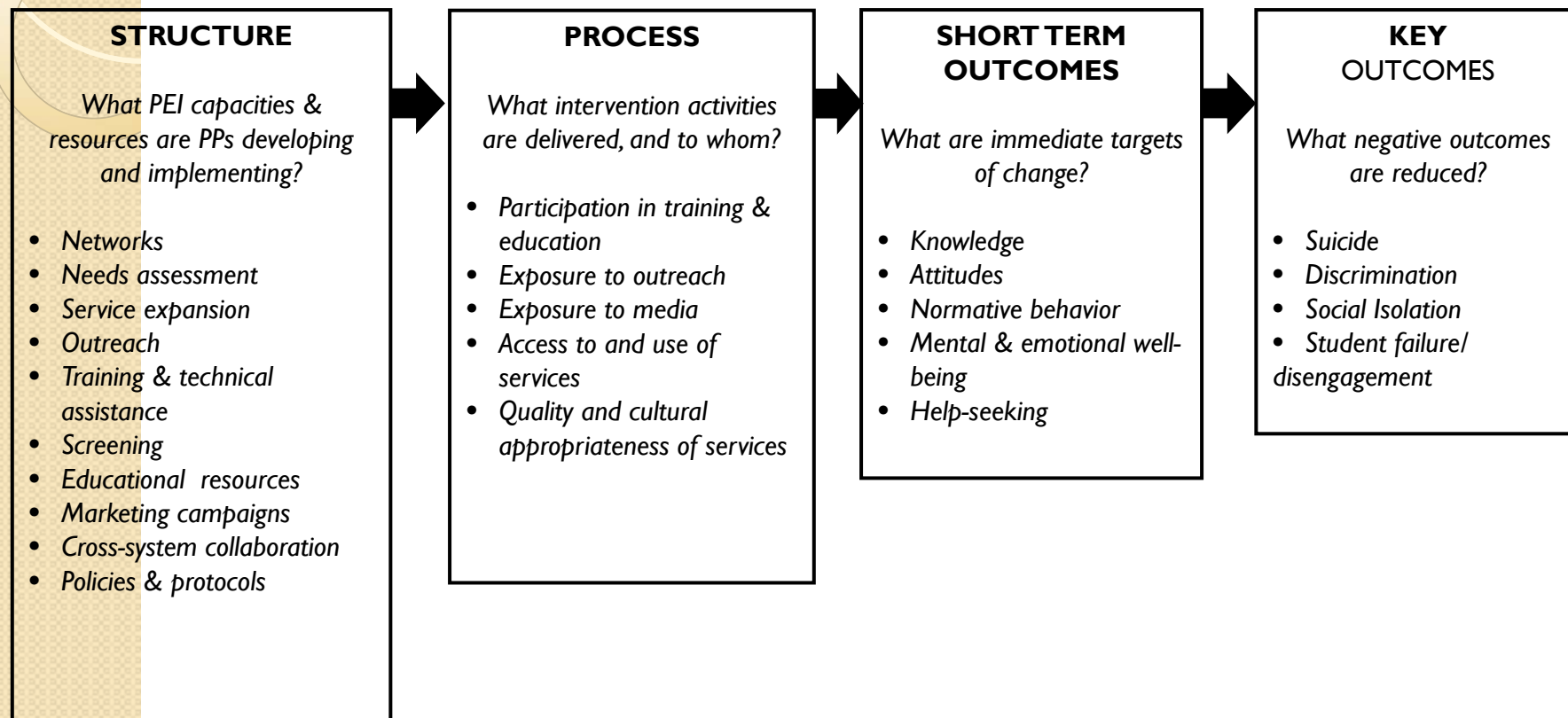
Ann Collentine, MPPA Sarah Brichler, MEd
CalMHSA Program Director CalMHSA Program Manager

- 
- Overarching Goals of PEI Statewide Projects
 - Prevent Suicides
 - Improve Student Mental Health
 - Reduce Mental Health Stigma and Discrimination
 - Major Activities over 4 years of the Program
 - Overview of PEI Statewide Projects Evaluation



Compassion. Action. Change.

- CalMHSA is an organization established by county governments to improve mental health services and outcomes
- PEI Statewide Programs are funded by the MHSA (Prop 63) from counties choosing to participate in the CalMHSA-administered initiative



*Evaluation Logic Model, RAND 6/29/2012

*Leveraging opportunities
between Initiatives*

**Student
Mental
Health**

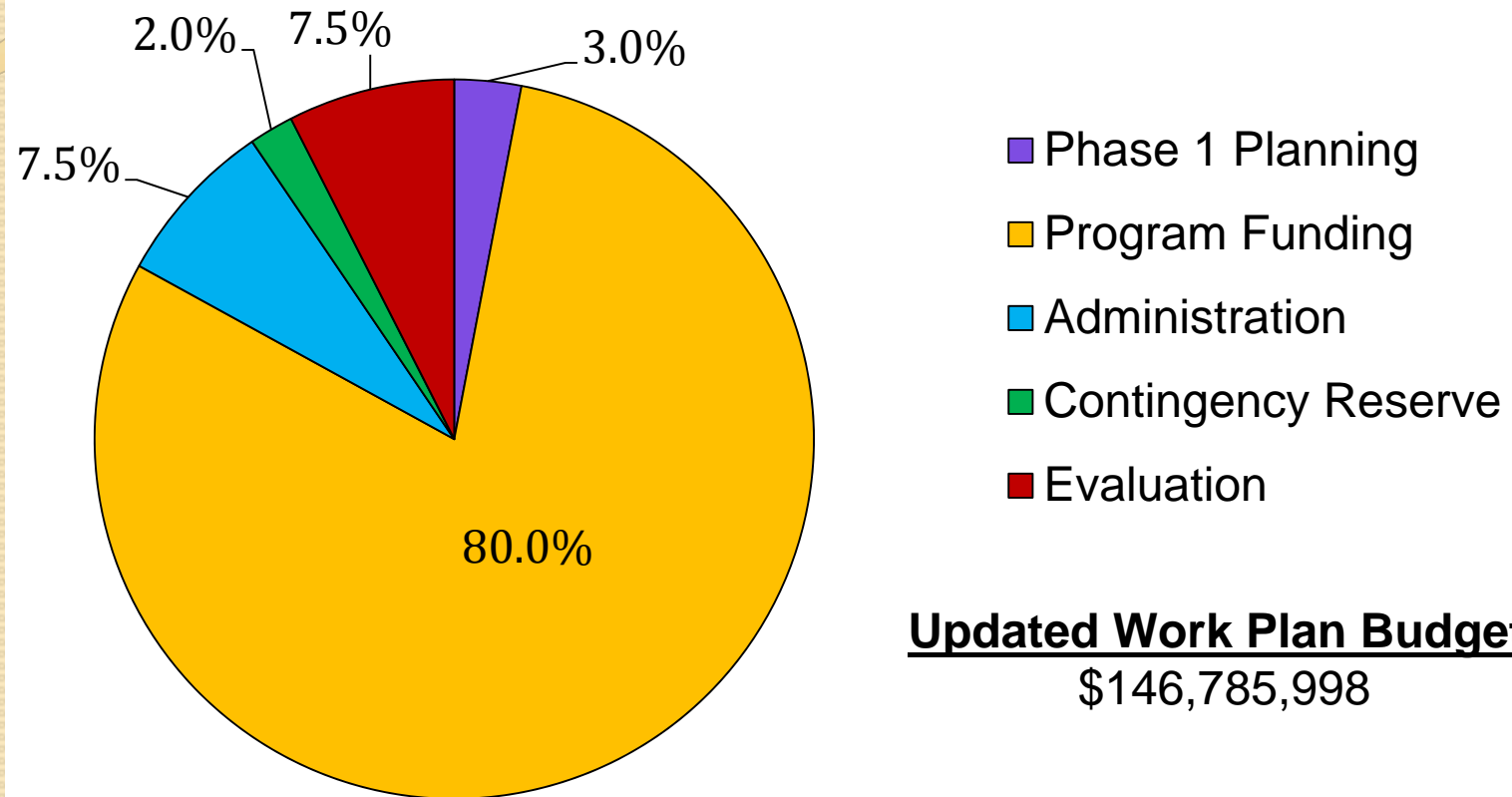
**Stigma and
Discrimination
Reduction**

**Suicide
Prevention**

Synergy across initiatives

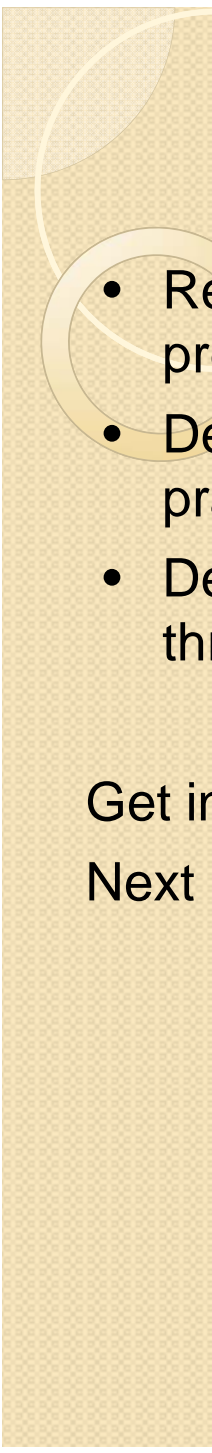


Funding Allocated after CalMHSA Work Plan Amendment and Plan Update





Suicide Prevention Programs

- 
- Regional Task Force Meetings serve as the focal point for suicide prevention activities.
 - Develop a Best Practice for each region to improve suicide prevention practices that are customized to meet local needs to reduce suicides.
 - Develop a common set of metrics collecting for crisis hotlines throughout the state.

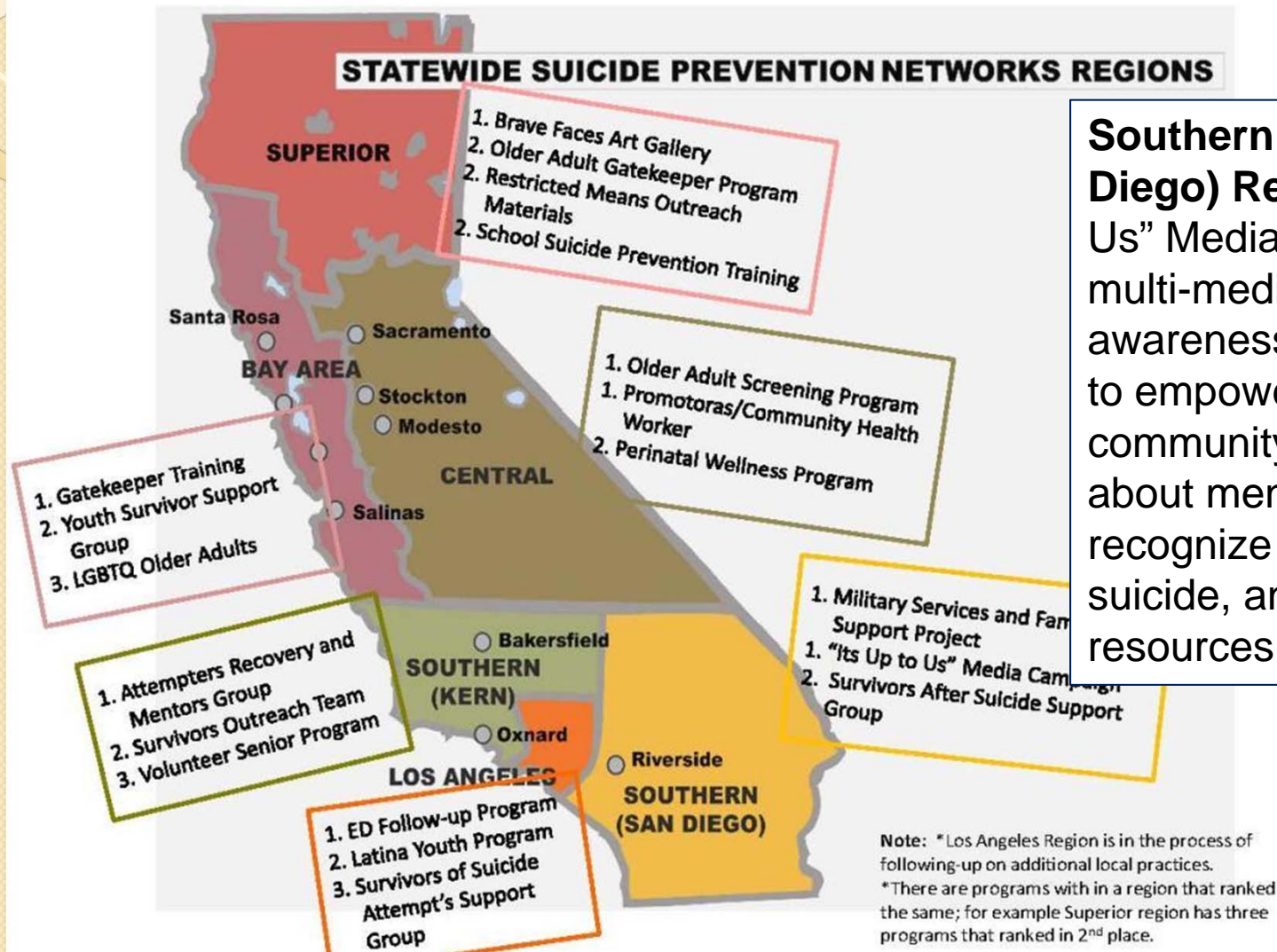
Get involved in the Regional Suicide Prevention Taskforce

Next meeting will be scheduled for September or October 2013

Lead Contact for the Southern region:

Yeni Palomino, Community Health Improvement Partners

(858) 609- 7969, ypalomino@sdchip.org



Southern CA (San Diego) Region- "It's Up to Us" Media Campaign. This multi-media education and awareness campaign aims to empower the local community to talk openly about mental illness, recognize warning signs of suicide, and utilize local resources to seek help.

**Formation
and
Development
of CSPN
(Includes
needs
assessment)**

*Jan-Sept
2012*

**Regional
Planning
Committee**

*Dec 2012-Feb
2013*

**County
Liaisons
Conference
Calls**

*April-May
2013*

**Best
Practices
Workgroup**

*May-Dec
2013-*

**Turn in
Application
to SPRC**

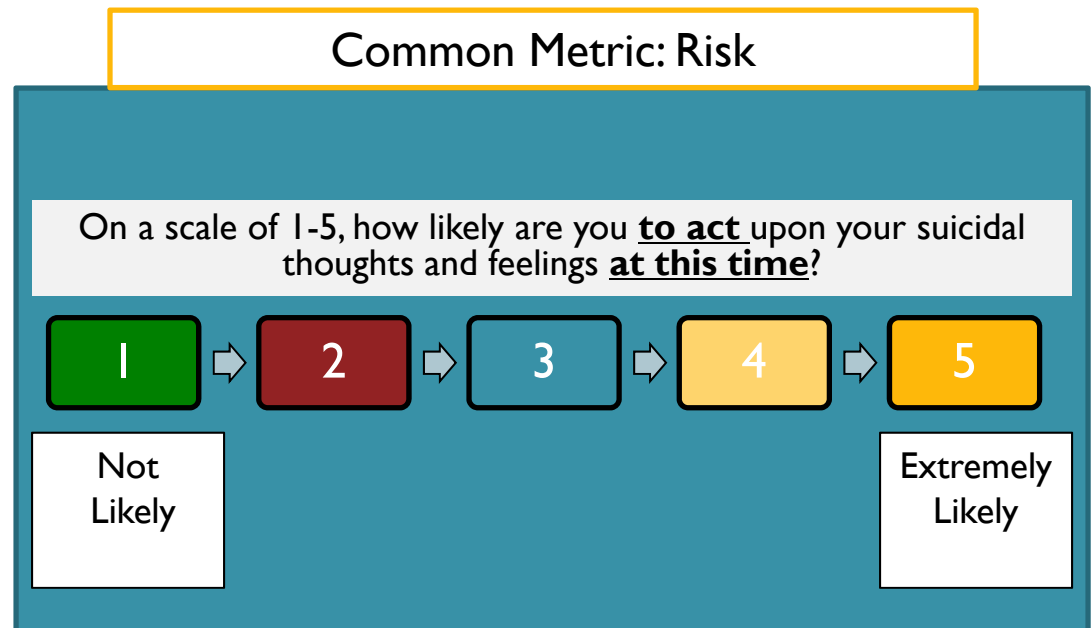
Jan 2014

**Review,
Revise,
and
Resubmit**

*Jan-June
2014*

In

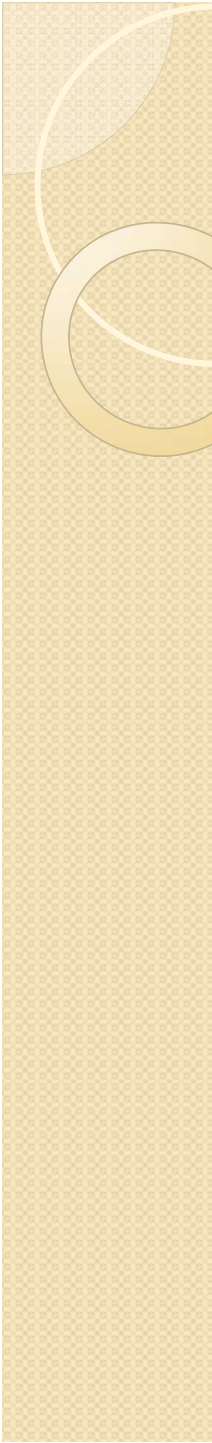
- Identify and Collect Common Metrics in Crisis Centers statewide
- Identified common metrics are:
 - Demographics
 - Reason for the call
 - Call volume
 - Risk
 - Follow Up
 - Caller Satisfaction





Enhancements to the existing partnership between Orange County & Didi Hirsch Suicide Prevention & Crisis Services:

- Provide enhanced crisis hotline services:
 - Language expansion to include Korean and Vietnamese speaking counselors
 - Expand hours of the online crisis chat service
- Expansion of NAMI Orange County Warmline hours (from 11pm to 3am)
- Enhance community awareness:
 - Promote the hotline and warmline services through multiple media strategies; utilize the Know the Signs campaign
 - Provide safeTALK training

- 
- Support partner counties (Ventura, Los Angeles, Orange, San Bernardino, Riverside, Imperial and San Diego) in their suicide prevention efforts in Southern California

Didi Hirsch contact: Lyn Morris

(310)895-2305, Lmorris@didihirsch.org

<http://www.didihirsch.org/orange-county-services>

Pain Isn't Always Obvious

KNOW THE SIGNS


Suicide Is Preventable.org

El Sufrimiento No Siempre Se Nota

RECONOZCA
LAS SEÑALES

El Suicidio Es Prevenible



- 
1. More people in California will **recognize** warning signs, **confidently** offer help and be able to **connect** at-risk individuals to resources
 2. More **news media** know how and adhere to the recommendations for **reporting** on suicide
 3. More **individuals** with thoughts of suicide know of resources and **are helped** by others

¿Qué harías si supieras que me quiero suicidar?

A menudo es difícil saber lo que sienten nuestros hijos. Y es más difícil aún hablarles sobre un tema tan duro como el suicidio. Pero el saber reconocer las señales de advertencia y qué hacer cuando un ser querido está en riesgo puede marcar la diferencia entre un final doloroso y una vida plena.

RECONOCE

PAIN ISN'T ALWAYS OBVIOUS.

Learn the signs at suicideispreventable.org

KNOW THE SIGNS

SURROUNDED BY FRIENDS
NEVER FELT SO ALONE

On the surface, a friend experiencing emotional pain or suicidal thoughts may seem OK. The warning signs — like isolation, depression or hopelessness — aren't always obvious. Knowing the signs is the first step toward being there for a friend in need. Visit suicideispreventable.org to recognize the signs, find the words and reach out. You have the power to make a difference. The power to save a life.

Learn the signs at suicideispreventable.org

Pain Isn't Always Obvious
KNOW THE SIGNS
Suicide Is Preventable

In crisis call the National Suicide Prevention Lifeline
1.800.273.8255

www.SuicideisPreventable.org



www.elsuicidioesprevenible.org

RECONOZCA LAS SEÑALES

OBTENGA AYUDA AHORA

Reconozca las señales >> Escuche y Dialogue >> Busque Ayuda

EL SUFRIMIENTO NO SIEMPRE SE NOTA.

A diario en California, nuestros hijos, familiares, amigos, y compañeros de trabajo luchan con el dolor emocional. Y para muchos es muy difícil hablar acerca de su sufrimiento y sentimientos suicidas o expresar su necesidad de ayuda. Sin embargo, aunque las señales de advertencia pueden ser sutiles, siempre están presentes. Si reconocemos estas señales y aprendemos como comenzar una conversación y donde ir a buscar ayuda, tendremos el poder de hacer una gran diferencia – el poder de salvar una vida.

RECONOZCA LAS SEÑALES

ESCUCHE Y DIALOGUE

BUSQUE AYUDA

COMPARTA LA INFORMACIÓN

Medios de Comunicación | Sobre Nosotros | Contáctenos | English



Engagement

- **349,749** unique website hits within the state of California during four month period
- 93% web responses from California residents
- **23.8%** overall brand lift from the start of the campaign
- **23.5 million** total completed views for online video ads

Coverage

- **720,378,821** impressions were served in CA (22% over-delivery)
- Impressions were evenly divided throughout each county resulting in 8+ frequency during flight (**Average Frequency 12**)
- Media was delivered by a DMA level but online impressions coverage tracked by county*
- Reach
 - English – 76% (includes Asian and African American)
 - Spanish Language/Hispanic – 24%

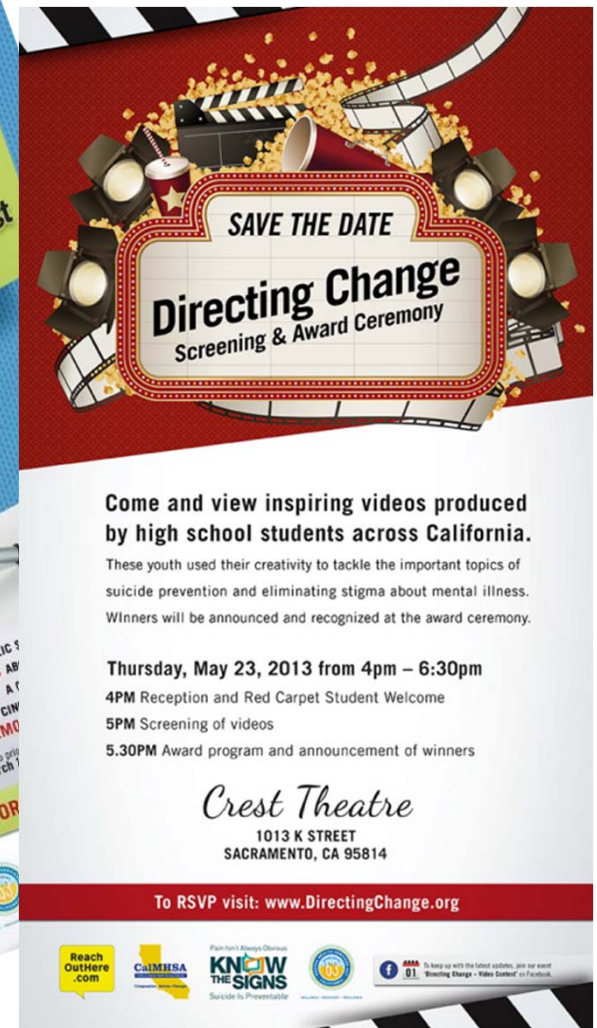
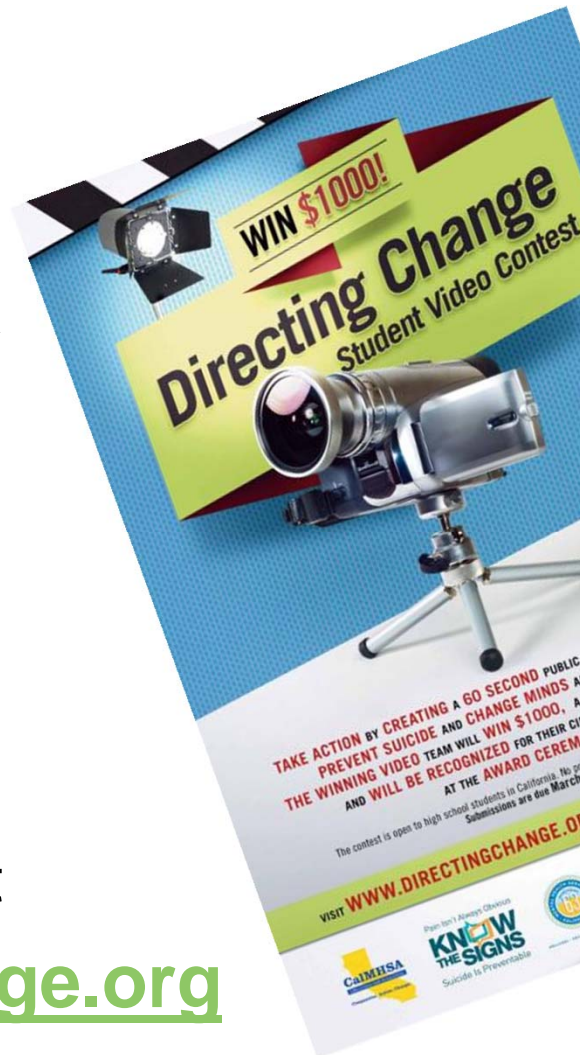
Bonus/Added Value

- 68% value added that equals to about **\$2,176,000** in media spend

- Open to high school students
- Two categories: Suicide Prevention & Eliminating Stigma
- 371 submissions, representing 922 students in 142 schools from 35 counties.

View the PSAs at

www.DirectingChange.org



Winning Directing Change PSA's

Suicide Prevention Category

1st Place: Angel Lopez



Eliminating Stigma Category

1st Place: Spencer Wilson



Regional Third Prize Winner: “Anyone”
Alicia Cota, Tina Profant, and Ava Lorizzo
View the video at:

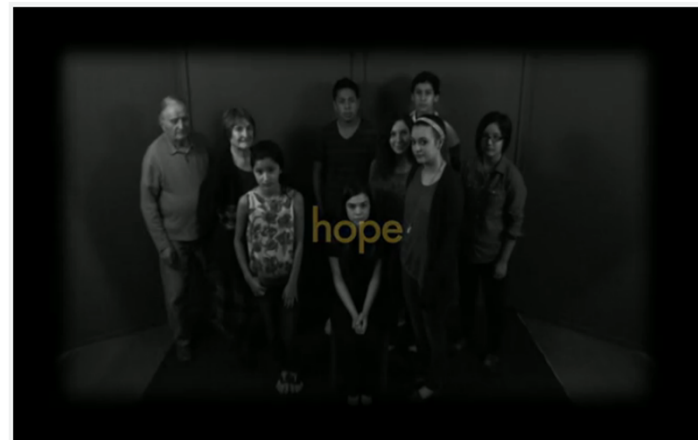
<http://www.directingchange.org/anyone/>

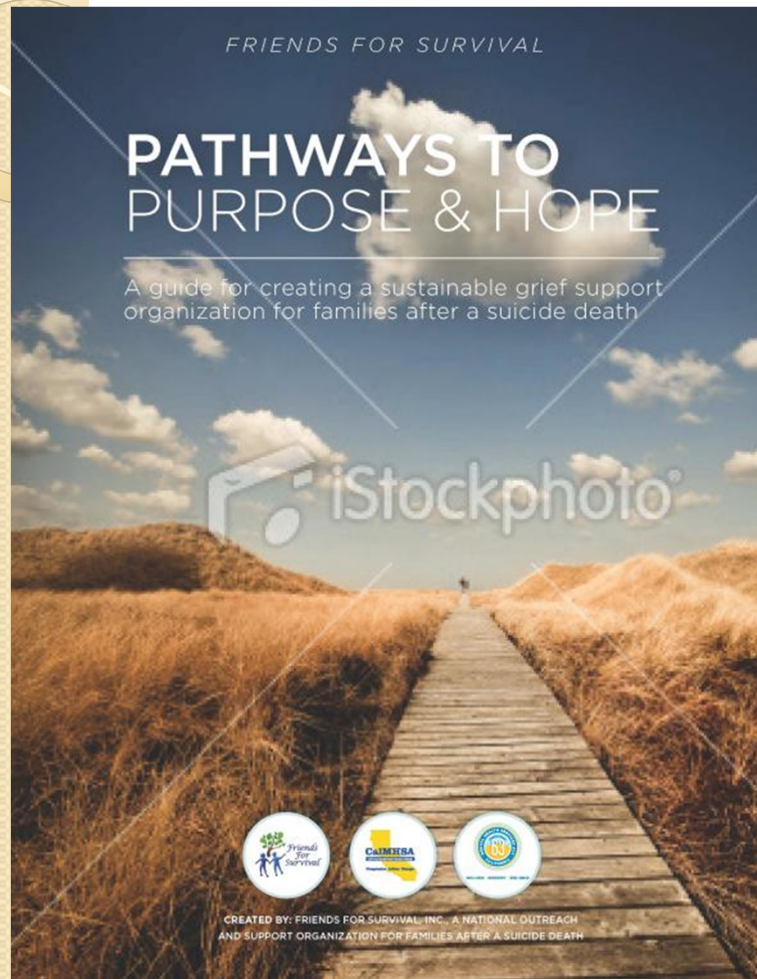
Honorable Mention: “Hope”

Olivia Mazzucato

View the video at:

<http://www.directingchange.org/hope-2/>





- Mobile App
- Friends for Survival
 - Step-by-Step strengthening survivor community manual
- Native American
 - Illustrated resource guide
- Spanish
 - Low-Literacy outreach tool
- Mass Media fall flight additional targets
 - LGBTQ
 - API
 - African American

- **Applied Suicide Intervention Skills Training (ASIST) T4Ts and safeTALK T4Ts** have been provided, with more to come
- **189 new ASIST Trainers and 28 new safeTALK Trainers**
 - 76 ASIST Workshops training 1,560 participants
 - 6 safeTALK workshops held training 82 participants
- **e-suicideTALK** 1-2 hour online exploration of suicide prevention. 16,100 FREE licenses available for California residents through crisis centers

The next local ASIST workshop: August 20, 2013, Santiago Canyon College.

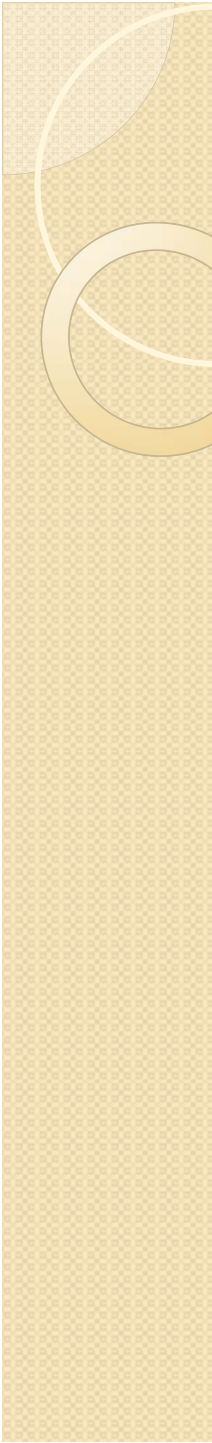
Nearby ASIST workshops:

October 16, 2013: Los Angeles


November 13, 2013: Los Angeles

November 21, 2013: Los Angeles

December 09, 2013: Santa Ana



Stigma and Discrimination Reduction Programs

- 
- Reduction in negative consequences associated with having a mental health challenge
 - Encourage seeking help for a mental health challenge
 - Self-stigma
 - Public stigma
 - Systemic stigma
 - Eradicate discrimination against individuals and families living with mental health challenges

Ef

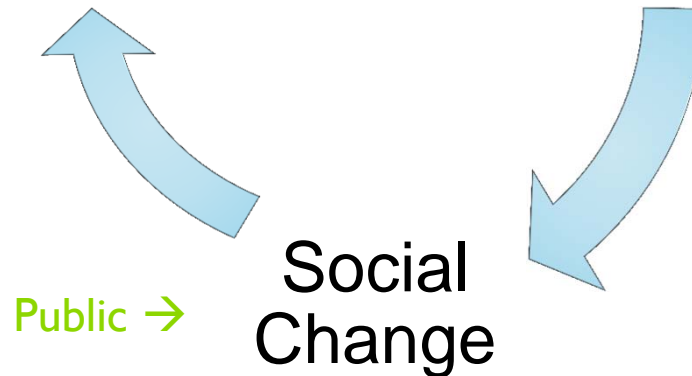
Systemic →

Policy/Practice
Change



Individual
Change

← Self



Public →

Social
Change

Multi-level approaches are thought to be important because each level reinforces and exploits change that occurs at the others. That is, each level influences the others in a reciprocal chain of events. A good example is changes in smoking in the U.S. over the last several decades. Very small changes in practice over the years (about 1% reduction in smoking rates each year) both were caused by shifts in policy and led to other shifts in policy, such as restrictions on advertising and bans on smoking in public; these developments shifted social norms and in turn reinforced changes in behavior, leading to further shifts in policy. The result was a major shift at all three levels.

St

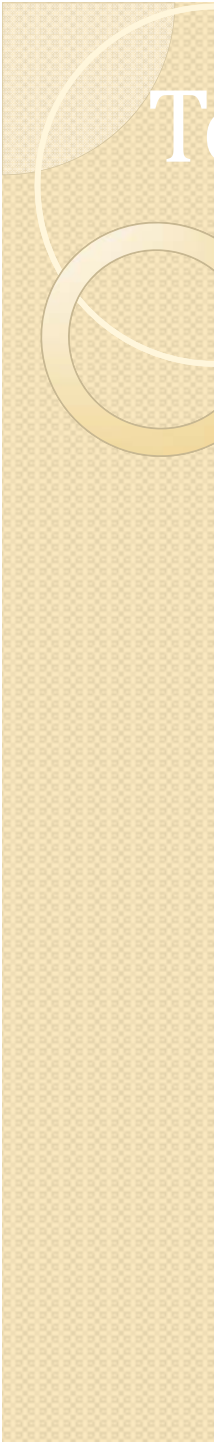
4 Programs – 10 Contractors

Program I: Strategies for Supportive Environment

Program II: Values, Practices & Policies

Program III: Promising Practices

Program IV: Advancing Policies to Eliminate
Discrimination



The TLC³ Approach

TARGET: key groups of people

LOCAL: in the communities

CONTINUOUS: on-going efforts

CREDIBLE: relatable people

CONTACT: delivered by people with
first-person experiences

Stigm

EACH MIND MATTERS

California's Mental
Health Movement

<http://calmhsa.org/sdr-consortium/>
www.EachMindMatters.org



Each Mind Matters Campaign

www.EachMindMatters.org

By far, the most popular pages on EachMindMatters.org are related to the documentary, "A New State of Mind: Ending the Stigma of Mental Illness."

"A New State of Mind: Ending the Stigma of Mental Illness" has received 4,490 online views in six weeks.

Visits vs. Select a metric

Visits

2,000

1,000

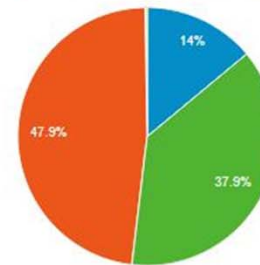
May 15 May 29 Jun 12 Jun 26 Jul 10

14,270 unique visitors

19,884 visits total

40,537 page views

Search Traffic Referral Traffic Direct Traffic Campaigns



A near majority of visitors come directly to EachMindMatters.org, indicating that word is getting out and that the url is gaining traction.

The largest contributors of referrals to the site are:

NAMI.org – Facebook – Twitter

Strategies for a Supportive Environment Program

Social Marketing Strategic Approach:

- ***Empowering a New Generation*** will combine existing and future communications into a holistic system of change.
 - Inoculation campaign: 9-13 year olds
 - Empowering youth: 14-24 year olds
- ***Addressing Decision Makers***, will leverage, amplify and extend the efforts of the statewide network focused on mental health issues – including all awardees within the statewide PEI programs, county PEI programs and MHSA, NAMI California, CAYEN and REMHDCO – to create a more robust communications infrastructure poised to reach Californians across the lifespan and within racially, ethnically and culturally diverse populations with stigma reduction messages.

Parent & Caregiver Outreach: 0-8 year olds

EACH MIND MATTERS
California's Mental Health Movement

Get Informed ▾ Join the Movement ▾ Grea

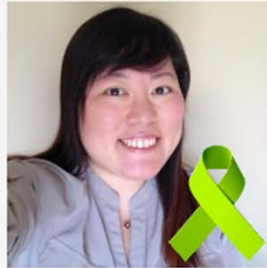


JUN
05

Julie Kang Shares Her Story

Posted by Each Mind Matters | Change Agents

♥ 3



Last week Change Agent blogger Julie Kang wrote a moving three-part series about her experience living with a mental illness.

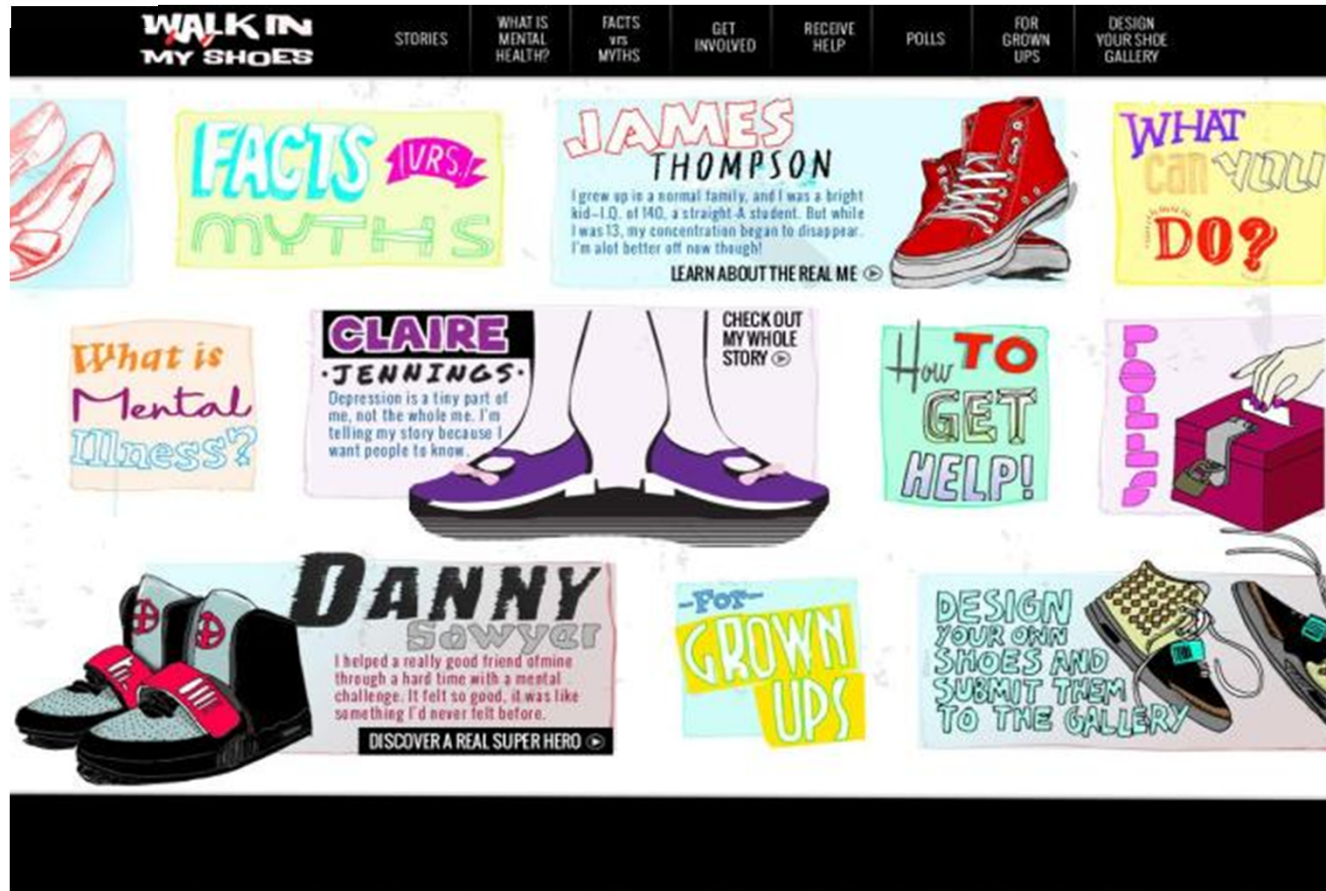
Julie openly shared how the stress resulting from rigorous computer science course work at a top-tier university affected her. She described how the stress caused her to hallucinate, socially withdraw and feel paranoid.

“When people asked me what it felt like to be depressed, I would say that it felt like I weighed 1,000 pounds, and usually they thought I was just making fun of my weight. But it literally felt like I had to drag 1,000 extra pounds with me everywhere I went, even just to go to the bathroom.”

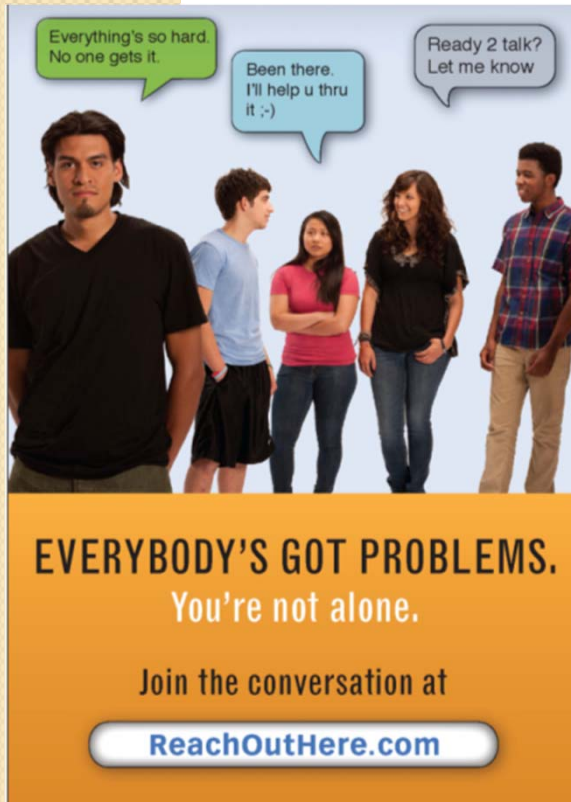
Julie was eventually admitted to mental health services on campus and had to withdraw from school. Receiving a diagnosis of major depressive disorder, Julie returned home where she got rest and began therapy and taking medication. When she returned to school, Julie continued to use these tools to successfully manage her depression.

**COMING
SOON!**

www.walkinourshoes.org Inoculation: 9-13 year olds



Mobilization: 14-24 year olds



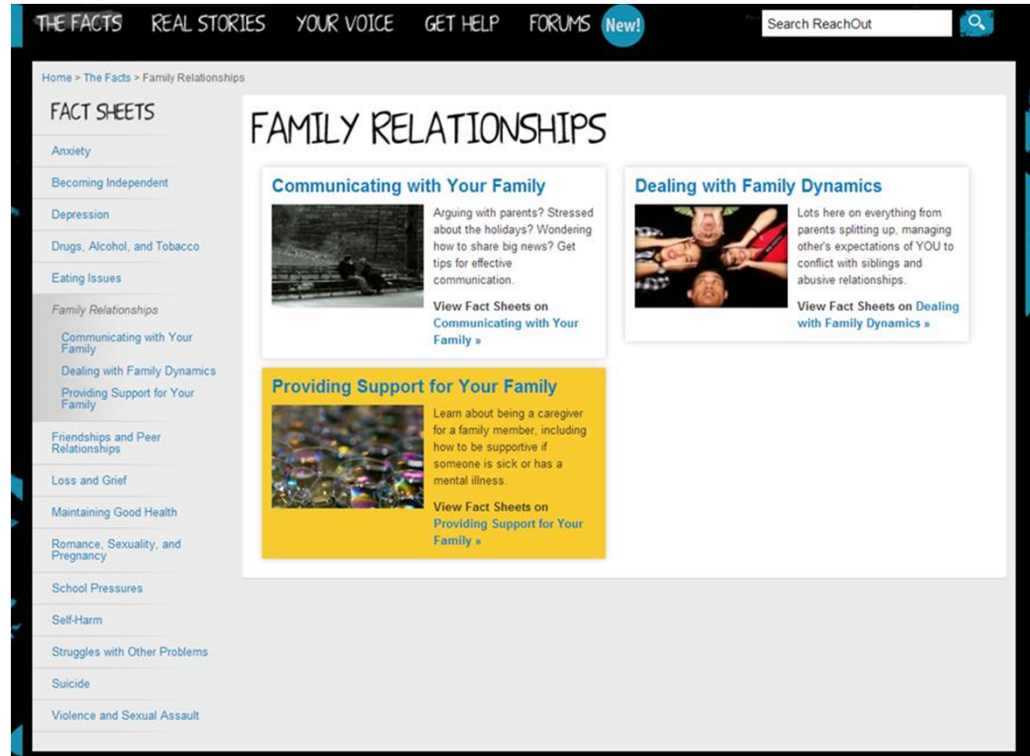
Everything's so hard.
No one gets it.

Been there.
I'll help u thru
it :-)

Ready 2 talk?
Let me know

EVERYBODY'S GOT PROBLEMS.
You're not alone.

Join the conversation at
ReachOutHere.com



THE FACTS REAL STORIES YOUR VOICE GET HELP FORUMS **New!** Search ReachOut

Home > The Facts > Family Relationships

FACT SHEETS

- Anxiety
- Becoming Independent
- Depression
- Drugs, Alcohol, and Tobacco
- Eating Issues
- Family Relationships
 - Communicating with Your Family
 - Dealing with Family Dynamics
 - Providing Support for Your Family
- Friendships and Peer Relationships
- Loss and Grief
- Maintaining Good Health
- Romance, Sexuality, and Pregnancy
- School Pressures
- Self-Harm
- Struggles with Other Problems
- Suicide
- Violence and Sexual Assault

FAMILY RELATIONSHIPS

Communicating with Your Family

Arguing with parents? Stressed about the holidays? Wondering how to share big news? Get tips for effective communication.

[View Fact Sheets on Communicating with Your Family »](#)

Dealing with Family Dynamics

Lots here on everything from parents splitting up, managing other's expectations of YOU to conflict with siblings and abusive relationships.

[View Fact Sheets on Dealing with Family Dynamics »](#)

Providing Support for Your Family

Learn about being a caregiver for a family member, including how to be supportive if someone is sick or has a mental illness.

[View Fact Sheets on Providing Support for Your Family »](#)

www.ReachOutHere.com
www.BuscaApoyo.org

REACH
OUT.COM

GET THROUGH TOUGH TIMES

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[THE FACTS](#) | [REAL STORIES](#) | [YOUR VOICE](#) | [GET HELP](#) | [FORUMS](#) **New!**

Search ReachOut

crying all the time &
feel worthless

My emotions are
out of control.

Been there. I'll
help u thru it ;-)

anxiety & panic
b4 school

It hurts now
but gets
better.

outta
control
anger

I don't want to
disappoint my parents.

I got through it. U ready
2 talk?

healing
doesn't
just come
U gotta
work.

Ur not alone.



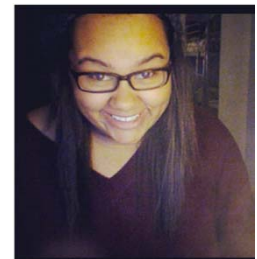
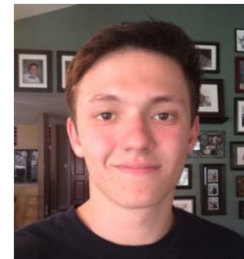
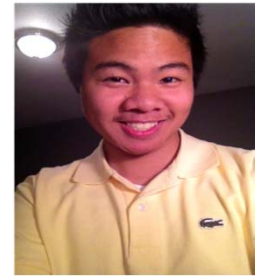
JOIN THE FORUM

EVERYBODY'S
GOT PROBLEMS.
You're not alone.

- Anxiety
- Becoming Independent
- Depression
- Drugs, Alcohol & Tobacco
- Eating Issues

- Family Relationships
- Friendships & Peer Relationships
- Loss & Grief
- Maintaining Good Health
- Romance, Sexuality & Pregnancy

- School Pressures
- Self-Harm
- Struggles with Other Problems
- Suicide
- Violence & Sexual Assault



Mobilization Campaign to Date

- ReachOutHere has received a total of **154,936 visits** from Californians since the forums launched in May 2012. (Total US visits for this time period is **942,307**)
- **120,490** Californians have visited ReachOutHere since the launch of the forums. (Total US visitors is **797,274**)
- There are **65,698** forum members.
- The ReachOut forum moderators have referred **260** individuals to the Boys Town National Hotline.
- 23 youth of varying genders, ethnicities and sexual orientations act as Peer Supporters in the forums.
- The ReachOutHere Facebook page has **2,388** fans.
- The first round of media to promote the forums **reached 73 percent of Californians ages 14-24** a minimum of eight times each and resulted in \$554,500 worth of bonus exposure.
- The second round of media recently began, including a statewide digital banner ad and social media campaign, and print and radio ads in major metro areas across the state.

Decision-Makers: 25 and older



What Do Prevention & Early Intervention Look Like?

In California, we are breaking new ground by focusing our efforts on prevention and early intervention. We are not willing to stay silent and wait until crisis hits before having a conversation about mental health. Californians are creating innovative programs that equip people and communities with the tools, resources and information they need to foster wellness, and to recognize and respond to the symptoms and signs when they arise.

Here are just a few examples:

Suicide is preventable, if you know the signs, can find the words and have resources to reach out to for help. SuicideisPreventable.org has vital information

Are you a young person struggling with difficult thoughts and feelings? You aren't alone! Visit ReachOut.com to connect with others who know what you're going through and can offer support.

Research shows one of the most effective ways to raise awareness and reduce stigma is through the face-to-face sharing of personal stories. Speakers bureaus in communities throughout the state offer local speakers who can come and share their stories of mental health challenges and stigma with your business, school or organization. Find a speakers bureau near you at SpeakOurMinds.org.

www.EachMindMatters.org

www.SpeakOurMinds.org



- Advisory Committee
- Needs Assessment
- Master Plan
- Community Roundtable (Regional Network Exchange)
- Evaluation
- Sustainability

www.uacf4hope.org/gateway-hope



Strategies for a Supportive Environment Program

Capacity Building:

- Create a 12-Region Capacity Building Program operating Network Advisory Committee
- Conduct a Needs Assessment to identify gaps in local capacity
- Develop and implement culturally and linguistically competent outreach throughout the state in a 12-region approach.
- Develop a set of recommendations/ action plan for on-going sustainability

- 
- SDR Consortium:
Joseph Robinson, joseph.robinson@calmhhsa.org
 - Social Marketing:
Nicole Jarred, njarred@rs-e.com
 - Capacity Building:
Sireyia Ratliff, sratliff@uacf4hope.org


Re

the center for
DIGNITY, RECOVERY & STIGMA ELIMINATION
Together we can free our community from the stigma of mental illness.

Contact Us | Take Action | **AAA** + / -

SEARCH THE SITE


Who We Are ▾ What We Do ▾ California Programs ▾ Tools for Change ▾ Collaborate ▾ News & Events ▾




*We can find recovery everywhere.
Wellness translates into all cultures.
I have seen it in my own.*

Find out more about the Center >

KHATERA ASLAMI



Funded by the voter approved Mental Health Services Act (Prop. 63) through the California Mental Health Services Authority (CalMHSA) statewide projects for prevention and early intervention for **mental health conditions**. CalMHSA is an organization of county governments working to improve mental health outcomes for individuals, families and communities.



WELLNESS · RECOVERY · RESILIENCE

WELCOME TO THE CENTER FOR DIGNITY, RECOVERY AND STIGMA ELIMINATION

The Center for Dignity, Recovery & Stigma Elimination was established to help communities and individuals overcome the stigma and discrimination often associated with mental health conditions, live successfully in recovery and thereby enhance human dignity and wellness.

RECURSOS E INFORMACIÓN
EN ESPAÑOL >

dignityandrecoverycenter.org

Values, Practices and Policies Program

- ***Resource Development*** - design instruments and assessment tools to evaluate existing SDR Training Programs to capture best practices in training programs across California and establish a framework for evaluating and improving existing anti-stigma training programs.

Accomplishments:

- Launching the new <http://dignityandrecoverycenter.org> website
 - Stigma and Discrimination Reduction Registry
 - Tools and Resources for Stigma Reduction in California's 58 Counties
 - Request for Proposals
- Developing State-of-the-Art Tools for Stigma Reduction
 - California Quality Improvement- Fidelity, Assessment, and Implementation Rating (CQI-FAIR)
 - Self Assessment Tools
 - Outcome Measures
- Community Development Partners
 - A process for providing program quality improvement utilizing state-of-the-art tools for stigma reduction

Partn



Tools for Entertainment and Media
A Program of the Entertainment Industries Council, Inc.

TEAM Up
is a project that brings
together

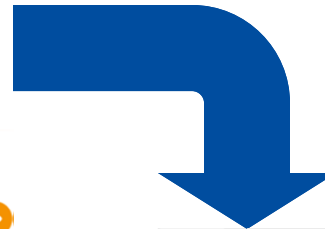
- mental health experts
- entertainment industry professionals
- journalists

We aim to provide support to
those storytellers—including editors and reporters,
actors and musicians, and writers in all media—in
their efforts to report news and help their
audiences better understand the world around us.

We are supported by
The California Mental Health Services Authority
(CalMHSA), an organization of county
governments working to improve mental health
among Californians. Prevention and early
intervention programs implemented by
CalMHSA are funded by counties through the
voter-approved Mental Health Services Act (Prop.
63).

Style Guide Spanish Style Guide Story Ideas

www.eiconline.org/calmhsa



AP HOME COMPANY MEDIA CENTER PRODUCTS & SERVICES CONTACT US

PRESS RELEASES

2013
2012
2011

Entry on mental illness is added to AP Stylebook

March 7, 2013

Email Print Like 1.4k Tweet 364 +1 10

The Associated Press today added an entry on mental illness to the [AP Stylebook](#).

"It is the right time to address how journalists handle questions of mental illness in coverage," said Executive Editor Kathleen Carroll. "This isn't only a question of which words one uses to describe important journalistic questions, too."

eic Entertainment Industries Council
—Encouraging the Art of Making a Difference

www.IBHP.org



The screenshot shows the homepage of the Integrated Behavioral Health Project (IBHP) website. At the top left is the CalMHSA logo, which includes a yellow outline of California and the text "CalMHSA California Mental Health Services Authority" and "Compassion. Action. Change." To the right of the logo is a large banner image of a smiling family (a man, a woman, and a child) with the text "Accelerating the integration of behavioral and primary care throughout California" and a "Grantees login" link. Below the banner is a navigation bar with links for "Home", "About Us", "Contact Us", and "Sitemap", along with a search bar and a "Go" button. The main content area is divided into five columns, each with a small image and a heading: "Who" (Who are we and what are we doing?), "What" (What is integrated behavioral care and how do you know if it's a good fit?), "Why" (Why pursue integrated behavioral care?), "How" (How does integrated behavioral health care work?), and "Where" (What's happening nationally and what policy issues are being addressed?). Below this is a large blue section with the IBHP logo and a paragraph explaining the project's purpose: "We at IBHP created this virtual library as a resource for those contemplating, planning, or operating treatment programs that integrate behavioral and medical services – so clients don't have to go to one place for help with their body and another for their mind. We hope you'll find the rationales, evidence-based practices and tools you'll need to set up a successfully integrated program. We've also included a snapshot of policies and practices throughout the country to give you a feel for the national landscape. So pull up a chair and browse through our virtual shelves awhile." A final paragraph describes IBHP as a team of consultants working for CCI and the California Mental Health Services Authority (CalMHSA) as part of its Statewide Stigma and Discrimination Reduction Initiative, and mentions that CalMHSA is an organization of county governments working to improve mental health outcomes for individuals, families and communities, and that CalMHSA administers programs funded by the Mental Health Services Act (Prop. 63) on a statewide, regional and local basis.

CalMHSA
California Mental Health Services Authority
Compassion. Action. Change.

Accelerating the integration of behavioral and primary care throughout California

Grantees login

Home About Us Contact Us Sitemap

Search Go

Who
Who are we and what are we doing?

What
What is integrated behavioral care and how do you know if it's a good fit?

Why
Why pursue integrated behavioral care?

How
How does integrated behavioral health care work?

Where
What's happening nationally and what policy issues are being addressed?

IBHP
Integrated Behavioral Health Project

We at IBHP created this virtual library as a resource for those contemplating, planning, or operating treatment programs that integrate behavioral and medical services – so clients don't have to go to one place for help with their body and another for their mind. We hope you'll find the rationales, evidence-based practices and tools you'll need to set up a successfully integrated program. We've also included a snapshot of policies and practices throughout the country to give you a feel for the national landscape. So pull up a chair and browse through our virtual shelves awhile.

IBHP is a team of consultants working for CCI and the California Mental Health Services Authority (CalMHSA) as part of its Statewide Stigma and Discrimination Reduction Initiative. CalMHSA is an organization of county governments working to improve mental health outcomes for individuals, families and communities. CalMHSA administers programs funded by the Mental Health Services Act (Prop. 63) on a statewide, regional and local basis.

Home


Also known as the
Mental Health Association
in California



[Programs](#)



Wellness Works!
A WORKPLACE MENTAL HEALTH PROGRAM

Wellness Works!

Wellness Works! is a workplace mental health program aimed at reducing mental health stigma and discrimination and supporting mental wellness in the workplace. Wellness Works! is based on the award-winning and nationally-recognized *Mental Health Works* curriculum developed by the Canadian Mental Health Association. Wellness Works! is a program funded by counties through California's Prop 63 (the Mental Health Services Act) designed exclusively for employers as the state's leading go-to resource for education, training, and consulting needs on addressing mental health in the workplace.

Wellness Works! improves working lives by helping individuals in various roles in the workplace provide effective support to employees who are struggling with mental health issues. Wellness Works! addresses the organizational factors that affect overall workplace mental health with an emphasis on creating psychologically safe and healthy work environments benefiting all workers.

- About Us
- Advocacy
- Mental Health Services Act
- Anti-Stigma Efforts
- Need Help?
- Mental Health Library
- In the News Archive
- Programs/Projects
 - Access Coalition
 - California Coalition for Mental Health
 - California Youth Empowerment Network
 - Racial and Ethnic Disparities Coalition
 - Wellness Works!

www.mhac.org/programs/wellness-works.cfm



NAMI California
National Alliance on Mental Illness

www.endingthesilence.org



HOME

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California's protection and advocacy system

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EN ESPAÑOL SKIP TO CONTENT SITE MAP ACCESSIBILITY RSS FEEDS EMPLOYEE



Mental Health Stigma & Discrimination Reduction Project

Compassion. Action. Change.

Background

Disability Rights California was awarded a three year prevention and early intervention (PEI) stigma and discrimination reduction funding through the county / California Mental Health Services Authority (CalMHSA) and Prop. 63. The funding period is August 1, 2011 through June 30, 2014. This is one of the many PEI projects funded by CalMHSA.



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CalMHSA administers programs funded by the Mental Health Services Act (MHSA) on a statewide, regional and local basis. PEI initiatives aim at preventing suicides, reducing stigma and discrimination, and improving student mental health. CalMHSA is a group of county governments working to improve mental health outcomes for individuals, families and communities.



El derecho de los inquilinos que discapacidades mentales a tener de servicio o de apoyo emocional:

Para propietarios y otros proveedores de servicios de vivienda

1. ¿Qué es el "alojamiento

Una persona que tiene una discapacidad conforme a las leyes estatales y la venta o en el alquiler de una vivienda u otro proveedor de servicios puede negarse a alquilar o vender de discriminación debido a que el proveedor de servicios de vivienda "razonable" a inquilinos y solicitar discapacidad mental. Esto significa que debe tomar las medidas necesarias para permitir que una persona pueda utilizar y disfrutar la vivienda

¹ Aunque la Ley de Vivienda y Empleo "impedimento" en lugar de "discapacidad". Estas leyes se aplican a todos los tipos de viviendas unifamiliares, que vivan en ellas



具有心理健康障礙的承租人對飼養服務性或情感支持性動物的權利



Integration Mandate of the ADA and Olmstead Decision

Does the Americans with Disabilities Act (ADA) give people with psychiatric disabilities the right to potentially live at home or in the community?

Yes. There is a variety of federal and state laws that enable persons to receive services and supports at home and in the community. The Americans with Disabilities Act (ADA) is one such federal law. It requires the state and counties to provide services in the "most integrated setting" appropriate to each person's needs. This is the ADA's "integration mandate".

What is the "most integrated setting"?

This is the place where people with psychiatric disabilities can interact with people who do not have disabilities to the fullest extent possible. An apartment with supportive services is an example of an integrated setting.

What court case led to the protection of this right to live in the community?

The Olmstead case involved two women in Georgia whose disabilities included mental retardation and mental illness. Both lived in state-run institutions, even though their treating professionals had determined that they could be appropriately served in the community. The women sued, arguing that their continued institutionalization violated the ADA's integration



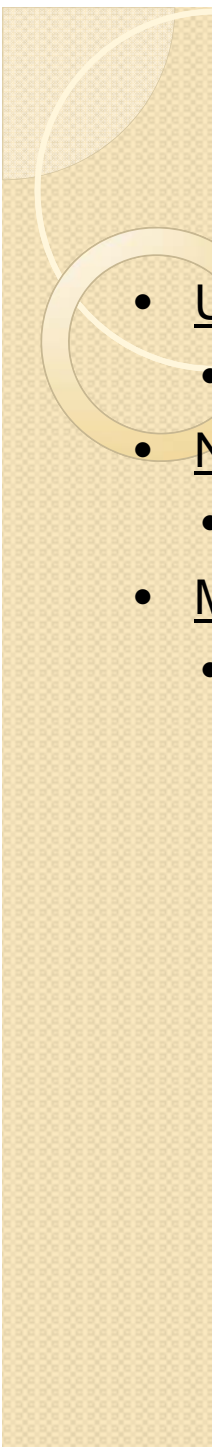
應或租賃房屋上的歧視，
權經紀人，不得因個人
對該等人士表現任何形
與住房申請人「合理的
政策與實務做法，以允

見加州殘障權利資料：

，但是其意義相同。
內，僅出租一房間予

www.disabilityrightsca.org/CalMHSA/CalMHSA.html

- 
- Resource Development:
 - Aran Watson, aran@mentalhealthsf.org
 - Partnering with the Entertainment Industry:
 - Marie Gallo-Dyak, mgdyak@eiconline.org
 - Promoting Integrated Health:
 - Dr. Karen W. Linkins, karen@desertvistaconsulting.com
 - Promoting Mental Health in the Workplace:
 - Zima Creason, zcreason@mhac.org
 - Reducing Stigma and Discrimination within Existing Mental Health and System Partners:
 - Holly Davison, holly.davison@namicalifornia.org
 - Promising Practices Program
 - Daniel Esparza, daniel@mentalhealthsf.org
 - Advancing Policy to Eliminate Discrimination Program
 - Margaret Jakobson-Johnson, Margaret.Jakobson@disabilityrightsca.org

- 
- UACF Region 11
 - Contact: Barbara Mendoza, bmendoza@starsinc.com
 - NAMI California – NAMI Orange County
 - Contact: Steve Pitman, info@namioc.org (714) 544-8488
 - Mental Health Association of Orange County
 - Contact: Jeff Thrash, mhainfo@mhaoc.org (714) 547-7559



Student Mental Health Programs



California Department of
EDUCATION

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Finance & Grants	Data & Statistics	Learning Support
		Specialized Programs

Home » Learning Support » Counseling/Student Support » Mental Health
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Student Mental Health Policy Workgroup

The Student Mental Health Policy Workgroup will assess the current mental health needs of California students and gather evidence to support its policy recommendations to the State Superintendent of Public Instruction and the California Legislature.

The State Superintendent of Public Instruction (SSPI) Tom Torlakson has convened a Student Mental Health Policy Workgroup (SMHPW) with funding from the [California Mental Health Services Authority \(CalMHSA\)](#). The CalMHSA is an organization of county governments working to improve mental health outcomes for individuals, families, and communities. It administers Prevention and Early Intervention programs funded by the Mental Health Services Act (MHSA) (Proposition 63 [2004]) on a statewide, regional, and local basis.



WELLNESS • RECOVERY • RESILIENCE

[Mental Health Services Act \(Proposition 63\)](#)



[California Mental Health Services Authority](#)

The all-volunteer, unpaid work group is comprised of teachers, school counselors, school social workers, school psychologists, school nurses, and school administrators, as well as state and county mental health professionals. The combined expertise of this diverse group will assess the current mental health needs of California students and gather evidence to support its policy recommendations to the SSPI and to the California Legislature.

The SMHPW will meet on a quarterly basis and all meetings are open to the public.

www.cde.ca.gov/ls/cg/mh/smhpworkgroup.asp

Read about it in the CalMHSA Express: [HERE](#)



California Department of Education (CDE):


- Training Educators through Recognition and Identification Strategies (TETRIS)
 - Increase capacity of educators to identify student mental health issues in early grades and promote positive school climate, student wellness, and higher academic achievement for all students
 - Using the Eliminating Barriers to Learning (EBL) curriculum for training

Contact: Monica Nepomuceno

mnepomuceno@cde.ca.gov

www.regionalk12smhi.org/

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Regional K-12 Student Mental Health Initiative

Education • Prevention • Collaboration


Welcome!

This clearinghouse of resources and regional best practices is provided to assist California county offices of education, districts and schools to develop and implement effective programs and services that promote the mental health and wellness of students in grades K-8, with linkages to preschool and grades 9-12.

Our [search](#) feature helps you find useful resources specific to your needs as a teacher, school staff member, or administrator. Mental health staff, parents, caregivers and community members will also find the resources helpful as they work in partnership with schools.

Featured Resources

- **National Association of School Psychologists:** The Association is focused on helping children achieve their best in school, at home and in life. There are a number of resources to support schools with mental wellness in addition to strategies for coping with school violence or a crisis. Some...
- **Mental Health: A Guide to Action:** Created by students with the support of the Teen Mental Health component of the Sun Life Foundation, this resource is intended to be a youth friendly guide for youth. The intent is to promote mental wellness. With a focus on being used by youth this guide supports...






Create a [Profile](#) to receive email updates when new resources are added!

Our Goals

- Build capacity to implement school-based prevention and early identification strategies that promote student mental health
- Build relationships among local agencies to develop effective cross-system collaboration
- Build capacity to provide education and training for school staff
- Provide technical assistance to schools for program development and implementation

Contact us:
regionalk12smhi@gmail.com

Data Entry Login
Coming Soon!

© 2012 California Mental Health Services Authority (CALMHSA)
 Funded by CCSA through MHSA Funds administered by CALMHSA (Counties Working Together)
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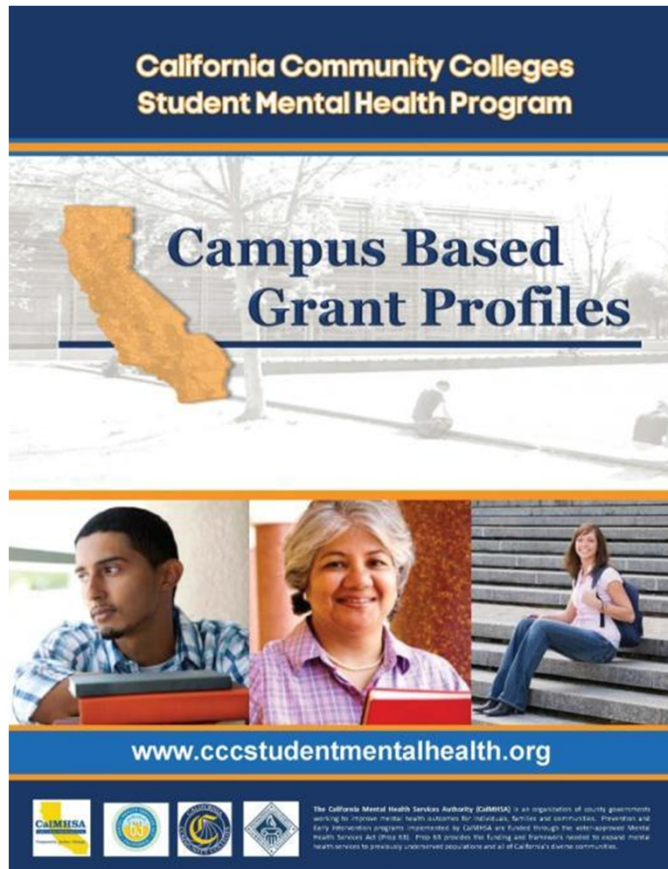


California County Superintendents Educational Services Association (CCSESA):

- Develop regional plans
- Facilitate protocol changes across systems for prevention and early identification
- Build capacity to provide education and training district/school staffs, families/caregivers and community partners
- Implement school-based demonstration programs
- Create online statewide clearinghouse of resources and best practices

Region 9 Contact: Daria Waetjen

dwaetjen@ocde.us



cccstudentmentalhealth.org/main.php

Local recipients of the Campus Based Grants:

1. The Orange Consortia:
A collaboration between Orange Coast College and Golden West College.
2. Santiago Canyon College



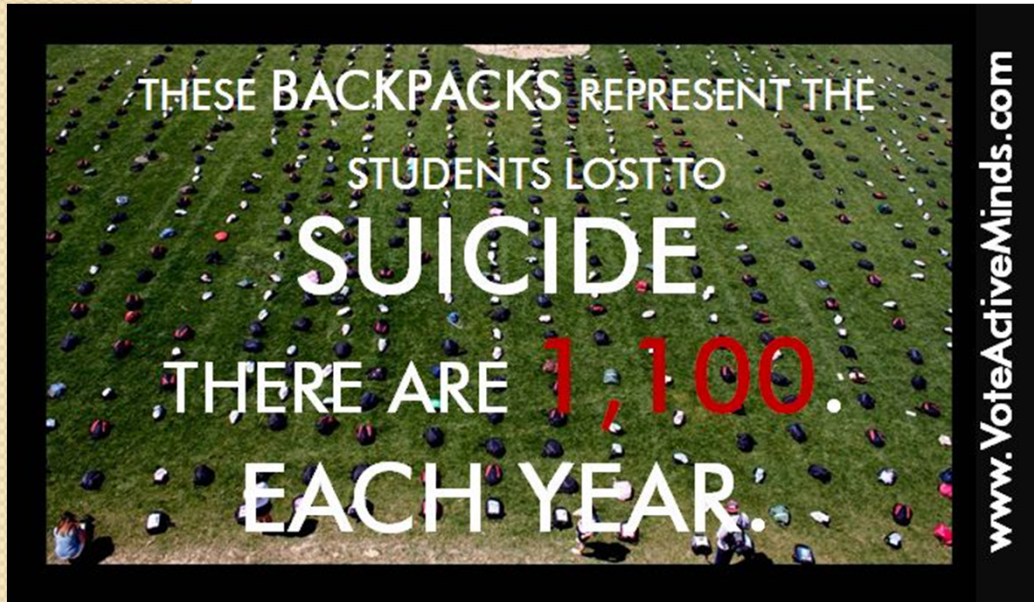
California Community Colleges:

- Completed contracting processes for all components (Training and technical assistance, Suicide Prevention, Evaluation) and selected 23 campuses/consortium grants to implement Student Mental Health PEI programs
- Developed initial set of prioritized TTA needs and trainings (result of needs assessment)
- Involved stakeholders (COAGMSH) in efforts (product input/review; two meetings)

Mental Health Services webpage:

<http://extranet.cccco.edu/Divisions/StudentServices/MentalHealthServices.aspx>

Ke



Orange County Campuses:

September 17th: Santiago Canyon College

Contact: John Hernandez
Hernandez_john@sccollege.edu

September 19th: CSU Fullerton

Contact: Ana Aguayo-Brant
aaguayo@calstate.edu

<http://www.activeminds.org/our-programming/send-silence-packing>



The California State University
WORKING FOR CALIFORNIA



Individual campus websites
highlighting campus activities:
calmhsa.org/wp-content/uploads/2011/11/CSU-Websites.pdf

tinyurl.com/StudentH101



California State University:

- Training
 - **4,663** students have been received training in ASIST and Mental Health First Aid
 - CSU faculty and staff will serve as certified trainers and gatekeepers
- County and Campus Collaboration
 - Providing campuses the opportunity to coordinate trainings and build greater collaboration between campus partners related to suicide prevention, resources, and referrals.
- Social Marketing Campaign
 - Student Health 101, an electronic magazine, focused on college-aged students about suicide prevention, health, and wellness.

Assisting Students in Distress

See Something. Say Something. Do Something.



See Something.

UC faculty/staff and graduate teaching/research assistants are in a unique position to demonstrate compassion for UC students in distress.

Both undergraduate and graduate students may feel alone, isolated, and even hopeless when faced with academic and life challenges. These feelings can easily disrupt academic performance and may lead to dysfunctional coping and other serious consequences.

You may be the first person to SEE SOMETHING distressing in a student since you have frequent and prolonged contact with them. The University of California, in collaboration with the California Mental Health Services Authority (CalMHSA), requests that you act with compassion in your dealings with such students.

Say Something.

Students exhibiting troubling behaviors in your presence are likely having difficulties in various settings including the classroom, with roommates, with family, and in even in social settings.

Trust your instincts and SAY SOMETHING if a student leaves you feeling worried, alarmed, or threatened!

Do Something.

Sometimes students cannot, or will not turn to family or friends. DO SOMETHING! Your expression of concern may be a critical factor in saving a student's academic career or even their life.

The purpose of this folder is to help you recognize symptoms of student distress and identify appropriate referrals to campus resources.

The Family Educational Rights and Privacy Act (FERPA)

The Family Educational Rights and Privacy Act (FERPA) permits communication about a student of concern in connection with a health and safety emergency. Observations of a student's conduct or statements made by a student are not FERPA protected. Such information should be shared with appropriate consideration for student privacy.

Academic Indicators	Physical Indicators	Safety Risk Indicators	Psychological Indicators
<ul style="list-style-type: none"> ✓ Sudden decline in quality of work and grades ✓ Repeated absences ✓ Blurred content in writings or presentations ✓ Multiple requests for extensions ✓ You find yourself doing more personal rather than academic counseling during office hours ✓ Overly demanding of faculty/staff attention 	<ul style="list-style-type: none"> ✓ Marked changes in physical appearance including deterioration in grooming, hygiene, or weight loss/gain ✓ Excessive fatigue/sleep disturbance ✓ Intoxication, hang over, or smelling of alcohol ✓ Disoriented or "out of it" ✓ Garbled, tangential, or slurred speech 	<ul style="list-style-type: none"> ✓ Unprovoked anger or hostility ✓ Implying or making a direct threat to harm self or others ✓ Academic assignments dominated by themes of extreme hopelessness, rage, worthlessness, isolation, despair, acting out, suicidal ideations/violent behavior — a "cry for help" ✓ Communicating threats via email, correspondence, texting, or phone calls 	<ul style="list-style-type: none"> ✓ Self-disclosure of personal distress — family problems, financial difficulties, contemplating suicide, grief ✓ Extreme tearfulness, panic reactions, irritability or unusual apathy ✓ Verbal abuse (e.g., taunting, belittling, intimidation) ✓ Expressions of concern about the student by his/her peers

Wellness, Health & Counseling Services
University of California - Irvine

See Something. Say Something. Do Something.

Disruptive or Distressed?: Use this information to determine.

Disruptive Student

A student whose conduct is clearly and imminently reckless, disorderly, dangerous, or threatening, including self-harmful behavior.

To get help

If you are concerned for your or others' safety due to a student's disruptive and/or threatening behavior, call 911 or the UCIPolice Department.

Report incident to

- The Office of Student Conduct
- UCIPolice Department

For Consultation or Emergency Counseling

- Clinical Social Worker
- UCIPolice Department

For illness or injury:

- Non-urgent: Student Health Center 824-5301
- Medical Emergency: 911

Distressed Student

A student with persistent behavior such as

- sulky
- withdrawn
- isolated
- lack motivation and/or concentration
- wide concentration
- demonstrate bizarre or erratic behavior
- expresses suicidal thoughts

To get help

Consultation and Referral:

- Counseling Center
- UCIPolice Department
- Student Health Center
- Campus Assault Resources and Education (CARE)

Administrative/Student Conduct:

- Office of Student Conduct
- Office of the Ombudsman

Academic Issues:

- School Academic Advisor
- Department of Undergraduate Education
- Graduate Department Chair
- Graduate Advisor
- University Registrar

If a student is causing a disruption but does not pose a threat

- Ensure your safety in the environment.
- Use calm, non-confrontational approach to defuse/escalate the situation.
- Set limits by explaining how the behavior is inappropriate.
- If behavior continues, ask the student to stop and warn him or her that official action may be taken.
- If the disruptive behavior persists, notify the student that disciplinary action may be taken. Ask the student to leave. Inform him or her that refusal to leave may be a separate violation subject to discipline.
- Immediately report the incident to the appropriate resources.

If you believe there is a safety risk, contact UCIPolice Department.

Campus Resources For Students

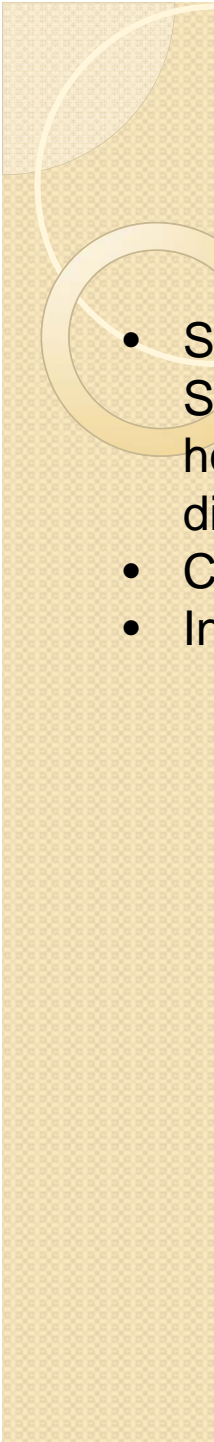
AVC/Wellness, Health & Counseling Services	949.824.4642
Campus Assault Resources & Education (C.A.R.E.)	949.824.7278
Clinical Social Worker	949.824.1418
Counseling Center	949.824.6457
Dean of Students	949.824.5590
Office of Ombudsman	949.824.7256
LGBT Resource Center	949.824.8277
International Center	949.824.7249
Student Health Center	949.824.5301
UCIPolice Department	949.824.5223

Campus Resources For Faculty/Staff

Cascade Centers/EAP	800.483.2320
Campus Counsel	949.824.2880
Workplace Violence Prevention Information	949.824.5223

Resources in the Community

Irvine City Police Department	949.724.7000
National Suicide Prevention Hotline	800.273.8255
Hoag Memorial Hospital	949.764.4624
UCIrvine Medical Center	714.456.7890
Western Medical Center Hospital	714.835.3555
Sexual Assault Victim Services	714.834.7991

- 
- STEP UP! – UC Irvine was nominated and selected for an Outstanding Support of Prevention Award by the Irvine Prevention Coalition, which honors individuals and program that “go the extra mile” to make a difference in the lives of families in Irvine.
 - Campus and Community Collaborations
 - In the last quarter, UC Irvine has:
 - Provided mental health trainings
 - Invited 429 students to participate in the Online Suicide Screening Program
 - Provided over 375 hours of counseling and direct coaching for 61 students
 - Facilitated 12 workshops to 156 students
 - Incorporated 11 LGBTQ Mentors to provide 50 sessions with mentees

University of California:

- Suicide Prevention – Depression Screening
 - Interactive screening program
 - Collaboration with campus Primary Health Care Providers
- Social Marketing Campaign
 - Film original training video
 - Repurposing current training videos/PSA's:

Veteran's PSA: <http://www.youtube.com/watch?v=d40XgG5iEng>

- Faculty Staff Training
 - Red Folder Initiative (targeted faculty/staff)
 - Faculty Guide (Deans and Department Chairs)



Higher Education Contacts:

- CCC – California Community Colleges Office of the Chancellor
 - Statewide Lead: Betsy Sheldon: bsheldon@cccco.edu
 - **Orange Coast College:** Sylvia Worden sworden@occ.cccd.edu
 - **Golden West College:** Rob Bachmann rbachmann@gwc.cccd.edu
 - **Santiago Canyon College:** Melissa Campitelli-Smith
campitelli_melissa@sccollege.edu
- CSU – California State University Office of the Chancellor
 - Statewide Lead: Ana Aguayo-Bryant: aaguayo@calstate.edu
 - **Cal State Fullerton:** Leticia Gutierrez-Lopez lgutierrez-lopez@fullerton.edu
- UC – University of California, Office of the President
 - Statewide Lead: Taisha Caldwell: taisha.caldwell@ucop.edu
 - **UC Irvine:** Negar Shekarabi nshekara@uci.edu



Maximize Learning by Investing in Evaluation

- Evaluate to what extent are the strategies of the PEI statewide projects - Preventing Suicide, Improving Student Mental Health and Reducing Mental Health Stigma and Discrimination
- All 25 contractors required to conduct program evaluations
- Contracted with the RAND Corporation for a comprehensive/independent evaluation

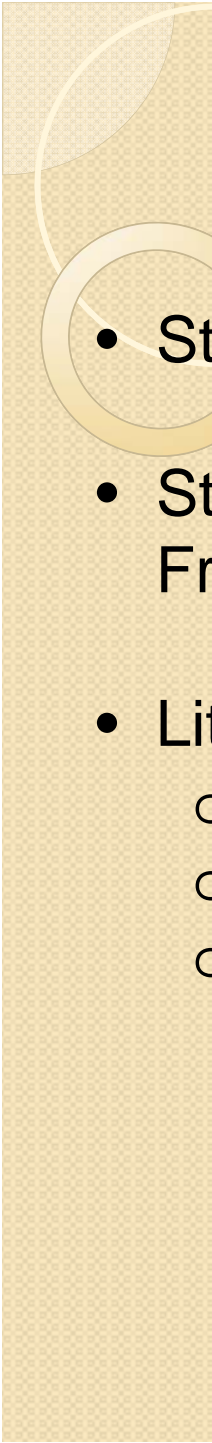


Key objectives:

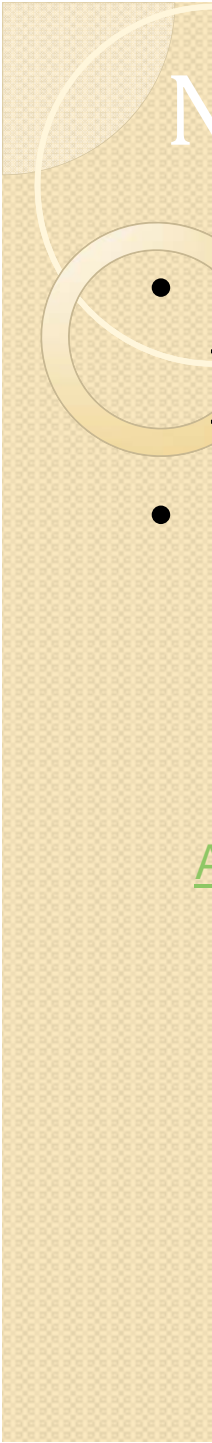
- Establish baselines and community indicators
- Conduct thorough program evaluations
- Identify innovative programs for replication
- Promote continuous quality improvement efforts

Accomplishments:

- Completed Evaluation Strategic Plan
- Completed PEI Statewide Evaluation Framework
- Finalizing Literature Reviews on Suicide Prevention, Stigma and Discrimination Reduction and Student Mental Health
- Developed and Implementing TA plans for all 24 contracts

- 
- Statewide PEI Evaluation Strategic Plan
 - Statewide Prevention and Early Intervention Evaluation Framework
 - Literature reviews
 - [Stigma and Discrimination Reduction 01-02-13](#)
 - [Suicide Prevention 01-02-13](#)
 - [Student Mental Health 01-02-13](#)

Evaluation documents are available here:
calmhsa.org/programs/evaluation/

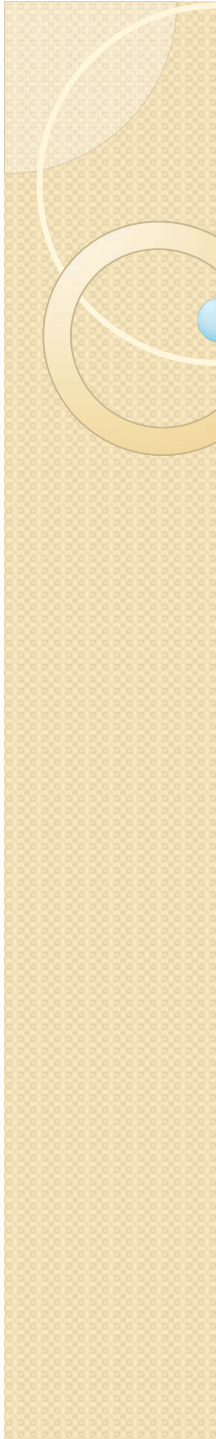
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- Programs, strategies and interventions taking place throughout California in FY 2013-14. Project funding currently through 6/30/2014.
 - Evaluation and Impact Analysis FY 2014-2015

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Comments from the Steering Committee Members



Public Comments



September 9, 2013 Meetings:

1:00 p.m. – 2:25 p.m.

CSS – Adults/Older Adults

PEI

2:35 p.m. – 4:00 p.m.

CSS – Children and TAY

WET and Innovation