



July 2011 Report to the Mental Health Services Oversight and Accountability Commission  
 CaIMHSA Prevention and Early Intervention Statewide Projects Implementation Status Report

SUICIDE PREVENTION				
Program	Provider	Decision Date	Funding Amount	Proposed Maximum Contract Amount
<b>1 Suicide Prevention Network Program</b>	Didi Hirsch Psychiatric Services	May 6, 2011	\$2,055,934	\$2,055,934
<p>Didi Hirsch Mental Health Services' Suicide Prevention Center and a consortium of nine other crisis centers will achieve a suicide prevention-informed California. It will organize regional suicide prevention task forces, which will constitute the California Suicide Prevention Network. With representatives from schools, nonprofits, government, and medical centers, these task forces will take concrete steps to address service gaps/underserved populations. Each region will submit programs to the Best Practices Registry for Suicide Prevention for national use.</p>				
<b>2 Regional Local Suicide Prevention Capacity Building Program</b>				
<i>A - Ventura, San Bernardino, Riverside, Orange, San Diego, Imperial &amp; Los Angeles</i>	Didi Hirsch Psychiatric Services	May 6, 2011		
<p>To save lives, Didi Hirsch Mental Health Services' Suicide Prevention Center (SPC) will build capacity of counties, its Crisis Line, and warmlines. SPC will work with Imperial, San Diego, San Bernardino, Ventura, and Riverside Counties to enhance suicide prevention; the Crisis Line will become their official hotline. Vietnamese- and Korean-speaking Crisis Line counselors will help people in underserved communities. L.A. County Department of Mental Health's ACCESS Center will extend warmlines' hours with an overnight line.</p>				
<i>B - San Luis Obispo, Santa Barbara &amp; Kern</i>	Transitions Mental Health Association	May 6, 2011		
<p>Transitions-Mental Health Association will pursue the following objectives: Become an American Association of Suicidology-accredited suicide call center for San Luis Obispo and Northern Santa Barbara Counties; participate in DMH and OSP statewide consortium of crisis centers and the CaIMHSA Statewide Coordination Workgroup; establish a Suicide Prevention online option, including confidential, real-time posting and commenting, as well as online depression/suicide screening; increase the role of consumer and family members in SLO Hotline service delivery; assist Kern County and Southern Santa Barbara County in increasing hotline and peer warm-line capacity.</p>				
<i>C - Monterey &amp; Santa Cruz</i>	Family Services Agency of the Central Coast	May 6, 2011		
<p>Suicide Prevention Service of the Central Coast, an established provider of integrated suicide prevention and intervention services (including prevention education and twenty-four hour suicide crisis response), will implement best practices to achieve accreditation status via the American Association of Suicidology, launch Internet-based prevention and education tools, expand services for historically underserved groups, strengthen the safety net of local support services for high risk groups, employ diverse evaluation measures, and collaborate with regional and statewide partners.</p>				

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<i>D - Marin, Sonoma, Napa, Lake, Mendocino &amp; Solano</i>	Family Services Agency of Marin	May 6, 2011		
The North Bay Suicide Prevention Project will expand accredited, locally responsive Crisis Hotline services and reduce suicide in the counties of Marin, Sonoma, Napa, Lake, Mendocino and Solano. By 2015, regional residents will have access to immediate, confidential, high quality and effective 24/7 Suicide Prevention Hotline services provided by lead agency Family Service Agency of Marin in collaboration with the six county governments.				
<i>E - San Francisco, Santa Clara, San Mateo &amp; Contra Costa</i>	San Francisco Suicide Prevention	May 6, 2011		
San Francisco Suicide Prevention (SFSP) is the lead agency for this regional project representing San Francisco, Santa Clara, Contra Costa and San Mateo counties. The effort will expand suicide prevention services technologically and geographically, including development of electronic crisis counseling services, outreach to rural communities, improved capacity and capability of warm lines located in each county and improved outreach and services to African American, Asian/Pacific Islander, Latino, LGBTQ, adolescent, transition age young adults, mid-aged, and older adult communities.				
<i>F - Sacramento, El Dorado, Placer, Yolo, Sutter/Yuba, Amador, Butte, Colusa, Glenn, Trinity, Humboldt, Siskiyou &amp; Modoc</i>	Institute on Aging Center	May 6, 2011		
The Center for Elderly Suicide Prevention (CESP) will augment and strengthen its senior warm line/hotline so it can best complement the work of traditional hotlines currently operating in the targeted counties, extend and develop CESP's suicide prevention efforts in collaboration with mental health agencies and other organizations in these rural counties; and develop a forum with colleagues in suicide prevention efforts state-wide to address the special needs of older adults.				
<i>G - Fresno, Madera, Merced &amp; Stanislaus</i>	Kings View	May 6, 2011		
Kings View will provide four major prevention services: 1) engage all key stakeholders, agencies and community groups in the 4 counties in establishing the most effective methods to publicize and "market" our suicide prevention project locally, 2) establish and operate a 24/7 365 day Suicide Prevention Hotline, 3) develop and implement a marketing strategy/plan unique to each county, and 4) collect, record, analyze all data generated from presentations and call logs improving the quality of prevention service hotlines by linking and networking with other CalMHSA programs.				
Regional Local Suicide Prevention Capacity Building Program Total Funding Amount			\$9,593,549	\$9,593,549
<b>3 Social Marketing</b>	AdEase	May 6, 2011	\$10,622,732	\$10,622,732
AdEase will increase public awareness that suicide is preventable and encourage help-seeking behaviors. The campaign centers on community and consumer voice, research, data driven decisions and evaluation, cultural and linguistic competence and collaboration and integration of existing efforts The campaign's reach is designed to effectively target the media, the general population of California and specific high-risk groups. This effort will permeate counties, communities and rural area as well as survivor peer groups.				

SUICIDE PREVENTION				
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<b>4 Suicide Prevention Training Workforce Enhancement Program</b>	LivingWorks	May 6, 2011	\$1,029,183	\$1,029,183
LivingWorks (LWE) will fulfill the suicide prevention training objectives by offering a suite of trainings for community gatekeepers, caregivers and others. These include ASIST, safeTALK and suicideTALK. The plan focuses on capacity to support statewide distribution and long-term sustainability by augmenting existing CA trainers with 300 new trainers. LWE will partner with NSPL crisis centers in Los Angeles, Contra Costa and Sacramento to achieve its goal of training thousands in suicide intervention.				
<b>5 Suicide Prevention Evaluation and Accountability</b>	TBD	TBD	\$1,029,183	\$0
Pending Evaluation RFP/RFQ release.				
Suicide Prevention Total			\$24,330,581	\$23,301,398

STIGMA AND DISCRIMINATION REDUCTION				
Program and Component	Provider	Decision Date	Funding Amount	Proposed Maximum Contract Amount
<b>1 Strategies for a Supportive Environment Program</b>				
1 - Stigma Discrimination	California Network of Mental Health Clients	June 9, 2011	\$1,539,225	\$1,539,225
<p>The California Network of Mental Health Clients (CNMHC) will establish and facilitate the Stigma and Discrimination Reduction Consortium to support a coordinated public message and provide networking opportunities for diverse constituencies ranging from consumer and family members to health care providers and military partners such as County Veterans Offices. The Consortium will assess, develop and disseminate information in collaboration with other SDR contractors regarding successful models for reducing stigma, including peer-run and peer-led programs and others strategies specifically identified by ethnic, racial and cultural communities. By making available anti-stigma materials that explain mental health challenges and promoting social inclusion, that are relevant for targeted segments of the public across the lifespan and within racially, ethnically and culturally diverse populations, the Consortium will play a central role in the overall effectiveness of the Stigma and Discrimination Reduction Initiative.</p>				
2 - Social Marketing	<i>Pending July 14<sup>th</sup> Board meeting</i>	June 9, 2011	\$11,236,334	\$11,236,334
<i>Provider selection pending July 14, 2011 Board of Directors meeting.</i>				
3 - Capacity Building	<i>Pending staff recommendation</i>	June 9, 2011	\$2,616,687	\$2,616,687
<i>Provider selection pending staff recommendation at future Board of Directors meeting.</i>				
<b>2 Values, Practices and Policies</b>				
1 - Resource Development	Mental Health Association of San Francisco	June 9, 2011	\$3,000,000	\$3,000,000
<p>Mental Health Association of San Francisco, with its partners, will develop a research and training Center to accomplish the objectives of the CalMHSAs Resource Development (RD) and the Promising Practices Program (PPP) through assessment, curriculum development, training and dissemination of best SDR practices statewide. In the RD program SDR training programs will be developed. In the case of the PPP, culturally effective and competent SDR programs will be disseminated through key community partner organizations.</p>				
2 - Partnering with Media and the Entertainment Industry	Entertainment Industries Council, Inc	June 9, 2010	\$3,000,000	\$3,000,000
<p>The Entertainment Industries Council, Inc. (EIC) proposes to successfully engage the entertainment industry in a communication strategy with the objective to increase accurate public understanding of mental health and the intent to decrease stigma and discrimination. The return on investment in this strategy has several measurements: quantifiable activities and outcomes, anecdotes from participants and recipients, and points of engagement designed to create and sustain awareness that causes behaviour change. The entertainment industry is often overlooked as a prime distribution point, rather than the major partner it can be as defined in this program. The partnership is also based on inclusion of stakeholders that represent specific California constituencies, care providers, and thought leaders. The core of the partnership is a structured collaboration between those that have a message and those that can distribute it. The messages will be developed through consensus and distributed to the creative community in a useful and timely fashion.</p>				

STIGMA AND DISCRIMINATION REDUCTION				
Program and Component	Provider	Decision Date	Funding Amount	Proposed Maximum Contract Amount
3 - Promoting Integrated Health	Community Clinics Initiative	June 9, 2011	\$3,000,000	\$3,000,000
The Integrated Behavioral Health Project (IBHP), a program of Tides' Community Clinic Initiative (CCI), and three partner organizations will provide technical assistance and training to improve outcomes for underserved populations, while reducing associated stigma. IBHP will use its training curricula, tools, and networks to promote integrated practices. Emphasizing client participation, IBHP will reach new stakeholders, including colleges/universities, health plans, public officials, and school health services in addition to health and behavioral health agencies.				
4 – Promoting Mental Health in the Workplace	TBD	Pending	\$3,243,628	\$0
No proposals submitted for this program.				
5 - Reducing Stigma and Discrimination in Mental Health and System Partners	National Alliance on Mental Health	June 9, 2011	\$3,000,000	\$3,000,000
The National Alliance on Mental Illness California (NAMI CA), in partnership with the Union of Pan Asian Communities (UPAC) and Pacific Clinics have designed a Reducing Stigma and Discrimination in Mental Health System Partners program with the goals of: enhancing existing proven statewide stigma reduction programs, increasing capacity of NAMI CA's statewide network of more than 70 local affiliates to deliver culturally and linguistically competent SDR programs, conducting an evaluation of the success of these programs in reducing stigma and discrimination, coordinating and integrating efforts across the Student Mental Health and Suicide Prevention Programs, and ensuring that our statewide network of NAMI Affiliates have the capacity to continue providing these services beyond the funding period.				
<b>3 Promising Practices Program</b>	Mental Health Association of San Francisco	June 9, 2011	\$2,942,909	\$2,942,909
Mental Health Association of San Francisco, with its partners, will develop a research and training Center to accomplish the objectives of the CalMHSA Resource Development (RD) and the Promising Practices Program (PPP) through assessment, curriculum development, training and dissemination of best SDR practices statewide. In the RD program SDR training programs will be developed. In the case of the PPP, culturally effective and competent SDR programs will be disseminated through key community partner organizations.				
<b>4 Advancing Policy to Eliminate Discrimination Program</b>	Disability Rights California	June 9, 2011	\$2,917,092	\$2,917,092
Disability Rights California will address stigma and discrimination by examining laws, policies, and practices; training community members on existing rights; and recommending needed policy changes. We will increase awareness of laws, policies and practices that address discrimination and support mental health services in non-traditional settings; identify those that contribute to stigma and discrimination and recommend changes; disseminate culturally-relevant and age appropriate best practice policies; and build capacity to continue the work after the contract term.				
Stigma and Discrimination Reduction Total			\$36,495,875	\$33,252,247

STUDENT MENTAL HEALTH				
Program	Provider	Decision Date	Funding Amount	Proposed Maximum Contract Amount
<b>1 Statewide K-12</b>	California Department of Education	June 9, 2011	\$1,000,000	\$1,000,000
The California Department of Education proposes to convene and assist in the facilitation of the Student Mental Health Policy Workgroup (SMHPW) with quarterly meetings beginning in August 2011. The SMHPW will propose three critical student mental health policy recommendations per year to the State Superintendent of Public Instruction and the California legislature. The CDE will expand the Training Educators through Recognition and Identification Strategies (TETRIS) project, increasing the number of trainings per year beginning fall 2011. These trainings provide high-quality professional development for school and district-level staff to support school sites and classrooms in recognizing children's mental health disorders.				
<b>2 Regional K - 12</b>	California County Superintendents Educational Services Association	June 9, 2011	\$14,802,917	\$14,802,917
CCSESA's Regional K-12 Student Mental Health Initiative is based on a statewide framework of prevention and early intervention strategies for student mental health that preserves regional flexibility. CCSESA identified four major goals: (1) cross-system collaboration; (2) school-based demonstration programs; (3) education and training of education personnel, parents/caregivers, and community partners; and (4) technical assistance for school-based program development. These efforts will be achieved and sustained by building the capacity of existing systems and personnel.				
<b>3 California State University</b>	California State University Office of the Chancellor	June 9, 2011	\$6,897,652	\$6,897,652
Through its planning process, the CSU developed a proposal that seeks to impact the entire campus community, not just those experiencing psychological problems, thus the focus on prevention and early intervention. Four major system wide initiatives, data collection, electronic resources, social marketing campaign, and curriculum development, will be implemented to benefit the 23 campuses. The CSU campuses will also have the option of implementing individualized programs that meet their particular campus needs.				
<b>4 California Community Colleges</b>	California Community Colleges Office of the Chancellor	June 9, 2011	\$6,897,652	\$6,897,652
The main components of the CCC SMHP are the development and implementation of campus-based mini grants to 12 colleges and a statewide training and technical assistance (TTA) system to support the grants, regional training efforts, and resource development and dissemination. The CCCSMHP will also identify an online gatekeeper training program for faculty and staff. In addition, an external evaluator will be identified to develop a data and evaluation framework and assist in quality management and accountability efforts. Embedded in the above components are plans to continue work with stakeholder groups and the California State University (CSU) and University of California (UC) systems on select projects. Maintaining a focus on student veterans will be an important element of program implementation.				

STUDENT MENTAL HEALTH					
Program	Provider	Decision Date	Funding Amount	Proposed Maximum Contract Amount	
5	<b>University of California</b>	Regents of the University of California	June 9, 2011	\$6,897,652	\$6,897,652
	UC proposes a systemwide, two-phase initiative to address student mental health issues. Phase I includes developing and enhancing campus programs and services for peer-to-peer support, faculty/staff/student training, and suicide prevention. New or enhanced programs/services include: screening for distress and depression; training videos and manuals; educational programs to reduce mental health stigma, and discrimination and bystander training. Phase II includes strengthening UC's relationship with the CSU and CCC systems by collaborating on projects that increase access to services to all students within the systems, and provide outreach and extend resources statewide.				
Student Mental Health Total			\$36,495,873	\$36,495,873	

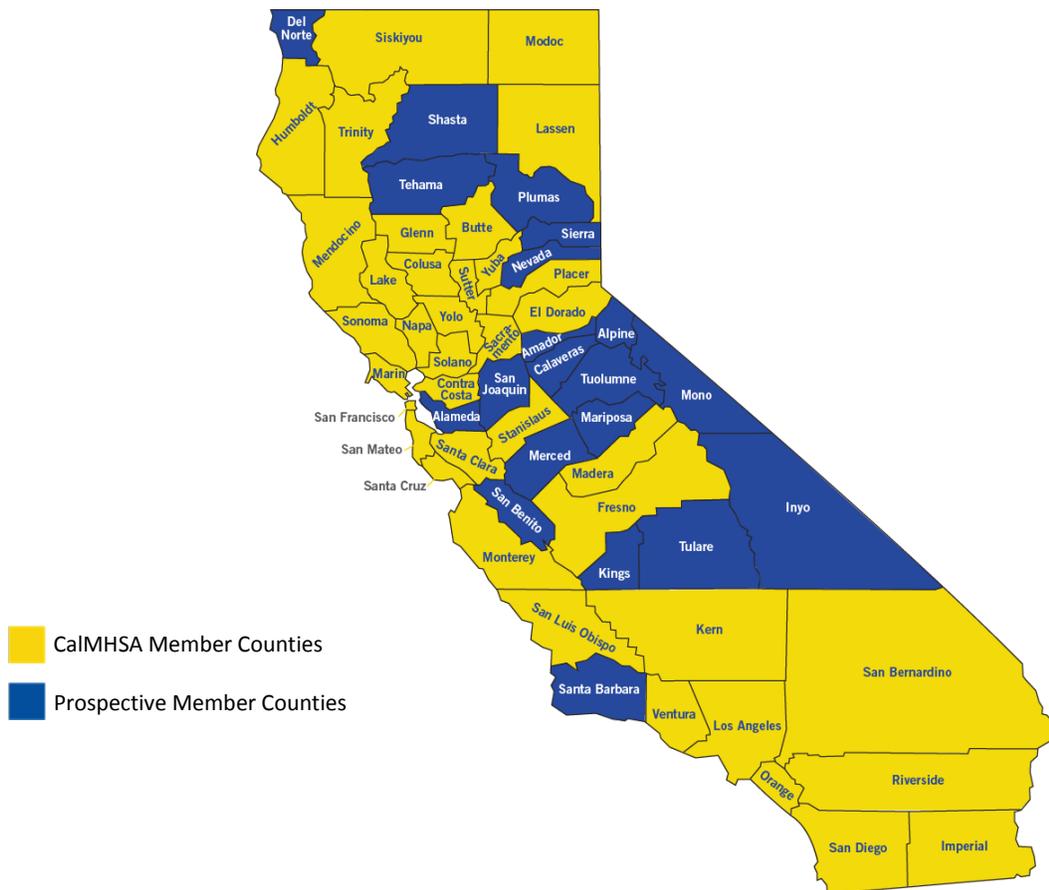


<b>Implementation Plan Budget</b> (from January 27, 2011 approved Work Plan)	
<b>Program Funds Columns (1) and (2)</b>	<b>\$97,322,330</b>
<b>Evaluation Column (3)</b>	<b>\$10,215,781</b>
<b>Operating Reserve Column (4)</b>	<b>\$11,645,988</b>
<b>Administration Column (5)</b>	<b>\$10,215,780</b>
<b>Total Budget</b>	<b>\$129,399,879</b>

<b>Program Funds Assigned July 12, 2011</b>
<b>\$135,526,905</b>

<b>Program Funds Received July 12, 2011</b>
<b>\$93,711,895</b>
<b>Program Funds Receivable as of 6/30/2011</b>
<b>\$8,183,965</b>
<b>Program Funds Receivable for 2011/2012</b>
<b>\$33,631,045</b>

<b>Total Program Funds Assigned</b>
<b>\$135,526,905</b>



- San Bernardino County (July 9, 2009)
- Solano County (July 9, 2009)
- Colusa County (July 9, 2009)
- Monterey County (July 9, 2009)
- San Luis Obispo County (July 9, 2009)
- Stanislaus County (July 9, 2009)
- Sutter/Yuba County (August 13, 2009)
- Butte County (Nov. 13, 2009)
- Placer County (January 14, 2010)
- Sacramento County (March 12, 2010)
- Glenn County (April 7, 2010)
- Trinity County (April 15, 2010)
- Sonoma County (May 13, 2010)
- Modoc County (May 13, 2010)
- Santa Cruz County (June 10, 2010)
- Los Angeles County (June 10, 2010)
- Marin County (August 12, 2010)
- Orange County (August 12, 2010)
- Yolo County (August 12, 2010)
- Contra Costa County (Oct. 14, 2010)
- Fresno County (Oct. 14, 2010)
- Imperial County (Oct. 14, 2010)
- Kern County (Oct. 14, 2010)
- Lake County (Oct. 14, 2010)
- Riverside County (Oct. 14, 2010)
- Santa Clara County (Oct. 14, 2010)
- Siskiyou County (Oct. 14, 2010)
- Ventura County (Oct. 14, 2010)
- Madera County (Nov.12, 2010)
- Mendocino County (Dec. 9, 2010)
- San Diego County (Feb. 10, 2011)
- San Francisco City & County (Feb. 10, 2011)
- El Dorado County (March 11, 2011)
- San Mateo County (March 11, 2011)
- Napa County (June 9, 2011)
- Humboldt County (July 14, 2011)
- Lassen County (July 14, 2011)

**(37 members, 38 counties)**

