

File No. 110004

Committee Item No. 5

Board Item No. 9

## COMMITTEE/BOARD OF SUPERVISORS

### AGENDA PACKET CONTENTS LIST

Committee CITY OPERATIONS AND  
NEIGHBORHOOD SERVICES

Date 1/24/11

Board of Supervisors Meeting

Date 2-1-11

#### Cmte Board

<input type="checkbox"/>	<input type="checkbox"/>	Motion
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Resolution
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ordinance
<input type="checkbox"/>	<input type="checkbox"/>	Legislative Digest
<input type="checkbox"/>	<input type="checkbox"/>	Budget Analyst Report
<input type="checkbox"/>	<input type="checkbox"/>	Legislative Analyst Report
<input type="checkbox"/>	<input type="checkbox"/>	Introduction Form (for hearings)
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Department/Agency Cover Letter and/or Report
<input type="checkbox"/>	<input type="checkbox"/>	MOU
<input type="checkbox"/>	<input type="checkbox"/>	Grant Information Form
<input type="checkbox"/>	<input type="checkbox"/>	Grant Budget
<input type="checkbox"/>	<input type="checkbox"/>	Subcontract Budget
<input type="checkbox"/>	<input type="checkbox"/>	Contract/Agreement
<input type="checkbox"/>	<input type="checkbox"/>	Award Letter
<input type="checkbox"/>	<input type="checkbox"/>	Application
<input type="checkbox"/>	<input type="checkbox"/>	Public Correspondence

#### OTHER

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Completed by: Gail Johnson

Date 1/20/11

Completed by: [Signature]

Date 2/2/11

An asterisked item represents the cover sheet to a document that exceeds 25 pages.  
The complete document is in the file.



1 [Mental Health Services Act Contract - Statewide Prevention and Early Intervention -  
2 \$3,020,400]

3 **Resolution supporting the assignment of the Mental Health Services Act Statewide**  
4 **Prevention and Early Intervention allocation, totaling \$3,020,400, to the Joint Powers**  
5 **Authority known as the California Mental Health Services Authority.**

7 WHEREAS, In May 2008, the Mental Health Services Oversight and Accountability  
8 Commission determined that the California Department of Mental Health would administer  
9 three Prevention and Early Intervention Statewide Projects: Suicide Prevention, Student  
10 Mental Health Initiative, and Stigma and Discrimination Reduction; and,

11 WHEREAS, San Francisco received an annual allocation for Prevention and Early  
12 Intervention Statewide Projects of \$755,100 for a period of four years, totaling \$3,020,400;  
13 and,

14 WHEREAS, Options for allocating Statewide Prevention and Early Interventions funds  
15 are described in guidelines released in March 2010 under Department of Mental Health  
16 Information Notice No. 10-06; and,

17 WHEREAS, Information Notice No. 10-06 provides counties with only two options for  
18 allocating Statewide Prevention and Early Intervention funds, including 1) joining the Joint  
19 Powers Authority known as the California Mental Health Services Authority or 2) partnering  
20 with another county to develop a "multi-county project that must be replicable at a statewide  
21 level"; and,

22 WHEREAS, The California Mental Health Services Authority was founded by member  
23 counties to jointly develop, fund, and implement mental health services projects and  
24 educational programs at the State, regional, and local levels; and,  
25

1 WHEREAS, Over twenty-five counties have joined the California Mental Health  
2 Services Authority, including all Bay Area counties except San Francisco and Alameda; and,

3 WHEREAS, Counties do not have the option to independently develop programs with  
4 Prevention and Early Intervention Statewide funds; and,

5 WHEREAS, Funds assigned to California Mental Health Services Authority will be  
6 included in San Francisco's contract with the State Department of Mental Health as funds  
7 disbursed to California Mental Health Services Authority; and,

8 WHEREAS, the approval of the Mental Health Services Act Contract No. 07-77338-000  
9 and the designation of the Community Behavioral Health Director as the signatory of this  
10 agreement is on file with the Clerk of the Board of Supervisors in File No. 080122; which is  
11 hereby declared to be a part of this resolution as if set forth fully herein; now, therefore, be it

12 RESOLVED, That the option to assign the Statewide Prevention and Early Intervention  
13 allocation to California Mental Health Services Authority be supported and adopted by the  
14 Board of Supervisors; and, be it

15 FURTHER RESOLVED, That the Department of Public Health is authorized to assign  
16 the Statewide Prevention and Early Intervention allocation of \$3,020,400; and, be it

17 FURTHER RESOLVED, That the Board of Supervisors authorize the amendment of  
18 the Mental Health Services Act Contract to include the \$3,020,400 allocation for the Statewide  
19 Prevention and Early Intervention and the assignment of said allocation.

20  
21 RECOMMENDED:

22  
23 

24 Mitchell Katz, M.D.

25 Director of Health



Gavin Newsom  
Mayor

January 4, 2011

Angela Calvillo, Clerk of the Board  
Board of Supervisors  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco, CA 94102-4689

Dear Ms. Calvillo,

Attached please find an original and four copies of proposed resolution for Board of Supervisors approval, which supports the Department of Public Health's recommendation to assign Mental Health Services Act Statewide Prevention and Early Intervention funds, totaling \$3,020,400, to the Joint Powers Authority known as the California Mental Health Services Authority.

The following is a list of accompanying documents (five sets):

- Mental Health Services Act Prevention and Early Intervention (PEI)-Summary of PEI Statewide Projects
- Prevention and Early Intervention State-Administered Projects Planning Estimates
- DMH Information Notice No.: 10-06 Guidelines for Prevention and Early Intervention (PEI) Statewide Programs
- Listing of Current CalMHSA Members
- Resolution No. 90-08, File No. 080122

Sincerely,

Marlo Simmons, MPH  
PEI Coordinator  
Community Behavioral Health Services

San Francisco Department of Public Health  
Community Behavioral Health Services  
Mental Health Services Act  
1380 Howard Street, Room 205  
San Francisco, CA 94103

(415) 252-3084  
(415) 252-3009  
RECEIVED  
BOARD OF SUPERVISORS  
SAN FRANCISCO  
2010 JAN -4 PM 1:21  
Kc



Gavin Newsom  
Mayor

Mitchell H. Katz, MD  
Director of Health

*File 110004*

TO: Angelo Calvillo, Clerk of the Board of Supervisors

FROM: Mitchell H. Katz, M.D.  
Director of Health

DATE: January 4, 2011

SUBJECT: Resolution to support the assignment of the Mental Health  
Services Act Statewide Prevention and Early Intervention  
Allocation to the Joint Powers Authority

TITLE: California Mental Health Services Authority

RECEIVED  
BOARD OF SUPERVISORS  
SAN FRANCISCO  
2010 JAN - 9 PM 1:21  
BY *RZ*

Attached please find the original and 4 copies of each of the following:

- ☒ Proposed resolution, original signed by Department
- ☒ MHSA Prevention and Early Intervention (PEI)-Summary of Statewide Projects
- ☒ Prevention and Early Intervention State-Administered Projects Planning Estimates
- ☒ DMH Information Notice No. 10-06: Guidelines for PEI Statewide Programs
- ☒ Listing of Current California Mental Health Services Authority (CalMHSA) Members
- ☒ Resolution No. 90-08, File No. 080122

**Special Timeline Requirements:**

**Departmental representative to receive a copy of the adopted resolution:**

Name: Marlo Simmons, PEI Coordinator

Phone: 255-3915

Interoffice Mail Address: CBHS, 1380 Howard Street, 2<sup>nd</sup> Floor

Certified copy required Yes ☐

No ☒

(Note: certified copies have the seal of the City/County affixed and are occasionally required by funding agencies. In most cases ordinary copies without the seal are sufficient).

**Mental Health Services Act  
Prevention and Early Intervention (PEI)**

**Summary of PEI Statewide Projects:  
Suicide Prevention  
Student Mental Health Initiative  
Stigma and Discrimination Reduction**

In January 2007 and September 2007, the Mental Health Services Oversight and Accountability Commission (MHSOAC) approved five Prevention and Early Intervention (PEI) Statewide Projects and corresponding funding amounts. In May 2008, the MHSOAC determined that the three Projects described below would be most effectively implemented through a single administrative entity. California Department of Mental Health (DMH) agreed to administer these Statewide Projects.

DMH will implement these Projects contingent upon 1) the Counties' completed agreements to assign funds to DMH for these purposes, and 2) receiving expenditure authority in the State Budget. The PEI Statewide Projects will be developed in collaboration with the California Mental Health Directors Association (CMHDA) and the MHSOAC. A brief description of these three Statewide Projects follows:

**1. Suicide Prevention**

This Statewide Project will support and coordinate with Counties, in launching the implementation of the *California Strategic Plan on Suicide Prevention (Strategic Plan)* which was approved by the Governor's Office on June 30, 2008. The recommendations in this document were developed by a multidisciplinary advisory committee convened by DMH and included representatives from the counties, MHSOAC and other stakeholders. The Strategic Plan contains four strategic directions and over thirty recommended actions, at both the state and local levels, to prevent suicide in California. To view the *California Strategic Plan on Suicide Prevention*, please navigate to the 'Announcements' section at: [http://www.dmh.ca.gov/Prop\\_63/MHSA/Prevention\\_and\\_Early\\_Intervention/default.asp](http://www.dmh.ca.gov/Prop_63/MHSA/Prevention_and_Early_Intervention/default.asp)

**Proposed Funding:** \$10 million per year for four years.

**Purpose:** Consolidate resources to promote efficiency and focus expertise for selected priority infrastructure activities (e.g., clearinghouse, hotline system) that will benefit all counties and provide direct training and technical assistance to counties. The California Strategic Plan on Suicide Prevention serves as a road map for implementing suicide prevention efforts for local and statewide partners.

**Examples of State Level Activities**

- **Build a system of suicide prevention at both the state and local levels.** This strategy will include forming a coalition among state agencies and organizations that will serve as both a model and a resource for local coalitions. The Suicide Prevention Statewide Project will also offer technical

assistance (including samples of educational materials, data reports, assessment tools, and other products) to Counties to help assess their existing suicide prevention services and supports and to identify major gaps. Additionally, technical assistance will be offered to help with the coordination of community partnerships to develop and implement their local action plan for local suicide prevention.

- **Provide training, technical assistance, resources and other needed supports to help Counties successfully develop and implement suicide prevention activities.** Through the Statewide Suicide Prevention Project, the Counties will have increased access to consultation from national experts and others; educational materials and other resources in multiple languages; an online centralized resource center with evidence-based practices, statistics and data, and other information pertinent to suicide prevention; guidance for working with diverse population groups (racial, ethnic, cultural, age, geography, etc.); specialized training programs; and other support services.
- **Increase the capacity and quality of local suicide prevention hotlines.** The Statewide Suicide Prevention Project will conduct state and local assessments of current services and capacity (including multiple language capacity); increase access to consultation by national experts and others; support the accreditation of hotlines; offer training, technical assistance and other resources; design, implement and evaluate the promotion of suicide prevention hotlines; and offer other support services.
- **Increase the capacity of the workforce to effectively prevent suicide.** The Statewide Suicide Prevention Project will support local training efforts through the development and dissemination of suicide prevention service and training standards and guidelines and the subsequent development of curriculum tailored for specific professional groups. Additionally the Project will train local trainers using standards-based curricula.

#### **Examples of Local Level Activities**

- Appoint a liaison to the Office of Suicide Prevention
- Establish a local suicide prevention advisory council or enhance the capacity of an existing body to serve this purpose
- Conduct a comprehensive needs assessment of suicide prevention services and supports across systems
- Assess the capacity of local or regional suicide prevention hotline(s)
- Assess the availability and capacity of local suicide prevention hotlines and develop a plan to achieve accreditation and membership in the National Lifeline or enhance the capacity of a currently accredited hotline



- Assess suicide prevention training needs, identify training targets, and develop a plan to meet those targets
- Design and implement a strategy to engage and educate local media about suicide and responsible reporting
- Promote and support peer support models for survivors of suicide attempts and family members who lost a loved one to suicide, and gatekeeper training models
- Assess local sources of data and develop a plan to enhance data collection on suicide attempts and deaths.
- Establish a suicide death review process that includes the Medical Examiner/Coroner and representatives from law enforcement, hospitals, emergency departments, public health, and mental health.

## **2. Student Mental Health Initiative (SMHI)**

The SMHI will provide an opportunity for California schools and higher education campuses to strengthen student mental health programs. Created in response to the Virginia Tech tragedy, the SMHI provides public Local Education Agencies (K-12) and Public Institutions of Higher Education (University of California System, California State Universities, and California Community Colleges) the opportunity to apply for funds to develop, expand and integrate campus-based mental health services and supports. This Initiative provides an opportunity for education entities to address mental health service gaps, improve services, promote mental health and facilitate access to support services at the earliest possible signs of mental health problems and concerns.

SMHI funds will be competitively awarded directly to selected education entities that successfully demonstrate need and readiness for program implementation, emphasize culturally competent approaches, collaborate with mental health and substance abuse prevention partners, and coordinate with the MHSA Prevention and Early Intervention and/or Community Services and Supports components of Counties' Three-Year Plans. For additional information, please refer to the MHSOAC's SMHI proposal:

[http://www.dmh.ca.gov/MHSOAC/docs/StudentMentalHealthInitiative\\_091807.pdf](http://www.dmh.ca.gov/MHSOAC/docs/StudentMentalHealthInitiative_091807.pdf)

**Funding:** \$15 million per year for four years.

**Purpose:** California needs demonstration sites to model improved student mental health programs. State-level standards, technical assistance, information collection and reports will advance learning on needed program and policy improvements for future efforts funded through the MHSA or other sources.

**State Level SMHI Activities will include Grants (approximately 20 grants for K-12 and 50 grants for Higher Education) addressing the following SMHI Key Elements:**

- **Campus-Based Mental Health Programs** providing a continuum of prevention and early intervention services for students and, as appropriate their families, with specific emphasis on those groups that are traditionally unserved or underserved. These campus-based services may include: (1) Mental Health Promotion and Prevention Programs, (2) Early Intervention, (3) Peer to Peer Support Activities, (4) Suicide Prevention Programs, and (5) Referral and Linkage to other needed services.
- **Systems and Policy Development** that integrates a comprehensive system of campus-based mental health supports, including resource coordination, community collaboration, policy and program improvement, and capacity building.
- **Training** for Campus-based and County Mental Health Staff, Learning Support Staff, Classroom/Teaching Staff/Faculty, Administrators, Community Partners (including Parents), and Peer Leaders to raise awareness of issues of mental health and wellness on campuses and to improve capacity for effective prevention and early intervention programs.
- **Evaluation** to demonstrate the overall impact of the SMHI at the community, program/system and individual level, as well as its relationship with and impact on PEI. These outcomes could include efforts to reduce suicide, incarceration, school failure or dropout, unemployment, prolonged suffering, homelessness, and removal of children from homes (WIC Section 5840(d)).

#### **Examples of Local Level Activities**

- Conduct a comprehensive needs assessment of student mental health services and supports across school and mental health systems
- Convene a group, or use an existing body, to foster collaboration between county mental health and campuses in preparation for developing a campus-linked PEI Project and/or responding to the SMHI Request for Applications
- Create a school-linked PEI Project to address Children at Risk for School Failure as a means to enhance SMHI services, increase outreach, build capacity and lead to improve systems
- Create a campus-linked PEI Project to address First Onset of a Psychiatric Illness that involves collaboration with institutions of higher education (counseling center, disability services, health center) in your county

### 3. Stigma and Discrimination Reduction

The MHSOAC convened a Stigma and Discrimination Advisory Committee that produced a report in June 2007 recommending statewide "Consumer Empowerment and Personal Contact" and "External Influence" strategies, e.g. public awareness campaigns, and development of a comprehensive strategic plan to address stigma and discrimination. In collaboration with the MHSOAC, DMH will reconvene the Stigma and Discrimination Advisory Committee to develop a strategic plan and make recommendations on strategic directions, action plans, and next steps that can be considered for the Statewide Project. This strategic planning effort is set to begin in September 2008 and will be completed in January 2009. For further information, please view the June 2007 MHSA Stigma and Discrimination Advisory Committee report online at:

<http://www.dmh.ca.gov/MHSOAC/docs/StigmaAndDiscriminationReport07Jun12.pdf>

**Funding:** \$15 million per year for four years.

**Purpose:** As noted by the United States Surgeon General, "stigma is the most formidable obstacle to future progress in the arena of mental illness and health" (DHHS<sup>1</sup>, 1999). Reducing stigma and discrimination against people living with mental illness is fundamental to achieving the MHSA's goals of increasing timely and early access to care, increasing employment and housing stability, reducing prolonged suffering, and reducing suicide. State-level and local strategies will be identified in California's first strategic plan to address stigma and discrimination, including approaches that will empower consumers and family members and influence others' attitudes and behaviors.

#### **Key Strategies**

- **Reduce stigma experienced by individuals** who have a mental illness, or a social, emotional, or behavioral issue
- **Reduce stigma experienced by parents or caregivers** of children, youth, and other family members with mental illness, or a social, emotional, or behavioral issue
- **Reduce stigma associated with seeking services and supports** for mental health issues
- **Reduce discrimination against individuals** living with mental illness or social, emotional, or behavioral issues

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<sup>1</sup> U.S. Department of Health and Human Services (1999). Mental Health: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. Retrieved September 26, 2006 from <http://www.surgeongeneral.gov/library/mentalhealth/home.html>

- **Support and complement county level interventions** that address stigma and discrimination

#### **Examples of Local Level Activities**

- Provide client empowerment through training, mutual support and advocacy with existing or new peer self-help and self-advocacy organizations
- Develop consumer-driven advocacy and educational outreach programs
- Provide training to providers in the public mental health system as well as the primary care system about provider bias and reducing stigma and discrimination in treatment settings

If you have questions or need additional information about the three PEI Statewide Projects, please contact the following DMH staff:

Suicide Prevention	Cielo Avalos Sandra Black	<a href="mailto:Cielo.Avalos@dmh.ca.gov">Cielo.Avalos@dmh.ca.gov</a> <a href="mailto:Sandra.Black@dmh.ca.gov">Sandra.Black@dmh.ca.gov</a>	(916) 651-5769 (916) 651-1120
Student Mental Health Initiative	Michelle Lawson	<a href="mailto:Michelle.Lawson@dmh.ca.gov">Michelle.Lawson@dmh.ca.gov</a>	(916) 651-0692
Stigma and Discrimination Reduction	Barbara Marquez Jennifer Turner	<a href="mailto:Barbara.Marquez@dmh.ca.gov">Barbara.Marquez@dmh.ca.gov</a> <a href="mailto:Jennifer.Turner@dmh.ca.gov">Jennifer.Turner@dmh.ca.gov</a>	(916) 654-1040 (916) 653-2969

Prevention and Early Intervention State-Administered Projects<sup>a/</sup> Planning Estimates

Enclosure 2

	Fiscal Year				Total
	FY 2008-09	FY 2009-10	FY 2010-11	FY 2011-12	
Alameda	\$1,457,500	\$1,457,500	\$1,457,500	\$1,457,500	\$5,830,000
Alpine	\$25,000	\$25,000	\$25,000	\$25,000	\$100,000
Amador	\$31,600	\$31,600	\$31,600	\$31,600	\$126,400
Butte	\$218,800	\$218,800	\$218,800	\$218,800	\$875,200
Calaveras	\$41,300	\$41,300	\$41,300	\$41,300	\$165,200
Colusa	\$25,000	\$25,000	\$25,000	\$25,000	\$100,000
Contra Costa	\$917,200	\$917,200	\$917,200	\$917,200	\$3,668,800
Del Norte	\$25,300	\$25,300	\$25,300	\$25,300	\$101,200
El Dorado	\$145,200	\$145,200	\$145,200	\$145,200	\$580,800
Fresno	\$998,500	\$998,500	\$998,500	\$998,500	\$3,994,000
Glenn	\$27,100	\$27,100	\$27,100	\$27,100	\$108,400
Humboldt	\$125,700	\$125,700	\$125,700	\$125,700	\$502,800
Imperial	\$187,500	\$187,500	\$187,500	\$187,500	\$750,000
Inyo	\$25,000	\$25,000	\$25,000	\$25,000	\$100,000
Kern	\$855,900	\$855,900	\$855,900	\$855,900	\$3,423,600
Kings	\$150,000	\$150,000	\$150,000	\$150,000	\$600,000
Lake	\$59,200	\$59,200	\$59,200	\$59,200	\$236,800
Lassen	\$25,300	\$25,300	\$25,300	\$25,300	\$101,200
Los Angeles	\$11,678,400	\$11,678,400	\$11,678,400	\$11,678,400	\$46,713,600
Madera	\$162,400	\$162,400	\$162,400	\$162,400	\$649,600
Marin	\$222,400	\$222,400	\$222,400	\$222,400	\$889,600
Mariposa	\$25,000	\$25,000	\$25,000	\$25,000	\$100,000
Mendocino	\$82,000	\$82,000	\$82,000	\$82,000	\$328,000
Merced	\$283,200	\$283,200	\$283,200	\$283,200	\$1,132,800
Modoc	\$25,000	\$25,000	\$25,000	\$25,000	\$100,000
Mono	\$25,000	\$25,000	\$25,000	\$25,000	\$100,000
Monterey	\$456,600	\$456,600	\$456,600	\$456,600	\$1,826,400
Napa	\$121,100	\$121,100	\$121,100	\$121,100	\$484,400
Nevada	\$86,500	\$86,500	\$86,500	\$86,500	\$346,000
Orange	\$3,334,200	\$3,334,200	\$3,334,200	\$3,334,200	\$13,336,800
Placer	\$274,100	\$274,100	\$274,100	\$274,100	\$1,096,400
Plumas	\$25,000	\$25,000	\$25,000	\$25,000	\$100,000
Riverside	\$2,214,000	\$2,214,000	\$2,214,000	\$2,214,000	\$8,856,000
Sacramento	\$1,331,800	\$1,331,800	\$1,331,800	\$1,331,800	\$5,327,200
San Benito	\$55,400	\$55,400	\$55,400	\$55,400	\$221,600
San Bernardino	\$2,153,800	\$2,153,800	\$2,153,800	\$2,153,800	\$8,615,200
San Diego	\$3,376,700	\$3,376,700	\$3,376,700	\$3,376,700	\$13,506,800
San Francisco	\$755,100	\$755,100	\$755,100	\$755,100	\$3,020,400
San Joaquin	\$669,500	\$669,500	\$669,500	\$669,500	\$2,678,000
San Luis Obispo	\$258,000	\$258,000	\$258,000	\$258,000	\$1,032,000
San Mateo	\$652,700	\$652,700	\$652,700	\$652,700	\$2,610,800
Santa Barbara	\$452,200	\$452,200	\$452,200	\$452,200	\$1,808,800
Santa Clara	\$1,926,900	\$1,926,900	\$1,926,900	\$1,926,900	\$7,707,600
Santa Cruz	\$282,500	\$282,500	\$282,500	\$282,500	\$1,130,000
Shasta	\$176,100	\$176,100	\$176,100	\$176,100	\$704,400
Sierra	\$25,000	\$25,000	\$25,000	\$25,000	\$100,000
Siskiyou	\$35,800	\$35,800	\$35,800	\$35,800	\$143,200
Solano	\$401,100	\$401,100	\$401,100	\$401,100	\$1,604,400
Sonoma	\$439,700	\$439,700	\$439,700	\$439,700	\$1,758,800
Stanislaus	\$510,200	\$510,200	\$510,200	\$510,200	\$2,040,800
Sutter	\$82,300	\$82,300	\$82,300	\$82,300	\$329,200
Tehama	\$60,700	\$60,700	\$60,700	\$60,700	\$242,800
Trinity	\$25,000	\$25,000	\$25,000	\$25,000	\$100,000
Tulare	\$482,100	\$482,100	\$482,100	\$482,100	\$1,928,400
Tuolumne	\$48,300	\$48,300	\$48,300	\$48,300	\$193,200
Ventura	\$834,800	\$834,800	\$834,800	\$834,800	\$3,339,200
Yolo	\$208,200	\$208,200	\$208,200	\$208,200	\$832,800
Yuba	\$67,900	\$67,900	\$67,900	\$67,900	\$271,600
City of Berkeley	\$127,900	\$127,900	\$127,900	\$127,900	\$511,600
Tri-City	\$204,300	\$204,300	\$204,300	\$204,300	\$817,200
Total	\$40,000,000	\$40,000,000	\$40,000,000	\$40,000,000	\$160,000,000

a/ Projects include Suicide Prevention, Stigma and Discrimination Reduction, and Student Mental Health Initiative





CALIFORNIA DEPARTMENT OF

# Mental Health

1600 9th Street, Sacramento, CA 95814  
(916) 654-2309

March 29, 2010

DMH INFORMATION NOTICE NO.: 10-06 

TO: LOCAL MENTAL HEALTH DIRECTORS  
LOCAL MENTAL HEALTH PROGRAM CHIEFS  
LOCAL MENTAL HEALTH ADMINISTRATORS  
COUNTY ADMINISTRATIVE OFFICERS  
CHAIRPERSONS, LOCAL MENTAL HEALTH BOARDS

SUBJECT: GUIDELINES FOR PREVENTION AND EARLY INTERVENTION  
(PEI) STATEWIDE PROGRAMS<sup>1</sup>

REFERENCE IMPLEMENTATION OF THE MENTAL HEALTH SERVICES ACT,  
WELFARE AND INSTITUTIONS CODE SECTIONS 5840

This Information Notice transmits to Counties<sup>2</sup> the Proposed Guidelines for Counties to submit their request for PEI Statewide Funds made available in planning estimates for Suicide Prevention, Stigma and Discrimination Reduction and Student Mental Health in DMH Information Notice 08-25<sup>3</sup>. These guidelines provide information to Counties on allowable use of PEI Statewide Funds. In addition they contain content and format instructions for updates to the PEI Component of the County's Three-Year Program and Expenditure Plans that includes PEI Statewide Funds.

These Guidelines are applicable to all requests for PEI Statewide Funds submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC) after January 28, 2010, the date the Guidelines were approved by the MHSOAC.

<sup>1</sup> "PEI Statewide Programs" means the PEI statewide programs funded from the PEI component of the MHSA Three-Year Program and Expenditure Plan made available in planning estimates in DMH Information Notice 08-25.

<sup>2</sup> "County" means a County Mental Health Department, two or more County Mental Health Departments acting jointly, and/or a city-operated program receiving funds per Welfare and Institutions Code Section 5701.5 (California Code of Regulations, Section 3200.090).

<sup>3</sup> For purposes of these Guidelines these funds will be referred to as "PEI Statewide Funds."

DMH INFORMATION NOTICE NO.: 10-06

March 29, 2010

Page 2

For further information, clarification or questions about these Guidelines, please contact MHSOAC staff, Vivian Lee at (916) 445-8721 or [Vivian.lee@dmh.ca.gov](mailto:Vivian.lee@dmh.ca.gov). For statewide program design and planning questions you may contact DMH staff Sandra Black at [Sandra.black@dmh.ca.gov](mailto:Sandra.black@dmh.ca.gov), (916) 651-1120 or Cielo Avalos at [Cielo.avalos@dmh.ca.gov](mailto:Cielo.avalos@dmh.ca.gov), (916) 651-5769.

Sincerely,

Original Signed by

STEPHEN W. MAYBERG, Ph.D.  
Director

Enclosures (11)

cc: California Mental Health Directors Association  
California Mental Health Planning Council  
Mental Health Services Oversight and Accountability Commission  
Community Programs Branch, County Technical Assistance



# ~~MHSOAC~~

**Mental Health Services  
Oversight and Accountability Commission**

## **GUIDELINES FOR PREVENTION AND EARLY INTERVENTION (PEI) STATEWIDE PROGRAMS<sup>1</sup>**

The Mental Health Services Oversight and Accountability Commission (MHSOAC) issues these Guidelines pursuant to the authority granted it by Welfare and Institutions Code Section 5846(c). These Guidelines provide: (1) additional information to Counties<sup>2</sup> on allowable uses for PEI Statewide funds made available in planning estimates for Suicide Prevention, Stigma and Discrimination Reduction and Student Mental Health in DMH Information Notice 08-25<sup>3</sup>; and (2) provide content and format instructions for updates to the Three-Year Program and Expenditure Plans that include PEI Statewide Funds.

**These guidelines are applicable to all requests for PEI Statewide Funds submitted to the MHSOAC as of January 28, 2010, the date the Guidelines were approved by the MHSOAC.**

As described throughout these Guidelines, programs developed with PEI Statewide Funds must be consistent with the following documents including any additions or revisions approved by the MHSOAC:

- Strategic Plan for Suicide Prevention
- Strategic Plan for Stigma and Discrimination Reduction
- Student Mental Health Initiative<sup>4</sup>

For the purposes of these Guidelines the documents cited above shall be referred to as **State Strategic Plans**.

<sup>1</sup> "PEI Statewide Programs" means the PEI statewide programs funded from the PEI component of the MHSA Three-Year Program and Expenditure Plan made available in planning estimates in DMH Information Notice 08-25.

<sup>2</sup> "County" means the County Mental Health Department, two or more County Mental Health Departments acting jointly, and/or city-operated programs receiving funds per Welfare and Institutions Code Section 5701.5. (Title 9 California Code of Regulations, Section 3200.090)

<sup>3</sup> For purposes of these Guidelines these funds will be referred to as "PEI Statewide Funds."

<sup>4</sup> The MHSOAC may update the State Strategic Plan for Student Mental Health.

The Strategic Plans for Suicide Prevention and Reducing Stigma and Discrimination were developed by DMH and approved by the MHSOAC. The Student Mental Health Initiative was developed and approved by the MHSOAC. There was a significant stakeholder process involved in producing the State Strategic Plans. This process is described further in the Background section of this document.

## **I. BACKGROUND**

The MHSOAC approved five PEI Statewide Programs and corresponding funding amounts in January and September of 2007. These Guidelines apply only to the following three PEI Statewide Programs identified in DMH Information Notice No.: 08-25: (1) Suicide Prevention, (2) Stigma and Discrimination Reduction, and (3) the Student Mental Health Initiative. A fourth program, Training and Technical Assistance and Capacity Building, is being implemented locally and is not subject to these Guidelines. A strategic plan is being developed for the fifth program, Reducing Disparities through Racial, Ethnic and Cultural Specific Programs, and is also not subject to these Guidelines.

MHSOAC core principles:

- Client and Family Driven
- Wellness, Recovery and Resilience Focused
- Cultural Competency
- Community Collaboration
- Co-occurring Disorder Services Competency
- Integrated Services

With these Guidelines the Commission reaffirms its commitment to the core principles identified above and affirms its expectation that programs developed with PEI Statewide Funds will reflect these core principles. Additionally, any core principles identified in the State Strategic Plans should be considered in developing programs with these funds. (See link to State Strategic Plans provided on Page 1.)

In May 2008 the MHSOAC determined that Suicide Prevention, Stigma and Discrimination Reduction and Student Mental Health programs would be implemented most efficiently and effectively if administered through a single statewide entity. Over a two year period a significant "state level" stakeholder process occurred in each of these areas to identify broad strategic direction and more specific "recommended actions" that if implemented at the statewide level would most benefit California, would result in a statewide impact and provide a statewide foundation for counties to build upon in the future. The results of that stakeholder process are the State Strategic Plans previously identified.

To meet the goals of the State Strategic Plans and enable the implementation of statewide programs through a single statewide entity, a process for counties to assign PEI Statewide Funds to DMH for administration of these programs was provided in DMH Information Notice No.: 08-25 issued in September 2008.

In August 2009 the Commission determined that additional options were necessary to support the implementation of PEI statewide goals and programs. As a result the MHSOAC approved the development of guidelines specifically to identify additional options for accessing PEI Statewide Funds for statewide and/or multi-County programs.

In September 2009 the MHSOAC adopted eight principles which were to serve as the basis for the PEI Statewide Fund Guidelines. Those principles included a commitment to preserving statewide goals previously identified in the State Strategic Plans for Suicide Prevention, Stigma and Discrimination Reduction, and Student Mental Health. As a result the MHSOAC approved the development of guidelines that would preserve statewide PEI program efforts through various incentives including a streamlined approval process for counties choosing to assign their PEI Statewide Funds to a centralized statewide entity such as a joint powers authority (JPA) or DMH for the development and implementation of "statewide" programs.

As stated, the Commission previously approved the strategic direction and "recommended actions" identified in the State Strategic Plans and intends that all programs developed with PEI Statewide Funds further the goals and strategies in the State Strategic Plans by conforming with identified "recommended actions" in those documents. Additionally the Commission intends for the expenditure of these one-time PEI Statewide Funds to result in programs that have a statewide impact and provide a statewide foundation for counties to build upon for long lasting results. Consistent with this intent the programs approved with these funds shall focus on building system infrastructure, expanding community capacity, creating new knowledge and developing needed resources.

## **II. REQUIREMENTS FOR USE OF PEI STATEWIDE FUNDS**

**(Made available in Planning Estimates provided in DMH Information Notice No.: 08-25.)**

In addition to statutory or regulatory requirements, all programs/activities implemented with PEI Statewide Funds must be consistent with these Guidelines developed in compliance with the eight principles adopted by the MHSOAC in September 2009.

The following sections A through F represent six of the principles adopted by the Commission. A seventh principle regarding incentives and a streamlined process for jointly funded "statewide" programs is represented in Section III, Phase I Approval. The eighth principle regarding MHSOAC core principles was addressed previously in this document.

**Programs must meet all of the following requirements categorized by guideline principle:**

**A. Collaboration**

Counties are required to collaborate with at least one other County in the development of all programs. Such collaboration is authorized by Section 5897(a) and (b) of the Welfare and Institutions Code. Collaboration, for the purpose of these Guidelines, requires that programs are: (1) jointly funded by more than one County; and/or (2) developed with resources that are shared by more than one County. Shared resources must be documented and may include but are not limited to joint staffing, joint operations, and shared infrastructure. Additionally collaboration with other non-mental health entities and community-based entities is encouraged.

**B. Conform With MHSOAC Approved State Strategic Plans**

Programs developed with PEI Statewide Funds shall conform with MHSOAC approved State Strategic Plans by implementing "recommended actions" identified in those plans. (See link to State Strategic Plans provided on Page 1.)

**C. Preserve State-wideness**

To preserve state-wideness these Guidelines identify three options for the expenditure of PEI Statewide Funds to implement "statewide programs". One of these options also allows for the development of multi-County collaborative programs that could be replicated statewide. The three options are identified below with more administrative and process detail provided for each in Section III of this document.

**Counties must choose to expend their PEI Statewide Funds in *one or more* of the following ways:**

**Option 1: Implement Statewide Programs through a JPA**

**Option 2: Implement Statewide and/or Replicable Programs through Multi-County Collaboration**

**Option 3: Implement Statewide Programs through Assignment to DMH**

As described, any of the three options provides a mechanism for Counties to use their PEI Statewide Funds to implement "statewide programs" whether through a JPA, multi-County collaboration or assignment of those funds to DMH.

"Statewide programs" require that "recommended actions" identified in the State Strategic Plans be implemented to have a statewide impact.

As indicated, a County may choose Option 2 and use their PEI Statewide Funds to implement "**multi-County replicable programs**". However, to ensure that multi-County programs also meet the goal of having a statewide impact, these programs must be designed to be "replicable", with an evaluation and reporting component that will provide information necessary to learn from these programs and replicate these programs if appropriate.

#### D. Stakeholder Input

These guidelines require different types of stakeholder input at various points in the plan development process for the use of PEI Statewide Funds. Consistent with the Mental Health Services Act and the MHSOAC core principles clients and family members are to provide input at local, state/JPA, and multi-County collaborative levels.

##### Local Level

Individual Counties developing their plans for the expenditure of PEI Statewide Funds must comply with the requirements for the Community Program Planning process (CPP) and the Local Review Process in Title 9, California Code of Regulations, Sections 3300 and 3315(b) including requirements related to stakeholder input. If a County does not have an already approved PEI Plan the County must also have a public hearing pursuant to Title 9, California Code of Regulations, Section 3315(a).

For the purpose of these Guidelines, individual Counties are required to gain local stakeholder input about whether to pursue "statewide programs" through a JPA, multi-County collaboration, or DMH and/or enter into collaboratives to implement "multi-County replicable programs". As described previously DMH and the MHSOAC directed, conducted and approved a significant "state level" stakeholder process that occurred over two years and resulted in the State Strategic Plans. With the approval of those plans the Commission approved the "recommended actions" identified in the State Strategic Plans and intends that all programs developed and implemented with PEI Statewide Funds conform with those "recommended actions". It is not the Commission's intent that the local County stakeholder process revisits the specific actions to be implemented or to propose program design.

##### State Level - JPA

A JPA acting as a lead organization on behalf of Counties acting jointly must obtain stakeholder input to identify from the State Strategic Plans the priority "recommended actions" to be implemented. It is expected that this process will

build on the previous state level process that produced the State Strategic Plans. The JPA is encouraged to: (1) collaborate with other non-mental health, community based entities to achieve the greatest statewide impact; (2) include racial, ethnic and cultural populations; and (3) consider "across the life span" strategies in the programs designed. A JPA implementing "statewide programs" shall post all "statewide program" plans for 30 days prior to plan submission.

#### Multi-County Collaborative Level

A lead organization acting on behalf of Counties in a multi-County collaborative must obtain stakeholder input to identify from the State Strategic Plans, the priority "recommended actions" to be implemented either as "statewide programs" or "replicable programs." It is expected that this process will build on the previous state level process that produced the State Strategic Plans. The multi-County collaborative is encouraged to: (1) collaborate with other non-mental health, community based entities to achieve the greatest statewide impact if implementing statewide programs; (2) include racial, ethnic and cultural populations; and (3) consider "across the life span" strategies in the programs designed.

If a multi-County collaborative implements statewide and/or replicable programs, each individual County is responsible for a local review process that includes posting their multi-County collaborative plan for 30 days with budget detail specific to their County.

#### E. Address Three Project Areas

Counties are required to use PEI Statewide Funds to address goals identified for all three program areas: (1) Suicide Prevention, (2) Stigma and Discrimination Reduction, and (3) Student Mental Health. Whether programs are developed through a JPA or a multi-County collaborative, it is the intent of the MHSOAC that the expenditure of PEI Statewide Funds be consistent with the general proportion of funds originally intended for the three program areas as identified in Planning Estimates provided in DMH Information Notice No.: 08-25: Suicide Prevention 25%; Stigma and Discrimination Reduction 37.5%; and Student Mental Health 37.5%.

If a JPA is implementing statewide programs and proportionality is not evident in the program and budget detail provided by the JPA, additional information must be included about how proportionality will be maintained in the larger context of PEI Statewide Fund expenditures.

If a multi-County collaborative is implementing statewide or replicable programs, total expenditures in the budget detail provided for that collaborative shall be generally consistent with the proportions of funds originally intended for the three program areas as cited above and evident in the budget detail provided.

The goal of the MHSOAC is not to enforce strict proportionality in the expenditure of PEI Statewide Funds but rather to work with Counties and/or a JPA to ensure that California maintains the significant and intended investment in the three program areas as originally intended.

A multi-County collaborative that *only includes* Counties with a population of less than 100,000, is exempt from addressing three program areas but must address one program area.

#### F. Evaluation

The MHSOAC is committed to evaluating the effectiveness of programs developed with PEI Statewide Funds. **As such pursuant to these Guidelines, all Counties are required to participate in a "statewide evaluation".**

##### Statewide Evaluation

For "statewide programs" developed through either a JPA or a multi-County collaborative strategies for evaluation of each program proposed must be provided with the submission of program descriptions. (Strategies for evaluation of each program may be combined into one evaluation.) The JPA or multi-County collaborative may use PEI Statewide Funds to support evaluation efforts. Evaluation expenditures should be in proportion to funds available to the JPA or multi-County collaborative. It is generally not uncommon to spend 5-15% of funds on evaluation efforts.

Counties not implementing "statewide programs" are also required to participate in a statewide evaluation. Currently a statewide evaluation is being developed by the MHSOAC for evaluation of the MHSA. This evaluation is expected to include a focus on programs developed with PEI Statewide Funds. Multi-County collaboratives implementing "replicable programs" must participate in this MHSOAC-sponsored evaluation to meet the "statewide" evaluation requirement and may use PEI Statewide Funds to support participation in the effort. The MHSOAC will keep Counties and stakeholders informed as this evaluation is designed and implemented.

##### Multi-County Collaborative – Replicable Projects

In addition to participating in the MHSOAC "statewide" evaluation described above, multi-County collaboratives implementing "replicable programs" must design a local evaluation of each proposed program and a plan for disseminating

evaluation findings. This information is to be submitted with the program description. (See Enclosure D.) The lead organization acting on behalf of the multi-County collaborative and/or individual participating Counties may use PEI Statewide Funds to support evaluation efforts. Evaluation expenditures should be in proportion to funds available to the multi-County collaborative. It is generally not uncommon to spend 5-15% of funds on evaluation efforts.

#### G. Funding

##### 1. Expending Funds

As noted, PEI Statewide Funds identified in DMH Information Notice No.: 08-25 must be used to support statewide or multi-County replicable programs that conform with MHSOAC approved strategic direction and "recommended actions" for Suicide Prevention, Stigma and Discrimination Reduction and Student Mental Health found in the State Strategic Plans. Expenditure of PEI Statewide Funds is limited to activities for prevention and early intervention including planning, evaluation and administration.

##### 2. Tracking Funds

For funds not assigned to DMH or a JPA for "statewide" programs, Counties are required to track and report on the revenues and expenditures for PEI Statewide Funds separate from other PEI funds. Additional guidance will be provided in the applicable annual MHSA Revenue and Expenditure report guidelines. A JPA implementing "statewide" programs must also track and report to DMH on the expenditures for PEI Statewide Funds separate from other funds.

##### 3. Requesting Funds

See the next section of this document for content and format requirements to request PEI Statewide Funds pursuant to these guidelines.

### **III. THREE-YEAR PROGRAM AND EXPENDITURE PLAN: CONTENT AND FORMAT REQUIREMENTS TO REQUEST PEI STATEWIDE FUNDS**

A County choosing to implement "statewide" programs through assignment of PEI Statewide Funds to DMH must follow the procedures specified in DMH Information Notice No.: 08-25 or any subsequently issued Information Notice that supersedes 08-25 as noted in Option 3 below.



A County choosing to implement "statewide" or "replicable" programs through Options 1 and/or 2, will submit a request for PEI Statewide Funds as an update to a County's Three-Year Program and Expenditure Plan or with the initial submission of a County's PEI Plan.

What follows are specific instructions about the plan information to be submitted if a County is choosing Options 1 and/or 2 to implement "statewide" or multi-County "replicable" programs. The following instructions also apply to a JPA requesting PEI Statewide Funds under Options 1, 2, and/or 3.

**The plan information required to request PEI Statewide Funds under Options 1 and/or 2 is contained in Enclosures A through F.2 attached to these Guidelines.**

All County funding requests submitted must include the information in Enclosures A and B certifying that the County will comply with the requirements of the MHSA, including the Community Program Planning Process of Title 9, CCR Sections 3300, 3310, 3315, and non-supplant requirements of Title 9, CCR Section 3410. **Enclosures A and B are standard forms required with the submission of any plan or update to the Three-Year Program and Expenditure Plan.** All JPA funding requests submitted must complete the certification in Enclosure A.1

In addition to submitting Enclosures A, B, and A.1 respectively with any funding request, Counties and JPAs are required to provide specific information about their request for PEI Statewide Funds by submitting the information requested on Enclosure C, D, and/or E. If a County is choosing to expend PEI Statewide Funds under both Option 1 and Option 2 they may submit Enclosures C and D together as one plan update or separately as individual plan updates.

What follows are descriptions of the two new options available to Counties and the required plan information associated with each. See Enclosure G for a matrix of required plan information associated with each of the options described below.

**Counties must choose *one or more* of the following options for expenditure of PEI Statewide Funds:**

**Option 1: Implement Statewide Programs through a JPA**

County delegates authority for the administration of PEI Statewide Funds to a Joint Powers Authority (JPA) for the implementation of "**statewide programs**".

There is an expedited approval process referred to as "Phase I Approval" for **initial requests** from Counties choosing Option 1 to provide PEI Statewide Funds to a JPA for the implementation of "statewide programs".

**Phase I Approval allows for the transfer of up to four years of planning estimates to the JPA** and distribution of 5% of available PEI Statewide Funds to the JPA prior to the identification of "recommended actions" from the State Strategic Plans and prior to program design. (Available funding is the amount of each annual planning estimate transferred to the JPA for prior and current fiscal years.)

#### **Phase I Approval – County Completes Enclosure C**

To receive Phase I approval a County must Enclosure C which: (1) delegates the administration of PEI Statewide Funds to a JPA; (2) certifies that the intended purpose for the delegation includes the selection, design and "statewide" implementation of specific "recommended actions" identified in the State Strategic Plans and the authority to develop and submit plans, plan updates and reports to DMH and the MHSOAC related to PEI Statewide Funds; and (3) requests that up to four years of planning estimates for PEI Statewide Funds be transferred to the JPA. Counties may also request that 5% per year of available PEI Statewide Funds be immediately distributed to the JPA for the planning, provided that 5% of the planning estimate has not previously been requested and distributed and the state fiscal year for which the funds are intended has begun. Counties may also request planning funding for the upcoming fiscal year for distribution upon the start of the new fiscal year.

The JPA may expend these funds on necessary planning activities including identifying priority "recommended actions" to be implemented and developing the program(s) design. **Phase II approval is required before a JPA can expend any PEI Statewide Funds on program implementation.**

**The specified funds will be distributed to the JPA after the execution of an amendment to the County's Mental Health Services Act agreement providing DMH specific authority to implement the county's delegation.** Counties may request that DMH initiate such an amendment at any time.

#### **Phase II Approval – JPA Completes Enclosure E**

Phase II Approval will occur when the JPA, acting on behalf of Counties, completes its design of a statewide program and submits a plan update requesting approval to expend PEI Statewide Funds on program implementation. **Phase II approval requires the JPA to submit** program information that identifies the specific "recommended actions" to be implemented as "statewide programs" that are consistent with the State Strategic Plans; and provide associated program descriptions, budgets and evaluation strategies. (See specific content requirements for Enclosure E.) *The JPA may submit this information as an update to a County's Three-Year Program and Expenditure Plan.*

**Option 2: Implement Statewide and/or Replicable Programs  
through Multi-County Collaboration**

County provides PEI Statewide Funds or other resources to a multi-County collaborative to implement "statewide" or "replicable" programs.

**Funding Approval - County Completes Enclosure D**

Counties proposing to implement statewide or replicable programs through a multi-County collaborative may request funding from planning estimates from previous or current fiscal years for immediate distribution and for the upcoming fiscal year for distribution in that upcoming fiscal year. These funding requests submitted by individual Counties must include program information that identifies the specific "recommended actions" to be implemented as "statewide" and/or "replicable" programs that are consistent with the State Strategic Plans and provide associated program descriptions, budgets and evaluation strategies. Information is also required about collaboration with other Counties. For Counties proposing to implement "replicable" programs additional information is required about strategies for the dissemination of evaluation findings. (See specific content requirements for Enclosure D.)

Directions for subsequent year funding requests will be included in the overall directions for updates to the Three Year Program and Expenditure Plan. The funding requests and plan information described in these Guidelines shall be submitted by individual Counties as an update to a Three-Year Program and Expenditure Plan or as a request submitted with a County's initial PEI Plan. Note: As mentioned previously Counties may select more than one of the options identified for expenditure of their PEI Statewide Funds. If a County is choosing both Option 1 and Option 2 they may submit Enclosures C and D at the same time as one plan update or as separate plan updates.

**Option 3: Statewide Programs through Assignment to DMH**

County assigns PEI Statewide Funds to DMH to implement "statewide programs" pursuant to DMH Info. Notice No.: 08-25 or any subsequently issued Information Notice that supersedes 08-25.

*Note: All direction for assigning PEI Statewide Funds to DMH can be found in DMH Info. Notice No.: 08-25 or any subsequently issued Information Notice that supersedes 08-25. Counties choosing to assign funds to DMH should follow that guidance. (At time of release of this draft there is a continuing discussion with DMH which may result in a revision to DMH Information Notice No.: 08-25.)*

*These Guidelines provide direction for counties choosing Option 1 and/or 2 only.*

If a county chooses Option 3 specifically to fund a contract between DMH and a JPA funded by PEI Statewide Funds for the development and implementation of

PEI Statewide programs the JPA must follow these Guidelines and submit required enclosures.

As stated previously, the two new options developed for Counties to request PEI Statewide Funds represent the Commission's intent to: (1) preserve "statewide" efforts with regard to programs developed for Suicide Prevention, Stigma and Discrimination Reduction and Student Mental Health; (2) streamline approval processes to support statewide program efforts developed through a single state entity; and (3) develop efficient and accountable processes for approval of PEI Statewide Funds.

#### **IV. PLAN SUBMISSION**

Counties and/or a JPA should submit a hard copy and an electronic copy of the Program and Expenditure Plan for PEI Statewide Funding which includes the original signature of the County mental health director or designee or JPA designee to:

Mental Health Oversight and Accountability Commission  
PEI Statewide Program Funds  
1300 17<sup>th</sup> Street, Suite 1000  
Sacramento, CA 95814  
[www.mhsoac@dmh.ca.gov](mailto:www.mhsoac@dmh.ca.gov)

and

California Department of Mental Health  
Attention: Sandra Black  
Prevention, Education and Training Section  
State Level Program Branch  
1600 9<sup>th</sup> Street, Room 150  
Sacramento, CA 95814  
[PEI@dmh.ca.gov](mailto:PEI@dmh.ca.gov)

#### **V. REVIEW, APPROVAL AND PAYMENT**

The MHSA specifies that PEI proposed expenditures are to be reviewed jointly by DMH and the MHSOAC with the final approval by the MHSOAC. The MHSOAC will notify the County of the approval of its funding request in writing. Funds will not be allowed for expenditures that are incurred prior to receiving MHSOAC's approval.

#### **VI. TECHNICAL ASSISTANCE**

Programs focused on Suicide Prevention, Stigma and Discrimination Reduction and Student Mental Health have received support from state-level stakeholders and are considered by the MHSOAC and DMH to be important areas of

investment. The MHSOAC and DMH are committed to providing assistance in clarifying Guidelines for plan development and for program design. For further information, clarification or questions about these Guidelines, please contact MHSOAC staff, Vivian Lee at (916) 445-8721 or [Vivian.lee@dmh.ca.gov](mailto:Vivian.lee@dmh.ca.gov). For statewide program design and planning questions you may contact DMH staff Sandra Black at [Sandra.black@dmh.ca.gov](mailto:Sandra.black@dmh.ca.gov), (916) 651-1120 or Cielo Avalos at [cielo.avalos@dmh.ca.gov](mailto:cielo.avalos@dmh.ca.gov), (916) 651-5769.

The MHSOAC is pleased to provide this guidance which supports the strategic direction and recommended actions identified in the State Strategic Plans and provides additional opportunities to strengthen our joint efforts to reduce suicide, enhance the mental health of students, and reduce stigma and discrimination throughout California.

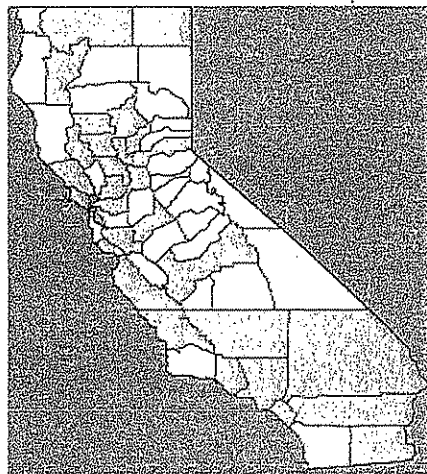
Enclosures:

- Enclosure A: County Certification
- Enclosure A.1: JPA Certification
- Enclosure B: Description of Local Review Process
- Enclosure C: County Distribution Agreement – Provide PEI Statewide Funds to JPA for Implementation of Statewide Programs
- Enclosure D: Implementation of Statewide or Replicable Programs through Multi-County Collaboratives
- Enclosure E: Phase II Approval - JPA Statewide Program Implementation
- Enclosure F: PEI Statewide Funding Request Budget Form
- Enclosure F.1: PEI Statewide Funding Request Budget Narrative
- Enclosure F.2: PEI Statewide Funding Request Budget Summary
- Enclosure G: Matrix of Plan Requirement Documents





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## Current CalMHSA Members:

**Butte County** (*Anne Robin, MFT*)

[Butte County Partic Res. 09-154.pdf](#)

**Colusa County** (*William Cornelius, PhD*)

[cmhsa-partic.res-colusa.pdf](#)

**Contra Costa County** (*Donna M. Wigand, LCSW*)

[Contra-Costa-County-Resolution-8-12-10.pdf](#)

**Fresno County** (*Donna Taylor, RN*)

[Fresno-County-Resolution -9-14-10.pdf](#)

**Glenn County** (*Scott Gruendl, MPA*)

[Glenn-County-BOS-04-27-2010.pdf](#)

**Imperial County** (*Michael W. Horn, MFT*)

**Kern County** (*James A. Waterman, PhD*)

[Kern-County-Resolution-9-28-10.pdf](#)

**Lake County** (*Kristy Kelly, MFT*)

[Lake-County-Resolution-9-28-10.pdf](#)

**Los Angeles County** (*Marvin J Southard, DSW*)

[Board-of-Supervisors-Los-Angeles-County.pdf](#)

**Madera County** (*Janice Melton, LCSW*)

[Madera-County-Resolution.pdf](#)

**Marin County** (*Bruce Gurganus MFT, Celia Allen (alternate)*)

[Marin-County-Resolution.pdf](#)

**Modoc County** (*Karen Stockton, PhD, MSW*)

[Modoc-County-BOS-05-14-2010.pdf](#)

**Monterey County** (*Wayne Clark, PhD*)

[Monterey County JPA Approval 02-10-09.pdf](#)

**Orange County** (*Mark Refowitz MSW, Mary Hale (alternate)*)

[Orange-County-Resolution.pdf](#)

**Placer County** (*Maureen Bauman, LCSW, MPA*)  
[placer-county-participate-res.pdf](#)

**Riverside County** (*Jerry Wengerd, LCSW*)  
[Riverside-County-Resolution-8-19-10.pdf](#)

**Sacramento County** (*Mary Ann Bennett*)  
[sac-county participation resolution](#)

**San Bernardino County** (*Allan Rawland, LCSW, MSW*)  
[San Bernardino County JPA Approval.pdf](#)

**San Luis Obispo County** (*Karen Baylor, PhD, MFT*)  
[San Luis Obispo JPA Approval 021009.pdf](#)  
[cmhsa-partic res-san luis obispo.pdf](#)

**Santa Clara County** (*Nancy Pena, PhD*)  
[Santa-Clara-Resolution.pdf](#)

**Santa Cruz County** (*Leslie Tremaine, EdD*)  
[Santa Cruz County BOS](#)

**Siskiyou County** (*Michael Noda*)

**Solano County** (*Glenda Lingenfelter, RN*)  
[cmhsa-partic res-solano.pdf](#)

**Sonoma County** (*Michael Kennedy, MFT*)  
[Sonoma-County-BOS-05-20-2010.pdf](#)

**Stanislaus County** (*Denise Hunt, RN, MFT*)  
[cmhsa-part res-stanislaus.pdf](#)

**Sutter County** (*Brad Luz, PhD*)  
[cmhsa-sutter-yuba-participate-res.pdf](#)

**Trinity County** (*Noel O'Neill, MFT*)  
[Trinity-County-BOS-04-15-2010.pdf](#)

**Ventura County** (*Meloney Roy, LCSW*)  
[Ventura-County-Resolution-9-21-10.pdf](#)

**Yolo County** (*Kim Suderman LCSW, Joan Beesley (alternate)*)  
[Yolo-Resolution.pdf](#)

**Yuba County** (*Brad Luz, PhD*)  
[cmhsa-sutter-yuba-participate-res.pdf](#)





### Ground Breaking!

"A rock pile ceases to be a rock pile the moment a single man contemplates it, bearing within him the image of a cathedral."

— Antoine de Saint-Exupery



## Become a CalMHSA Member

### Join Now-Here's How.

To be accepted for membership to CalMHSA, your county must do the following:

- Completed CalMHSA's [Application for Membership Form](#) and submit with required Application Fee to Program Director; Ed Walker, 3040 Gold Canal Drive, Suite 200, Rancho Cordova, CA 95670, or to [edward.walker@georgehills.com](mailto:edward.walker@georgehills.com). Your county's required application fee is based on population and indicated on application form.

Once your county's application has been received by CalMHSA, you will be asked to:

- Submit a Signed Participating Resolution by your county's Board of Supervisors approving your county's membership. (For your reference, examples of Signed Participating Resolution Forms are on this site under [Documents](#).)
- Execute the [Joint Powers Authority \(JPA\) Agreement](#) in effect and agree to be bound by any subsequent amendments to the agreement. (For your reference, CalMHSA's JPA Agreement under [Documents](#).)
- Designate an alternate to the Board as Representative.
- Complete and return to CalMHSA the required [Fair Political Practices Commission \(FPPC\) Forms](#). (You will be sent FPPC Forms by CalMHSA.)

*\*All applications are reviewed by CalMHSA's Executive Director. A meeting may be scheduled to discuss your county's application. The Board shall either approve or disapprove your application based on CalMHSA's Executive Director's recommendation, the application, and any inspections, reports, or other material pertinent to the decision. Please allow 30 days for CalMHSA's membership application process.*



1 [Approval of Mental Health Services Act (MHSA) Agreement and authorization to designate  
2 the Director of Community Behavioral Health Services (CBHS) to sign said agreement.]

3       /retroactively  
4 Resolution approving the Mental Health Services Act Contract No. 07-77338-000,  
5 incorporating Community Program Planning Funds in FY04-05 and Community  
6 Services and Supports Funds for Fiscal Years 05-08, with the Department of Mental  
7 Health for \$18,922,386 and authorizing the San Francisco Department of Public Health  
8 (SFDPH) - CBHS Director to sign said agreement and any and all amendments in the  
9 future, including increases to add other components of MHSA.

10       WHEREAS, the Mental Health Services Act Expenditure Plan outlined the programs,  
11 services, and activities for three years from Fiscal Year 2005-2008; and,

12       WHEREAS, the Mental Health Services Act Community Services and Supports  
13 Expenditure Plan was supported by the Board of Supervisors under Resolution No. 744-05 on  
14 October 11, 2005; and,

15       WHEREAS, As a condition of receiving the balance of these funds, DMH requires  
16 CBHS to enter into an agreement (the "Agreement"), a copy of which is on file with the Clerk  
17 of the Board of Supervisors in File No. 080122, which is hereby declared to be a part of this  
18 resolution as if set forth fully herein; and,

19       WHEREAS, the Director of Community Behavioral Health Services is designated to  
20 sign this Agreement and any and all amendments in the future including increases to add  
21 other components of MHSA on behalf of the SFDPH; and

22       WHEREAS, the Department of Mental Health agrees to pay 75 percent of the approved  
23 plan amount upon approval of this agreement, with the remaining 25 percent to be released  
24 upon submission of required reports detailed in the contract; and,  
25

1 NOW, therefore, be it


2 ,retroactively.

3 RESOLVED, That SFDPH is hereby authorized to enter into a contract agreement in  
4 the amount of up to \$18,922,386 with DMH; and, be it

5 FURTHER RESOLVED, That the Board of Supervisors hereby designates the Director  
6 of CBHS to sign said agreement on behalf of SFPH; and, be it

7 FURTHER RESOLVED, That the Director of CBHS is designated to sign any and all  
8 amendments to this agreement including increases to add other components of MHSA  
9  
10

11 RECOMMENDED:

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13   
14 Mitchell Katz, M.D.  
15 Director of Health  
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25



## City and County of San Francisco

City Hall  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102-4689

### Tails

### Resolution

File Number: 080122

Date Passed:

Resolution retroactively approving the Mental Health Services Act Contract No. 07-77338-000, incorporating Community Program Planning Funds in FY04-05 and Community Services and Supports Funds for Fiscal Years 05-08, with the Department of Mental Health for \$18,922,386 and authorizing the San Francisco Department of Public Health (SFPDH) - CBHS Director to sign said agreement and any and all amendments in the future, including increases to add other components of MHSA.

February 26, 2008 Board of Supervisors — ADOPTED

Ayes: 10 - Alioto-Pier, Ammiano, Chu, Daly, Elsbernd, Maxwell, McGoldrick, Mirkarimi, Peskin, Sandoval

Excused: 1 - Dufty

File No. 080122

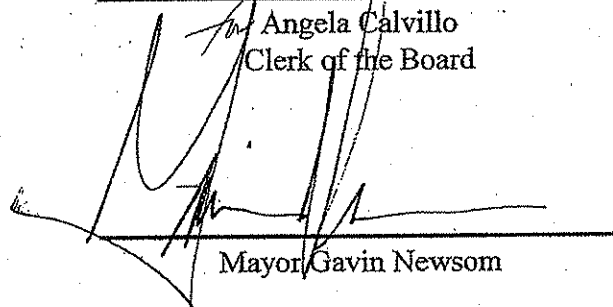
I hereby certify that the foregoing Resolution  
was ADOPTED on February 26, 2008 by the  
Board of Supervisors of the City and County  
of San Francisco.



Angela Calvillo  
Clerk of the Board

2-29-08

Date Approved



Mayor Gavin Newsom

File No. 080122

City and County of San Francisco  
Tails Report

2

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