

# Developing a Comprehensive Mental Health Prevention Initiative in California

American Public Health Association  
*Prevention and Wellness Across the Lifespan*

Presented by:  
Wayne W. Clark, PhD  
Behavioral Health Director of Monterey County  
and President of CalMHSAs



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## Presenter Disclosures

**Wayne Clark, PhD**

(1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No Relationships to Disclose



## Overview What Is MHSA?

### Prop 63/Mental Health Services Act:

- A 2004 Voter-Approved Initiative that provides an average of \$1 Billion in annual funds to support community-based mental health services (tax on persons making over one million per year in adjusted gross income)
- Raised close to \$7.5 billion over past seven years
- State legislature allocated \$160 million, statewide basis

Prop 63, published April 24, 2009: [http://www.dmh.ca.gov/prop\\_63/mhsa/docs/mental\\_health\\_services\\_act\\_full\\_text.pdf](http://www.dmh.ca.gov/prop_63/mhsa/docs/mental_health_services_act_full_text.pdf)

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## What Is MHSA?

*Prop 63/Mental Health Services Act (MHSA) continued:*

- **Stigma and Discrimination Reduction (SDR) Statewide Project is part of a comprehensive Prevention and Early Intervention (PEI) Initiative** that also includes Suicide Prevention (SP), and Student Mental Health
- Overarching Goals for Programs funded by the Initiative:
  - Prevent Suicides (\$40 Million)
  - Improve Student Mental Health (\$60 Million)
  - Reduce Mental Health Stigma and Discrimination (\$60 Million)

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**California Mental Health Services Authority**

A three-pronged statewide plan was developed with a broad group of stakeholders. Due to delays in acting on the three plans, counties decided to band together and form a Joint Powers Authority (JPA), a government entity, to further articulate, create, develop, and implement the plan.

Members created the plan with three initiatives and 25 programs.

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**California Mental Health Service Authority**



**Purpose:**

CalMHSA serves California Counties and Cities in the dynamic delivery of mental health and supportive services. CalMHSA assists the service community through its commitment to statewide and regional programs that enable the voice of many to be heard.

**WHAT ARE WE TRYING TO DO?**

CalMHSA has created a broad campaign that includes social media, policy initiatives, education, training, new collaborations, linked networks, and involves education institutions at both higher education and K-12, suicide prevention hot lines, training and educating key gatekeepers and stakeholders such as first responders, primary care providers, script writers of TV and film, among many others; and all this evaluated through a contract with the RAND Corporation.

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## California Mental Health Services Authority

### Primary Principles for Funding Allocations

- Consider the unique characteristics of communities participating in CalMHSA, including local factors such as capacity, population, and setting (rural, suburban, urban)
- Evaluate to what extent and how the strategies of PEI Statewide Projects are effective in:
  - Preventing Suicides
  - Improving Student Mental Health
  - **Reducing Mental Health Stigma & Discrimination**

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## California Mental Health Services Authority

### Primary Principles for Funding Allocations *continued:*

- Develop, then implement, a **PEI Statewide Strategic Evaluation Plan** that overlaps with the 3 PEI statewide projects (SP, SDR and SMH) but differs in that it will include the full range of California's PEI programs

Newly assigned funds to address the following:

- Expand the scope of regional projects to include additional geographic areas and underserved populations
- Strengthen racial, ethnic, and cultural competency within existing projects

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## CaMHPA Strategic Partners

**Strategic Partners:**

- **California Department of Health Care Services (DHCS)**
- **Mental Health Services Oversight and Accountability Commission (MHSOAC)**
  - CaMHPA is working collaboratively with the State Department of Health Care Services(DHCS) as well as the State Mental Health Services Oversight and Accountability Commission (MHSOAC) on the administration and funding of the Statewide Prevention and Early Intervention (PEI) Initiatives.
- **California Mental Health Directors Association (CMHDA)**
  - Policy and Advocacy representing 58 County Mental Health
- **California Institute of Mental Health (CiMH)**
  - Technical Assistance, Training, and Capacity Building

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## CaMHPA Initiatives

Suicide Prevention:	Suicide Prevention: 4 Programs, 10 Contracts
<p><b>Suicide Prevention</b>– includes the following programs:</p> <ul style="list-style-type: none"> <li>• Suicide Prevention Network Program (SP-1)</li> <li>• Regional Local Suicide Prevention Capacity Building Program (SP-2)</li> <li>• Social Marketing (SP-3)</li> <li>• Training &amp; Workforce Enhancement Program (SP-4)</li> </ul>	<p><b>SP-1 Suicide Prevention Network Program</b> Didi Hirsch Community Mental Health Services</p> <p><b>SP-2 Regional &amp; Local Capacity-Building Program</b> Didi Hirsch Community Mental Health Services Family Service Agency of the Central Coast Family Service Agency of Marin Institute on Aging Kings View Behavioral Health System San Francisco Suicide Prevention, Inc. Transitions – Mental Health Association</p> <p><b>SP-3 Social Marketing Program</b> AdEase</p> <p><b>SP-4 Training &amp; Workforce Enhancement Program</b> Living Works Education, LP</p>

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CaIMHSA Initiatives

<b>Student Mental Health:</b>	Student Mental Health: 5 Programs, 5 Contracts										
<p><b>Student Mental Health</b>– includes the following programs:</p> <ul style="list-style-type: none"> <li>• California County Superintendents Educational Services Association (CCSESA)</li> <li>• California Department of Education (CDE)</li> <li>• California Community Colleges (CCC)</li> <li>• California State University (CSU)</li> <li>• Regents of the University of California (UC)</li> </ul>	<table style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #e6f2ff; padding: 2px;"><b>SMH-Regional K - 12</b></td></tr> <tr><td style="padding: 2px;">CA County Superintendents Educational Services Association</td></tr> <tr><td style="background-color: #e6f2ff; padding: 2px;"><b>SMH-Statewide K - 12</b></td></tr> <tr><td style="padding: 2px;">CA Department of Education</td></tr> <tr><td style="background-color: #e6f2ff; padding: 2px;"><b>SMH-CCC</b></td></tr> <tr><td style="padding: 2px;">CA Community Colleges Chancellor's Office</td></tr> <tr><td style="background-color: #e6f2ff; padding: 2px;"><b>SMH-CSU</b></td></tr> <tr><td style="padding: 2px;">CA State University Office of the Chancellor</td></tr> <tr><td style="background-color: #e6f2ff; padding: 2px;"><b>SMH-UC</b></td></tr> <tr><td style="padding: 2px;">The Board of Regents of the University of California</td></tr> </table>	<b>SMH-Regional K - 12</b>	CA County Superintendents Educational Services Association	<b>SMH-Statewide K - 12</b>	CA Department of Education	<b>SMH-CCC</b>	CA Community Colleges Chancellor's Office	<b>SMH-CSU</b>	CA State University Office of the Chancellor	<b>SMH-UC</b>	The Board of Regents of the University of California
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CaIMHSA Initiatives

**Stigma & Discrimination Reduction**


**Stigma & Discrimination Reduction**– includes the following four programs:

- Strategies for a Supportive Environment Programs (SDR-1)
- Values, Practices & Policies Program (SDR-2)
- Promising Practices Program (SDR-3)
- Advancing Policy to Eliminate Discrimination Program (SDR-4)

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## CaMNSA Initiatives



Stigma & Discrimination Reduction: 4 Programs, 10 Contracts	
SDR-1 Strategies for a Supportive Environment	SDR-2 Values, Practices and Policies
Stigma & Discrimination Reduction Consortium Adele James Consulting (Interim)	Partnering w/ Media & Entertainment Industry Entertainment Industries Council
Social Marketing Runyon, Saltzman & Einhorn, Inc.	Promoting Integrated Health Community Clinics Initiative
Capacity Building United Advocates for Children and Families	Promoting Mental Health in the Workplace Mental Health America of CA
	Stigma & Discrimination Reduction Mental Health Association of SF
	Reducing SDR in Mental Health & System Partners National Institute on Mental Illness
SDR-3 Promising Practices Program	SDR-4 Advancing Policy to Eliminate Discrimination
Mental Health Association of SF	Disability Rights of California

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- ## Initiative Background: Stigma & Discrimination Reduction
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- ### Why are Stigma & Discrimination Mental Health Issues?
- Stigma and Discrimination:**
- Increase appropriate help-seeking, service utilization, and treatment compliance
  - Can adversely affect self-perceptions/mental health
  - Cause social exclusion/limit opportunity
    - Limit family/peer support
    - Reduce healthcare access
    - Create employment/housing/school issues
    - Result in negative interactions with criminal justice
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**Initiative Background:**  
**Categorized Activities Evaluated by RAND**

**What kinds of RAND categorized activities are being conducted across the 3 Initiatives (SP, SDR, SMH)?**

Policies, Protocols, Best Practices	Policies, protocols, and procedures focus on organizational, institutional-level change. Examples: developing policy papers advocating for policy change where existing laws and policies contribute to stigma and discrimination; developing student mental health emergency protocols; and developing curriculum modules that can be customized for specific higher education campus populations.
Networking & Collaboration	Almost all program partners are engaging in networking and collaboration to share information, link with community resources, and/or facilitate the dissemination of program activities to targeted populations.
Informational Resources targeting community and student audiences	Many program partners are developing on-line or print informational resources that are intended to inform broad community audiences or service delivery organizations. In some cases, on-line resources are also intended to feedback information from those audiences.
Trainings & Education	Many program partners are training various types of gatekeepers (such as educators or health providers), training speakers who make presentations to community audiences, and/or directly delivering educational presentations to community audiences.
Media campaigns & interventions to influence media production	Several programs are launching social marketing campaigns or interventions, and this is an extensive and major activity for three programs. For example, AdEase is launching a statewide suicide prevention social marketing campaign, and is engaging in media advocacy training with reporters, and with suicide survivors.

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**Initiative Background:**  
**Stigma & Discrimination Reduction**

**Evaluating Stigma & Discrimination Reduction**  
 Multi-level SDR Interventions are thought to be most effective:

Contact      Education      Empowerment      De-categorization



**Change in laws, policies, and practices** (Institutional Change)

**Change in knowledge, attitudes and behaviors** (Individual Change)

**Shifts in community discussions, media portrayals, and norms** (Social Change)

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Initiative Background:  
**Stigma & Discrimination Reduction**




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**Evaluating Stigma & Discrimination Reduction**  
SDR activities and evaluation conducted by RAND:

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<p><b>Collaboration</b></p> <p>Collaborating with program partners to systematically track various categories of PEI intervention activities</p>	<p><b>On-Line Experiments</b></p> <p>Using media materials produced by program partners, we will conduct online experiments to evaluate the immediate effects of media/social marketing campaign messages</p>	<p><b>Website Analytics</b></p> <p>Using website analytics to understand use of online resources, so that their reach can be assessed</p>
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**CaMHSA Evaluation**


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CaMHSA invests up to \$10 million to implement a complex multi-phase evaluation of all programs individual and collective impact to capitalize on the unique statewide investment in Student Mental Health, Suicide Prevention and Stigma and Discrimination Reduction.

**CaMHSA PEI Statewide Evaluation**


**Through Evaluation Contractor, RAND Corporation, conduct thorough program evaluations:**

Goal, process, and outcomes-based evaluation and conducted at three levels:

1. Each of the 3 Initiatives (SP, SDR, and SMH)
2. Individual programs (within the 3 initiatives)
3. Overall CaMHSA effort, statewide

**Tasks:**

1. Establish baselines and community indicators
2. Promote continuous quality improvement efforts
3. Identify innovative programs for replication
4. Coordination and leveraging across PEI initiatives and programs
5. Work with Program Partners on their own evaluation & quality improvement activities



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**CaIMHSA Evaluation**

**How is it going?:**

**In less than 1 year from getting the plan approved, we have:**

- **25 contracts with 5400 deliverables** with the intent of not only developing statewide policies and practices but also linking to the already ongoing local efforts funded through Prop 63 and other funding sources.

*In addition:*

- **CaIMHSA, with RAND is identifying common metrics** that can be sustained so that five, ten, twenty years from now we can measure the impact of this historical effort to reduce suicides, prevent stigma and discrimination and improve student mental health.

**Evaluation efforts have already established baseline data for:**

- Suicide, student mental health, stigma and media messages

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**Baseline Findings Example**  
**SP-3, Promising Practices Program, AdEase**

Pain Isn't Always Obvious

**KNOW THE SIGNS**

Suicide Is Preventable.org

**AdEase**  
**Know the Signs Campaign:**


The goal of the statewide social marketing campaign is to prepare more Californians to prevent suicide by increasing knowledge of warning signs, resources and how to talk about suicide to someone they are concerned about.

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**Baseline Findings Example**  
SP-3, Promising Practices Program, AdEase

**AdEase County Baseline Needs Assessment Process**

- Survey instrument was developed collaboratively among CalMHSA program partners
- The goal was to identify individual needs and circumstances for each county
- 52 counties participated (90%) and of those – 90% were in person



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**Baseline Findings Example**  
SP-3, Promising Practices Program, AdEase

**AdEase County Baseline Needs Assessment Findings:**

**Confidence in the ability to discuss suicide significantly increased with knowledge about resources (e.g., crisis line) and of warning signs for suicide**

- Those who know where they could seek help for a friend or family member were **7.8 times more likely to agree that they felt confident.**
- Those reporting knowledge of **at least one warning sign** were significantly more likely to agree that they felt confident that they **could discuss suicide with someone they care about** and less likely to agree that it was none of their business

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**Baseline Findings Example**  
**SP-3, Promising Practices Program, AdEase**

**AdEase County Baseline Needs Assessment Findings:**

**Family & Community Support**

- **Less able to talk about suicide in their family:**
  - Hispanic/Latino respondents
  - Asian respondents
  - Older adults (65+)
  - Rural respondents

**Those with personal experience of suicide expressed more family and community support.**

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**Baseline Findings Example**  
**SP-3, Promising Practices Program, AdEase**

**AdEase County Baseline Needs Assessment Findings:**



**Rural Residents**

- Less family support
- Less confidence in ability to discuss suicide
- Less belief that suicidal people show warning signs
- More concern about their efficacy

**I would be worried to bring up the topic of suicide with someone I was concerned about in case it gave them ideas.**

Area	Agree	Neither agree nor disagree	Disagree
Urban/Suburban	24.7	17.3	57.9
Rural	30.3*	22.1	47.6

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Baseline Findings Example  
SDR-1, Promising Practices Program, Runyon, Saltzman & Einhorn



**RS&E, Where we stand at baseline  
Survey Findings for Adults 25+ :**

**Background**  
A survey was conducted of California children 11-13 and adult decision-makers with influence over the life course and its quality for people with mental health challenges. The latter group includes landlords, employers, teachers and others who come into contact with persons experiencing mental health challenges.

Survey data were collected in the winter of 2012. The purpose was to assess knowledge, attitudes, and behaviors related to the issues of stigma and discrimination.

This study is a project of the Stigma Discrimination Reduction Social Marketing Program that is funded by the voter-approved Mental Health Services Act (Prop. 63).

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Baseline Findings Example  
SDR-1, Promising Practices Program, Runyon, Saltzman & Einhorn



**RS&E, Where we stand at baseline  
Survey Findings for Adults 25+:**

a) Who the Adult Decision-Makers Are  
Fifty-five percent of Californians aged 25 or higher met our criteria for inclusion into the adult decision-makers sample.

- **Almost two-thirds have experienced close contact with a person experiencing a mental**
- **Ten percent reported that they themselves have had a mental illness at some point in their life, or have one now.**

b) Stereotypical Attitudes  
**Less than a majority believe that, except for their illness, persons with mental illness are just like everyone else. In a more positive vein, a majority believe that people with mental illness can make a contribution and that anyone can experience a mental illness.**

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Baseline Findings Example  
SDR-1, Promising Practices Program, Runyon, Saltzman & Einhorn



**Where we stand at baseline**  
**Survey Findings of California Adolescents Aged 11 -13:**

**Middle School Youth Survey:**

Nearly 650 Youth (age 11-13) were interviewed in Malls through CA in English and Spanish:

- Overall knowledge about mental illness was lower than expected. The majority of answers were incorrect, reflected misconceptions and stereotypes
- 80% surveyed believed that, “people with mental illness are more likely to act in ways you don’t expect”
- 2/3 surveyed believe “violent behavior is a form of serious mental illness”
- 58% surveyed believe, “people with mental illness are required to take medication and get counseling for the rest of their lives”

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Presentation Q & A

**Discussion and Dialogue:**

## Questions?

**Wayne Clark, PhD**  
 Director, County of Monterey Department of Behavioral Health  
 President of CalMHSa  
 (831) 755-4509  
[clarkww@co.monterey.ca.us](mailto:clarkww@co.monterey.ca.us)



**Check out our APHA Presentation by Stephanie Welch:**  
 California’s Statewide Initiative to Reduce Stigma and Resulting Discrimination  
 Tuesday, October 30, 2:30 PM, Session 4333.0 Mental health stigma: Impacts within clinical encounters and the community

**Check out our Poster Sessions:**  
 Tuesday, October 30, 4:30 PM - 5:30 PM  
 (Session 4368.0 Suicide and substance use: Prevalence, correlates and prevention)  
Board 1 - CalMatrix: Streamlining large scale contract management using innovative web portal technology  
Board 2 - Evaluating outcomes for California’s historic statewide prevention and early intervention initiatives

**Please follow our Progress:** [www.calmhsa.org](http://www.calmhsa.org)

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