California Mental Health Services Authority Statewide Prevention and Early Intervention Implementation Work Plan

October 7, 2010

California Mental Health Services Authority

Statewide Prevention and Early Intervention

Implementation Work Plan

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This Plan describes how one hundred twenty nine million dollars of Mental Health Service Act funds will be available for the purposes of implementing California's Statewide Prevention and Early Intervention Plan to Prevent Suicides, Reduce Stigma, and Improve Student Mental Health.

The California Mental Health Services Authority (CalMHSA)

The California Mental Health Services Authority (CalMHSA) is an independent administrative and fiscal government agency focused on the efficient delivery of California mental health projects. California counties established CalMHSA as a Joint Powers Authority. Member counties work together to develop, fund, and implement mental health services, projects and educational programs at the state, regional, and local levels.

California is the third largest state in the United States, encompassing 163,696 square miles. There are 58 counties and two City programs in California, with Los Angeles as the largest population and San Bernardino as the largest county by area. Of those 58 counties, 28 are members of the California Mental Health Services Authority (CalMHSA) at time of submission of this plan. The detail is provided on page A1.7 of the Appendices.

CalMHSA is headed by a Separate Board of Member Counties, an Executive Committee comprised of Officers and Statewide Regional Representatives. It employs the administrative firm of George Hills Company, Inc., and separate legal counsel of Murphy, Campbell, Guthrie & Alliston. CalMHSA operates within the statues governing Joint Powers Agreement (JPA) entities, and complies with the Brown Act open meeting requirements.

CalMHSA has the capacity and capability to promote systems and services arising from a shared member commitment to community mental health. A central part of CalMHSA's vision is to promote systems and services arising from community mental health initiatives and to respect the values of the *California Mental Health Services Act. These are: 1*) community collaboration and cultural competence; 2) client/family-driven mental health system for children, transition age youth, adults, and older adults; 3) family-driven system of care for children and youth; 4) wellness focus, including recovery and resilience; 5) integrated mental health system service experiences and interactions.

Overview of Prevention and Early Intervention Statewide Programs

In January and September of 2007, the Mental Health Services Oversight and Accountability Commission (MHSOAC) approved five PEI Statewide Projects and corresponding funding amounts. In May 2008, the MHSOAC determined that three of the PEI Statewide Projects would be most effectively implemented through a single administrative entity, and the MHSOAC approved a combined funding level of $40 million each year for four years specifically for these three projects: Suicide Prevention-SP ($10 million per year), Stigma and Discrimination Reduction-SDR ($15 million per year) and Student Mental Health Initiative SMHI ($15 million per year). Initially the California Department of Mental Health (DMH) agreed to administer and implement these Projects contingent upon 1) the Counties completing agreements to assign funds to DMH for these purposes, and 2) receiving expenditure authority in the State Budget. The Idea at that time was to have the PEI Statewide Programs be developed in collaboration with the California Mental Health Directors Association (CMHDA) and the MHSOAC. Counties would benefit directly and indirectly from these Statewide Projects through training and technical assistance provided to Counties and their PEI partners, support for the implementation of local PEI Projects, media and social marketing materials in multiple languages, model program sites, enhanced state and local partnerships, coordinated state and local efforts, research and evaluation, and statewide quality improvement activities. This process proved to be relatively inefficient and resulted in unanticipated delays. During 2009 the Counties, MHSOAC, and the State Department of Mental Health determined that a more efficient and effective method of implementing the Statewide PEI initiatives was to use a JPA such as CalMHSA.

CalMHSA was formed in July 2009, by the then seven formation counties. During the next nine months the JPA worked on developing strategic plans, growth of membership, policies and procedures, staffing and other resources, and most importantly executing a contract with DMH for the Statewide PEI funds of $160 million.

Upon execution of the contract, CalMHSA increased resources and launched into action their strategic direction, principally the performing the elements of the OAC Guidelines starting with gathering stakeholder input. CalMHSA stakeholders requested additional accommodations for more focused input. The Ad Hoc Committee readjusted some of

the timelines in response to this request. Stakeholders have been provided an active role throughout the process of the development of the draft work plan.

CalMHSA staff held regularly scheduled meetings with the CDMH Office of Suicide Prevention (OSP) leadership and conferred by telephone throughout the work plan development process. Collaboration with the Office of Suicide Prevention was guided by the work plan that OSP had developed and was ready to implement. OSP provided a matrix display of its current and planned work as a resource for CalMHSA to identify work plan activities that are congruent with, collaborative and complementary to the efforts of OSP.

The CalMHSA Implementation Work Plan that follows is the framework for the implementation of Suicide Prevention, Stigma and Discrimination Reduction, and Student Mental Health. Since not all Counties have joined CalMHSA, the Plan will implement eighty-five percent of the available resources.

Statewide Framework for Implementation of PEI Plans

The following "Principles and Policy Directions" guide CalMHSA in the planning and implementing of the three Strategic Plans for California Statewide Prevention and Early Intervention (PEI) Projects for: Suicide Prevention, Stigma and Discrimination Reduction, and Student Mental Health. The pertinent MHSOAC PEI Principles and Policy Directions are:

- Each Statewide initiative should be complementary to the other initiatives (e.g., Suicide Prevention initiative should address how its design complements stigma/discrimination reduction and vice versa) and should complement other state, regional and local resources.
- If a regional effort is prioritized, the program should not be in the same funding priority, category or program as for example, a statewide media campaign.
- All initiatives should be culturally and linguistically competent, respectful and inclusive of California's diverse population.
- All initiatives should have a life span appropriate focus for children, transition age youth, adults, and older adults.

- All initiatives should address California's geographical diversity, ranging from small communities spread over large rural areas to metropolitan areas with suburban expanse and urban density.
- All initiatives should optimally leverage federal, state and local resources.
- Activities support the development of a statewide system of suicide prevention.
- Activities are identified in the Suicide Prevention Strategic Plan as State Level activities.
- Activities do not require ongoing funding or structure unless funding source is identified.
- Activities are achievable with four year's funding.
- Activities have statewide impact.
- Activities leverage Stigma and Discrimination Reduction and Student Mental Health strategic plan activities as much as possible.
- Activities build on, rather than duplicate, Office of Suicide Prevention and other ongoing activities and resources.
- Activities provide a foundation for local and county efforts.
- Activities support data driven policy and evidence based, promising, and community defined practices.
- Activities improve the cultural competence and appropriateness of suicide prevention activities (culture includes rural, LGTBQ, Vets, elders, etc, as well as ethnic).
- Available resources will limit the scale of implementation.
- CalMHSA will implement specific Recommended Actions from Suicide Prevention and Stigma and Discrimination Reduction as described in the Work Plan. Should additional funds be made available by Counties not currently participating in the Cal MHSA implementation of Statewide PEI, or from some other, source, CalMHSA may consider implementing Recommended Actions not

specified in the Work Plan. Student Mental Health Initiative will be implemented in whole.

- Expenditure of funds shall be implemented proportionately. "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 identified in the DMH Information Notice No. 08-25: Suicide Prevention, 25%; Stigma and Discrimination Reduction, 37.5%; and Student Mental Health, 37.5%."

- Funding Reversion: Pursuant to Welfare and Institutions Code Sections 5846 and 5847, as specified in DMH Information Notice 10-13: "PEI statewide programs by the MHSOAC, the three-year period for reversion of funds made available for FY 08/09, FY09/10 and FY10/11 will now begin on July 1, 2010 and end on June 30, 2013. The three year period for funds made available for FY 11/12 will begin on July 1, 2011 and end on June 30, 2014."

CalMHSA Statewide PEI Work Plan Development

CalMHSA has moved implementation of the PEI plans forward through the following series of activities:

First, CalMHSA formed an Ad Hoc Committee of CalMHSA members to review the three strategic plans, gather additional stakeholder input, and write a work plan for wider stakeholder review to be submitted to the MHSOAC for approval. The members of the Ad Hoc Committees functioned as advisors to the staff and consultants that wrote the work plan. The stakeholders requested increased participation in the work plan. So, early in the process the Ad Hoc Committee lengthened the time for additional review, and included the stakeholders in the development of the work plan. Throughout the rest of the CalMHSA implementation process, stakeholders will review, advise and assist in the process and development of the work plan.

At its August 2010 meeting, the Board authorized stakeholder participation in the Ad Hoc Committee meetings which are conducted by phone. Stakeholder participation in Ad Hoc Committee meetings continued through the completion of the final Work Plan in

November 2010. After the Board's meeting of November 2010, the committee's term, charge, and priority criteria were presented, and are summarized as follows:

- Statewide, regional and local organization input to be weighted over individual comments
- Resources
- Timeliness (may include phased implementation by project, by year)

The CalMHSA Ad Hoc Committee members were selected for their experience in community planning processes and knowledge of the mental health field. The members worked closely with the staff in editing and preparing the documents as well as in presenting and reviewing the documents with stakeholders. Stakeholder involvement in the Ad Hoc Committee began on August 19, 2010 during the second meeting of the Ad Hoc Committee.

The prioritization process used for the work plan was informed by the Strategic Plans which had extensive statewide stakeholder involvement. During July 2010, CalMHSA sent the initiatives out again for additional statewide input, and then convened the Ad Hoc Committee to review the results of the additional stakeholder input.

The procedures and considerations that the committee members and the staff used for the developing the work plan included:

- Use of the extensive stakeholder input contained in the suicide prevention and stigma and discrimination reduction strategic plans including the referencing of the recommended actions contained in the original plans
- Review of all the most recent stakeholder input received during the 52-day input period
- Consideration of the MHSOAC guidelines for the work plan
- Acknowledgement that recommendations from representatives of organizations carry more weight than submissions from individuals
- Awareness that there is not enough resources to do all that is in plans
- Expectation that, since all funds are not available, there will be at least two stages of funding

- Avoiding duplication of efforts already initiated since plans developed

Based on the above considerations, members of CalMHSA continued to work with staff and writers in the development of the work plan. This included creating a draft set of recommended priorities that was presented to the Ad Hoc Committee including the stakeholders on September 3, 2010. The set of priorities was discussed with stakeholders, reviewed, revised, and then submitted for approval to the CalMHSA Board on September 10th. A timeline for the work plan was also reviewed by stakeholders and submitted to the CalMHSA Board. A key date for the work plan was set as October 7, 2010 so that it would be posted for 30-day public review prior to being submitted to the CalMHSA Board and then to the MHSOAC.

The next meeting of the Ad Hoc Committee was set for September 17th. At that time the members and the staff presented an initial draft of the structure of the work plan. A complete first draft of the work plan using the structure already reviewed was submitted for the Ad Hoc Committee's review on September 27th. The committee reconvened on October 4th to comment, and walk through the work plan, identify corrections, additions, and comments. During the Implementation Ad Hoc Committee meeting of October 4th, two additional recommended actions were added to the Work Plan: Stigma and Discrimination Reduction 1.3, and 2.3. The work plan will be posted on October 7th for 30 day public comment.

The work plan contains funding estimates for the first phase of the statewide implementation. The second phase will occur once all funds are in from all Counties that join CalMHSA. The current budget detail shows the amount allocated for Suicide Prevention (SP), Stigma and Discrimination Reduction (SDR), and Student Mental Health Initiative (SMHI); and within each of the initiatives, the amount allocated for each priority and program. Once the plan is approved, request for proposals (RFP) will be released, containing more detailed scopes of work and budget information.

To ensure efficiency of time and resources, the Implementation Ad Hoc Committee shall dissolve following execution of the implementation work plan: June 10, 2010 - Creation of the Implementation Ad Hoc Committee, establish definition of membership, elect leadership, schedule future meeting dates. November 2010 - Dissolution of the Implementation Ad Hoc Committee pending completed implementation and Board assignments of additional responsibilities.

CalMHSA Members

JPA Name:

CalMHSA
"A George Hills Company Administered JPA"

Board Executive Committee:

Allan Rawland, President
Wayne Clark, Vice President
Maureen Bauman, Secretary
Karen Baylor, Treasurer
Scott Gruendl, Superior Region
Denise Hunt, Central Area
Michael Kennedy, Bay Area
Mark Refowitz, Southern Region
Marvin Southard, Los Angeles Region

CalMHSA Ad Hoc Committee:

Wayne Clark, PhD, Committee Chair
William Arroyo, MD
Maureen Bauman, LCSW
Karen Baylor, PhD
Mary Ann Bennett

Cal MHSA Participating Counties:

Butte County (Anne Robin, MFT)
Colusa County (William Cornelius, PhD)
Glenn County (Scott Gruendl, MPA)
Los Angeles County (Marvin J Southard, DSW)
Marin County (Bruce Gurganus, MFT)
Modoc County (Karen Stockton, PhD, MSW)
Monterey County (Wayne Clark, PhD)
Orange County (Mark Refowitz, MSW)
Placer County (Maureen Bauman, LCSW, MPA)
Sacramento County (Mary Ann Bennett)
San Bernardino County (Allan Rawland, ASW, MSW)
San Luis Obispo County (Karen Baylor, PhD, MFT)
Santa Cruz County (Leslie Tremaine, EdD)
Solano County (Glenda Lingenfelter, RN)
Sonoma County (Michael Kennedy, MFT)
Stanislaus County (Denise Hunt, RN, MFT)
Sutter County (Brad Luz, PhD)
Trinity County (Noel O'Neill, MFT)
Yolo County (Kim Suderman, LCSW)
Yuba County (Brad Luz, PhD)

Counties Participating in the JPA and Funds Each Contributed

In addition to other bidders, counties, in collaboration with other counties acting as regions, that are members of the CalMHSA JPA are eligible to apply for funds to implement certain of the Recommended Actions (detailed on the following pages). Current list of eligible counties:

CalMHSA Member Counties	Funding Amount Contributed
Butte	$875,200
Colusa	$100,000
Glenn,	$108,400
Los Angeles	$46,713,600
Marin	$889,600
Modoc	$100,000
Monterey	$1,826,400
Orange	$13,336,800
Placer	$1,096,400
Sacramento	$5,327.20
San Bernardino	$8,615,200
San Luis Obispo	$1,032,000
Santa Cruz	$1,130,000
Solano	$1,604,400
Sonoma	$1,758,800
Stanislaus	$2,040,800
Sutter / Yuba	$600,800
Trinity	$100,000
Contra Costa	3,668,800
Fresno	3,994,000
Imperial	750,000
Riverside	8,856,000
Ventura	3,339,200
Lake	236,800
Yolo	$832,800
Kern	3,423,600
San Diego	13,506,800
Santa Clara	7,707,600
TOTAL	**133,571,200**

CalMHSA Strategic Plans

As stated above, the Strategic Plans for Suicide Prevention, Stigma and Discrimination Reduction, and the Student Mental Health Initiative are the building blocks for the work plans presented below. Each of the three strategic plans was the result of an extensive statewide stakeholder input process extending over several years. This process provided a strong foundation from which to build the following implementation plans.

The CalMHSA Statewide PEI Work Plan on Suicide Prevention contains priorities, themes, recommended actions, and budget information. Sections B and C provide a similar format for Stigma and Discrimination Reduction and the Student Mental Health Initiative. For a budget summary and program overview of all three initiatives, refer to Appendix A.

Section A. CalMHSA Strategic Plan on Suicide Prevention

Priority One:
Create a System of Suicide Prevention
Recommended Actions 1.3, 1.4, 1.11, 1.12 and 1.13: The Suicide Prevention Network Program (SPNP). The purpose of the statewide Suicide Prevention Network Program (SPNP) is to serve as the focal point for statewide suicide prevention activities, establish partnerships across systems and disciplines, convene working groups, develop and disseminate resources, promote programs that reduce or eliminate service gaps to underserved racial and ethnic populations, and implement educational, promotional, and best practice strategies to prevent suicide in California.

Recommended Actions 1.5 and 1.6: Regional and Local Suicide Prevention Capacity-Building Program. The purpose of the Regional and Local Suicide Prevention Capacity-Building Program is to expand the number and capacity of accredited local suicide prevention lines, this program also requires that each suicide prevention line join a consortium of publicly funded Suicide Prevention call centers.

Priority Two:
Develop and Coordinate a Statewide Social Marketing Suicide Prevention Campaign Program
Recommended Actions 3.2, 3.3, 3.7, 3.8, 3.9 and 3.11: The purpose of the Social Marketing Suicide Prevention Campaign Program is to improve the media presentation

of mental illness and suicide through electronic and print media messages and media education. Electronic and print media messages and education will be disseminated with the purpose of informing and educating communities about suicide and mental health.

Priority Three:
Educate Communities to Take Action to Prevent Suicide
Recommended Actions: 2.1, 2.2, and 2.5: Development of Program Curriculum. The Development of program curriculum will address professionals across systems and disciplines, and also connect to the higher education Student Mental Health Initiative.

Priority Four:
Improve Suicide Prevention Program Effectiveness and System Accountability
Recommended Actions: 4.2, 4.3, 4.5 and 4.6: These actions shall be included in a statewide evaluation RFP with expectations of data collection for each program.

Outcomes, Suicide Prevention
Reduced Suicide Rates in California

Increased Capacity and Improved Early Identification, Early Intervention Services and Activities for Consumers who are At-Risk for Suicidal Behaviors

Increased Help-Seeking and Referrals from Consumers and Family Members

Increased Capacity and Improved Networking Capability for Linkage and Support in Navigating Service Systems and Other Providers as Needed

Increased Capacity for Surveillance, Research and Evaluation on Suicide and Suicide Prevention

Improved Availability, Accessibility, and Quality of Services for those Historically Underserved Racial, Ethnic, and Cultural Groups with High Suicide Rates

Reduced Disparities in the Availability, Accessibility, and Quality of Services for Historically Underserved Racial, Ethnic, and Cultural Groups

Prevention program and community services are responsible for ensuring that suicide prevention programs are participant-driven, recovery-based, trauma-informed and

available to people who need them. Suicide prevention planning and intervention efforts must show evidence of:

- Involving consumers who are at-risk for suicidal behaviors, survivors of suicide attempts, their caregivers, significant others, and their friends in meaningful and appropriate ways, as they bring important personal experience and unique perspectives to identifying needs and gaps in the service delivery system
- Involving a wide range of partners in all aspects of planning and implementation
- A life span appropriate approach should include consideration and involvement of children, transition age youth, adults, and older adults
- Culturally and linguistically appropriate suicide and mental health services, supports and resources
- Additional criteria for contractor:
    - Coordinate with Office of Suicide Prevention: Work with the Office of Suicide Prevention to develop a comprehensive statewide assessment of existing resources and gaps to inform priorities for the next four years. Work with OSP to convene a state level Advisory Committee and working groups to provide direction, monitor efforts, and strategize for sustainability.
    - Work with the data: Intervention activities should target periods of time when surveillance data have indicated that suicide risk is high (e.g., onset of a mental illness, and immediately after a hospital discharge). Recognition of early signs of mental health problems is one of the most effective ways to prevent suicide.
    - Cultural differences must be considered: Disparities are evident in the scarceness of culturally and linguistically appropriate suicide and mental health services and supports, including inconsistency in language access in services, hotlines, information materials, and in lack

of evidence-based practices that have not been tested among diverse cultural population groups.

California Mental Health Services Authority (CalMHSA) Suicide Prevention

Program Budget Projections (October 1, 2010)

Suicide Prevention Program		Funds Assigned At Date of Submission Encl F - #4 (1)*	Prospective Members Encl F - #4 (2)*	Evaluation 7.50% Encl F - #5 (3)**	Enclosure F Disclosure Total (4)***
Suicide Prevention 1					
	SPNP - SP 1.3, 1.4, 1.11, 1.12, 1.13	1,989,293	39,306	215,808	2,244,407
	Regional - SP 1.5, 1.6	9,282,581	183,412	1,007,021	10,473,014
Suicide Prevention 2					
	Campaign - SP 3.2, 3.3, 3.7	9,282,581	183,412	1,007,021	10,473,014
	Disseminate - SP 3.8, 3.9, 3.11	995,823	19,676	108,032	1,123,531
Suicide Prevention 3					
	Educate - SP 2.1, 2.2, 2.5	995,823	19,676	108,032	1,123,531
Suicide Prevention 4					
	Effectiveness - SP 4.2, 4.3, 4.5, 4.6	995,823	19,676	108,032	1,123,531
Total Suicide Prevention		**23,541,924**	**465,158**	**2,553,946**	**26,561,028**
See Appendix A for full budget information and footnotes					

Priority One: Suicide Prevention	
Theme:	Create a System of Suicide Prevention
Recommended Actions:	1.3, 1.4, 1.11, and 1.13
Program Name:	The Suicide Prevention Network Program (SPNP)
Purpose:	The purpose of the statewide Suicide Prevention Network Program (SPNP) is to serve as the focal point for Statewide Suicide prevention activities, establish partnerships across systems and disciplines, convene working groups, develop and disseminate resources, promote programs that reduce or eliminate service gaps to underserved racial and ethnic populations, and implement educational, promotional, and best practice strategies to prevent suicide in California. This system will consist of the following four activites:

Recommended Actions:

SP 1.3 Develop a network of statewide public and private organizations to develop and implement strategies to prevent suicide.

SP 1.4 Convene and facilitate topic specific working groups that will address specific populations and issues, and develop, adapt, and disseminate resources and other materials that address the topics.

	SP 1.11	Deliver services that reflect integration among systems providing crisis intervention, including health, mental health, aging and long-term care, social services, first responders, and hotlines. Establish formal partnerships that foster communication and coordinated service delivery among providers from different systems.
	SP 1.13	Develop and promote programs that appropriately reduce or eliminate service gaps for historically underserved racial and ethnic groups and other at-risk populations.

Recommended Actions: SP 1.3 and 1.4

Recommended Action: SP 1.3	*Develop a network of statewide public and private organizations to develop and implement strategies to prevent suicide.*

The purpose of the statewide Suicide Prevention Network Program (SPNP) is to serve as the focal point for Statewide Suicide prevention activities, establish partnerships across systems and disciplines, convene working groups, develop and disseminate resources, promote programs that reduce or eliminate service gaps to underserved racial and ethnic populations, and implement educational, promotional, and best practice strategies to prevent suicide in California.

A statewide network will be created that will educate gatekeepers, provide technical assistance to local Suicide Prevention Lines, develop culturally specific suicide prevention trainings, and convene state and regional forums and symposiums on Suicide Prevention. The statewide Suicide Prevention Network Program shall employ a life span approach by engaging public and private organizations throughout the State of California.

These partnerships may include the business community, multicultural and community-based organizations, community gatekeepers, older adult service providers, the spiritual and faith communities, private foundations, elementary through high schools, higher education institutions, social service and juvenile justice entities, and military partners, such as Veterans Affairs and the National Guard. Suicide prevention planning and intervention efforts must also involve survivors of

suicide attempts, their caregivers, significant others, and their friends in meaningful and appropriate ways, as they bring important personal experience and unique perspectives to identifying needs and gaps in the service delivery system.

To broaden the diversity of partners involved in helping to transcend the traditional mental health system and to align with the California call to action and anti-Stigma endeavor that "Every Californian is Part of the Solution," a wide range of partners is critical and should be represented in all aspects of planning and implementation.

The goal of suicide prevention activities should be 100% reduction in suicides in California. The objectives should include improving early identification, early intervention and referral for at-risk suicidal behaviors. Proposals for the SPNP shall address the following elements:

Coordinated response to crisis: To effectively prevent suicide, it is critical that each county have well-coordinated crisis response services. Suicide prevention is challenging because of the range of risk factors, its wide scope (involving all age groups and priority populations), and the variety of settings in which suicide prevention can be implemented and supported.

Coordination with the Office of Suicide Prevention: Work with the Office of Suicide Prevention to develop a comprehensive statewide assessment of existing resources and gaps to inform priorities for the next four years. Work with OSP to convene a state level Advisory Committee and working groups to provide direction, monitor efforts, and strategize for sustainability.

Working with the data: Intervention activities should target periods of time when research and surveillance data have indicated that suicide risk is high (e.g., onset of a mental illness, and immediately after a hospital discharge). Recognition of early signs of mental health problems is one of the most effective ways to prevent suicide. Cultural differences must be considered: Disparities are evident in the scarceness of culturally and linguistically appropriate suicide and mental health services and supports, including inconsistency in language access in services, hotlines, informational materials, and in lack of evidence-based practices that have not been tested among diverse cultural population groups.

Recommended Action: SP 1.4	*Convene and facilitate topic-specific working groups that will address specific populations and issues, and develop, adapt, and disseminate resources and other materials that address the topics.*

The purpose of the Suicide Prevention Workgroups is to address specific populations and pertinent issues, and to develop, adapt, and disseminate resources.

To ensure that the system for suicide prevention is effective, it is critical to create collaborative learning at multiple levels. This program would identify, develop, and/or adapt educational materials, organize workgroups and facilitate collaborative learning opportunities that address population-specific roles in preventing, assessing, and treating suicidal behavior, including the influence of culture as it pertains to multi-level communication and influencing behavior. The statewide Suicide Prevention Workgroups Program strategies shall be guided by the "California Strategic Plan on Suicide Prevention. Every Californian is Part of the Solution" and shall address the following elements:

- Collaborative models will be developed to ensure that professionals from different disciplines and service systems that have important roles in preventing, assessing, and treating suicidal behavior can communicate and coordinate their activities.
- Community Gatekeeper models will be utilized to provide education and training in identifying the warning signs of mental health problems, assessing suicide risk and how to refer people to services that can help prevent suicide behavior.

Program Deliverables (also see Appendix 2):

The Priority 1 and recommended actions SP 1.3 and 1.4 are expected to create a California statewide system for suicide prevention through the following deliverables:

- A statewide network will be created that will establish partnerships across systems and disciplines, educate gatekeepers, provide technical assistance to local Suicide Prevention Lines, develop culturally specific suicide prevention trainings, and convene state and regional forums and symposiums on Suicide Prevention. The statewide Suicide Prevention Network Program (SPNP) shall employ a life span approach by engaging public and private organizations throughout the State of California.
- Suicide Prevention Workgroups will be established and convened to address population-specific roles in preventing, assessing, and treating suicidal behavior, including the influence of culture as it pertains to multi-level communication and influencing behavior; to develop, adapt, and disseminate resources to create collaborative learning at multiple levels; and to facilitate collaborative learning opportunities.

- A comprehensive assessment of suicide prevention resources and gaps, including information pertaining to the activities of public, private and non-profit (including community-based) organizations will be conducted to contribute local information to the Office of Suicide Prevention to inform priorities for the next four years.
- In collaboration with the Office of Suicide Prevention, a State-level Advisory Committee and working groups will be convened provide direction, monitor efforts, and strategize for sustainability for suicide prevention activities and services throughout the state of California, from health and mental health promotion through crisis intervention.
- Develop collaborative suicide prevention models to ensure that professionals from different disciplines and service systems that have important roles in preventing, assessing, and treating suicidal behavior can communicate and coordinate their activities; and to ensure that the delivery of services reflects integration among systems providing crisis intervention, including health, mental health, aging and long-term care, social services, first responders, and hotlines.
- Identify, develop, and/or adapt educational materials, organize workgroups and facilitate collaborative learning opportunities that address population-specific roles in preventing, assessing, and treating suicidal behavior, including the influence of culture as it pertains to multi-level communication and influencing behavior.
- Use Community Gatekeeper models to provide education and training in identifying the warning signs of mental health problems, assessing suicide risk and how to refer people to services that can help prevent suicide behavior.

Recommended Action: SP 1.11	*Deliver services that reflect integration among systems providing crisis intervention, including health, mental health, aging and long-term care, social services, first responders, and hotlines. Establish formal partnerships that foster communication and coordinated service delivery among providers from different systems.*
Recommended Action: SP 1.13	*Develop and promote programs that appropriately reduce or eliminate service gaps for historically underserved racial and ethnic groups and other at-risk populations.*

California is a diverse state. To be effective, systems, organizations, and services for suicide prevention must embrace behaviors, attitudes, and policies that are compatible with diverse cultural belief systems and customs. Mental health and suicide prevention services need to identify and develop culturally appropriate outreach and engagement activities and diagnosis and treatment strategies. The purpose of the Multi-Level Outreach and Engagement Program is to engage providers in suicide risks and prevention education, skills development, and partnership-building activities. This program uses multi-level interventions targeted at reducing risk factors, enhancing protective factors, facilitating collaborative partnerships, promoting education and skills development, (i.e., "recognize and intervene" suicide prevention skills). A key goal is to reduce disparities in the availability, accessibility, and quality of services for racial, ethnic, and cultural groups that have been historically underserved. Another key goal is to train personnel across many disciplines who are in key positions to recognize and intervene when suicide risk is present.

Providers in multiple service fields should be equipped to "recognize and intervene" when suicide risk is present. Health clinics (e.g., primary care and prenatal care), older adult service providers, mental health centers, emergency response systems, crisis centers, alcohol and drug programs, etc., are key access points. Key personnel in these systems need to have consistent guidelines and training for effective assessment and treatment interventions.

Effective approaches to suicide prevention need to include outreach and intervention strategies that specifically target historically underserved racial and ethnic groups and other at-risk populations. Interventions need to be matched to relevant evidence-based, promising, and best practices, and new strategies that encompass the unique characteristics of different age groups and ethnic populations and the disparities in access to services.

Program Deliverables (also see Appendix 2):
The Priority 1 and recommended actions SP 1.11 and 1.13 are expected to support a California statewide system for suicide prevention through the establishment and convening of the Multi-Level Outreach and Engagement Program to:

- Teach suicide risk and "recognize and intervene' strategies and skills in a variety of personnel systems and community environments
- Facilitate collaborative learning opportunities locally and across a diversity of disciplines
- Identify and implement innovative outreach and intervention strategies that specifically

target historically underserved racial and ethnic groups and other at-risk populations

- Establish and participate in formal partnerships that foster communication and coordinated service delivery among providers from different systems

Anticipated Number of Awards: To be determined when RFP released.

Program Budget Detail: CalMHSA will prepare budget projections for each program and line item budgets will be required for each program funded.

Program Evaluation

Each CalMHSA Statewide PEI prevention program applicant shall propose how and with what methods it will evaluate its effectiveness and outcomes. Also, each program will provide data for the Statewide evaluation that will include at least baseline information on Suicide incidence and prevalence. Ultimately each program will comply with data requests for the Statewide evaluation of all CalMHSA-administered programs. For Program Deliverables, and Indicators/Outcomes, refer to Appendix 2.

Theme: **Priority One *continued***	**Create a System of Suicide Prevention**
Recommended Actions:	SP 1.5, and SP 1.6
Program Name:	The Regional and Local Suicide Prevention Capacity-Building Program
Purpose:	The purpose of the Regional and Local Suicide Prevention Capacity-Building Program is to expand the number and capacity of accredited local suicide prevention lines. This program would also require that each suicide prevention line would join a consortium of publicly funded Suicide Prevention call centers. This regional and local program will

	consist of the following 2 activities:
Recommended Action: SP 1.5	Expand the number and capacity of accredited suicide prevention hotlines based in California by assisting with the accreditation process at the local level, and enact policies that make establishing and maintaining suicide prevention accreditation a condition of public funding for suicide prevention hotlines.
Recommended Action: SP 1.6	Create a statewide consortium of suicide prevention hotlines. Explore opportunities to expand the reach of accredited suicide prevention hotlines through other communication means or technology such as web sites.

Program Description

Suicide prevention hotlines are an effective way for people in crisis to reach out for help. Those who use lines report that they are helped by the service, while new technologies indicate that there are additional media that can be used to reach out and communicate with those in crisis. Hotlines have been used to target prevention activities for specific populations, for example, suicide prevention programs that also offer 24-hoour crisis intervention, older adult abuse prevention, grief counseling, well-being checks, etc. Several hotlines target youth and target veterans. Targeted approaches are an important component of a system of suicide prevention that is responsive to diverse needs within communities. Targeted approaches also entail that other means of communication be explored, such as websites.

California needs to increase the capacity of suicide prevention hotlines so that callers from every county can access a local, accredited call center. A long-term commitment to continuity and quality is needed to enhance the availability and capacity, including multiple-language capacity, of suicide prevention hotlines. Hotlines that are accredited ensure that assessment procedures are completed in a thorough manner.

Program Deliverables (also see Appendix 2):
The Priority 1 and recommended actions SP 1.5 and 1.6 are expected to support a California statewide system for suicide prevention by enhancing the capacity, and supporting the accreditation of suicide prevention hotlines through establishment of the Regional and Local Suicide Prevention Capacity-Building Program, through program deliverables that:

- Build capacity for local suicide prevention hotlines to become accredited
- Identify strategies to expand resources and services for accredited suicide prevention hotlines, such as training centers and aftercare services. Hotlines should target specific populations such as youth, older adults, and should investigate opportunities to expand the reach of accredited suicide prevention hotlines through other communication means, such as web sites.
- Establish, build, and maintain a statewide consortium of suicide prevention hotlines to focus on policy development and enactment which requires that

establishing and maintaining call center accreditation is a condition of public funding for suicide prevention hotlines.

This process ensures that responders are trained in evidence-based risk assessment procedures and that these procedures are consistently administered to all callers. Program strategies shall be guided by the *"California Strategic Plan on Suicide Prevention. Every Californian is Part of the Solution*.

Scope of Work: The Regional and Local Suicide Prevention Capacity-Building Program is provided in the RFP for Recommended Actions: SP 1.5 and SP 1.6.

Program Budget Detail:

CalMHSA prepares budget projections for each program. Line item budgets will be expected for each program funded.

Program Evaluation: Each CalMHSA Statewide PEI prevention program applicant shall propose how and with what methods it will evaluate its effectiveness and outcomes. Also, each program will provide data for the Statewide evaluation that will include at least baseline information on Suicide incidence and prevalence. Ultimately each program will comply with data requests for the Statewide evaluation of all

CalMHSA-administered programs.

For Program Deliverables, and Indicators/Outcomes, refer to Appendix 2.

Priority One *continued*	**Create a System of Suicide Prevention**
Recommended Action: SP 1.12	Integrate suicide prevention programs into kindergarten through grade twelve (K-12) and higher education institutions, existing community-based services for older adults, employee assistance programs and the workplace, and the criminal and juvenile justice systems.

Program Description

School staff members are in a strategic position to detect the early stages of mental health problems and potential suicide risk. Mental health and suicide prevention programs that are school-based can be successful in encouraging students at risk to seek help, and to follow through on referrals, and to respond to a suicide crisis in a way that minimizes the chances of a contagion effect. School programs can enhance the capacity to build resiliency among students by adopting curricula that teach problem-solving skills, coping, and support-seeking strategies.

Many young people who are at high risk of suicide may have already stopped attending school and/or may have contact with the juvenile justice system. It is critical to develop strategies to reach out to these individuals in areas where they congregate and through groups with which they are associated.

Increasing the availability of mental health and suicide prevention services on college campuses is an important step in preventing suicide among young adults. Prevention strategies need to be in place long before the presence of suicidal ideation or mental health crisis.

Multiple evidence-based programs have been developed that target older adults. Most of these programs contain components for outreach, engagement, and education that are embedded

within existing community structures and services that older adults commonly use. Other effective approaches integrate mental health services into primary care, such as co-locating health and mental health services.

Integrating suicide prevention into workplace settings is recommended to reach a large number of adults who may be at risk but not likely to seek out mental health services. Searchable databases provide resources, models, assessment tools, and detailed information related to mental health issues in the workplace. Additional resources for integrating suicide prevention into workplace settings are needed, including directories of local prevention, treatment, and support services, all made readily available in a non-stigmatizing manner to all employees. Building suicide prevention and mental health into existing support networks, such as employee assistance programs, are effective ways to reach people who might not otherwise seek help.

Many effective programs offer models for partnership between the criminal justice and mental health systems, for example, jail diversion and re-entry programs By building local partnerships between and within the criminal justice system and at the community level, suicide risk among inmates and parolees/probationers can be reduced along with the medical cost of treating acute problems.

Program Deliverables (also see Appendix 2):**:**
The Priority 1 and recommended action SP 1.12 are expected to support a California statewide system for suicide prevention by integrating suicide prevention programs into kindergarten through grade twelve (K-12) and higher education institutions, existing community-based services for older adults, employee assistance programs and the workplace, and the criminal and juvenile justice systems through program deliverables designed to:

- Increase the availability of mental health and suicide prevention services on college campuses.
- Increase the capacity of school programs to build resiliency among students by adopting curricula that teach problem-solving skills, coping, and support-seeking strategies.
- Develop strategies to reach out to those who are at high risk of suicide and may have already stopped attending school or may have contact with the juvenile justice system, including outreach strategies to reach these individuals through areas where they

congregate.

- Increase the availability of community-based programs that target older adult mental health, and that complement outreach, engagement, and education opportunities that currently exist within the local community structure, and are services that older adults commonly use.
- Integrate suicide prevention into work settings for adults who may be at risk but not likely to seek out mental health services, for example, integrating suicide prevention and mental health into existing support networks (such as employee assistance programs), to reach people who might not otherwise seek help, and integrating suicide prevention information and support services into workplace directories and other paper and web-based resources.
- Develop strategies to address suicide prevention among veterans taking into account the prevalence and characteristics of stigma and fears of discrimination in the military that constitute barriers to needed care including, and develop strategies to address access to mental health services, particularly for veterans who may live far from a VA Health Center.

Scope of Work: The SPNP scope of work will be provided in the RFP for Recommended Action: SP 1.12.

Program Budget Detail: CalMHSA will prepare budget projections for each program and line item budgets will be expected for each program funded.

Program Evaluation: Each CalMHSA Statewide PEI prevention program applicant shall propose how and with what methods it will evaluate its effectiveness and outcomes. Also, each program will provide data for the Statewide evaluation that will include at least baseline information on Suicide incidence and prevalence. Ultimately each program will comply with data requests for the Statewide evaluation of all CalMHSA-administered programs. Detailed evaluation information is provided in Appendix 2.

Priority Two: Suicide Prevention		
Theme:		Educate Communities to Take Action to Prevent Suicide
Recommended Actions:		SP 3.2, SP 3.3, and SP 3.7
Program Name:		Social Marketing Suicide Prevention Campaign Program (SMSPC)
Purpose:		To raise awareness that suicide is preventable and create an environment that supports suicide prevention and help-seeking behavior.
Recommended Action:		
	SP 3.2	Coordinate the suicide prevention education campaign with any existing social marketing campaign designed to eliminate stigma and discrimination toward individuals with mental illness and their families.
	SP 3.3	Engage the news media and the entertainment industry to educate them on standards and guidelines to promote balanced and informed portrayals of suicide, mental illness, and mental health services that support suicide prevention efforts.

SP 3.7	Create opportunities to promote greater understanding of the risks and protective factors related to suicide and how to get help by engaging and educating local media about their role in promoting suicide prevention and adhering to suicide reporting guidelines.

Program Description

The purpose of the Social Marketing Suicide Prevention Campaign Program is to raise awareness that suicide is preventable, and support help-seeking behaviors by improving media presentation of mental illness and suicide through electronic and print media messages, and through media education. Once developed, electronic and print media messages will be disseminated to communities to educate and raise awareness about suicide risks and prevention and mental health.

Negative portrayals of individuals with mental illness and sensational coverage of a tragic event contribute to stigmatizing attitudes in the general public. This often leads to discrimination. When not countered with education and awareness about the facts of mental illness, these negative portrayals promote fear in the general public, and promote self-stigma among individuals with a mental health illness. However, media coverage is far reaching. When anti-stigma attitudes, education and sensitivity are integrated into media coverage and messages, public awareness is raised, and the likelihood for individuals to seek help for a mental health need or for suicide prevention support is likely to increase when no discrimination is perceived.

National and state public health agencies have developed mechanisms to engage and educate the entertainment industry about health promotion and disease prevention. Still, there is a need to inform the media about how to cover suicide incidents in a way that balances public safety with what is newsworthy. Media coverage should be used as a positive tool to promote greater understanding of the risks and protective factors and how to get help.

A number suicide prevention education campaigns exist. SAMHSA provides an ongoing anti-stigma campaign with resources provided for states to develop their own targeted anti-stigma materials. Localized stigma and discrimination reduction projects are underway in California

through MHSA funding. In addition, national and state public health agencies have developed mechanisms to engage and educate the entertainment industry around health promotion and disease prevention.

When anti-stigma attitudes, education and sensitivity are integrated into media coverage and messages, public awareness is raised, and the likelihood for individuals to seek help for a mental health need or for suicide prevention support is likely to increase when no discrimination is perceived

Program Deliverables (also see Appendix 2):
The Priority 2, Educate Communities to Take Action to Prevent Suicide, and recommended actions SP 3.2, 3.3, and 3.7 are expected to raise awareness that suicide is preventable and create an environment that supports suicide prevention and help-seeking behavior through the development and implementation of the Social Marketing Suicide Prevention Campaign Program (SMSPC), inclusive of the following program deliverables:

- Coordinate a suicide prevention education campaign and promote messages that also address stigma and discrimination reduction and student mental health.
- Develop local suicide prevention education campaigns as well as coordinate campaigns to complement other local and national anti-stigma campaigns, for example, the Suicide Prevention Network Program, SAMHSA, and local MHSA-funder providers.
- Disseminate electronic and print media messages to communities to educate and raise awareness about suicide risks and prevention, and mental health.
- In conjunction with existing social marketing efforts, develop and implement an age-appropriate, multi-language education campaign to positively influence help-seeking behaviors and reduce suicidal behavior.
- Create ongoing relationships with local media contacts and local entities (such as law enforcement) to disseminate suicide prevention-related information and resources.

Scope of Work: The Social Marketing Suicide Prevention Campaign Program (SMSPC) scope of work will be provided in the RFP for Recommended Action: SP 3.2, 3.3 and 3.7.

Program Budget Detail: CalMHSA will prepare budget projections for each program and line item budgets will be expected for each program funded.

Program Evaluation: Each CalMHSA Statewide PEI prevention applicant shall propose how and with what methods it will evaluate its effectiveness and outcomes. Also, each program will provide data for the Statewide evaluation that will include at least baseline information on Suicide incidence and prevalence. Ultimately each program will comply with data requests for the Statewide evaluation of all CalMHSA-administered programs. Detailed evaluation information is provided in Appendix 2.

Priority Two *continued*	**Educate Communities to Take Action to Prevent Suicide**
Recommended Actions:	SP 3.8, SP 3.9, and SP 3.11
Program Name:	Social Marketing Suicide Prevention Education Program Campaign
Purpose:	The purpose of the Statewide Suicide Prevention Information and Dissemination Campaign Education Program is to provide family, peer, and consumer education through evidence-based population specific gatekeeper training models, and to incorporate and build capacity for peer support and peer support service models. The development of program curriculum shall target professionals across systems and disciplines, and may also connect

		with the higher education initiative. This statewide program will consist of the following three activities:
Recommended Actions	**SP 3.8**	Educate family members, caregivers, and friends of those who have attempted suicide, individuals who have attempted suicide, and community members to recognize, appropriately respond to, and refer people demonstrating acute warning signs.
	SP 3.9	Promote and provide suicide prevention education for community gatekeepers.
	SP 3.11	Incorporate and build capacity for peer support and peer-operated services models, such as peer warm lines and peer-run crisis respite centers, as a part of suicide prevention and follow-up services.

Program Description

The purpose of the Statewide Information and Dissemination Campaign Suicide Prevention Education Program (SPEP) is to provide family, peer, and consumer education through evidence-based, population specific gatekeeper training models and to incorporate and build capacity for peer support and peer support service models.

Cultural and personal beliefs about suicide and mental illness, concerns about stigma and discrimination, and feelings of hopelessness can dissuade people from seeking help. There is a need for education about the warning signs of suicide with a clear and consistent message about how to respond to suicide behaviors. Strategies that include population-specific risk factors and promote help-seeking behavior encourage people to reach out to family, friends, resources in their communities, and community gatekeepers.

Gatekeepers are defined as those who regularly come in contact with individuals who may be contemplating suicide. Gatekeeper models provide education and training in identifying the warning signs of mental health problems and suicide risk. The gatekeeper model is an effective strategy for reaching high-risk individuals who may not otherwise seek mental health services or whose risk factors may not be visible to health and mental health professionals. Gatekeeper training targets a broad range of people in the community, for example: School health personnel, employers and supervisors, faith-based community leaders, natural community helpers (such as promotoras, traditional healers), hospice and nursing home staff, older adult service providers, group home personnel, and emergency health care personnel, including first responders.

Social support in a community of peers is especially important to vulnerable populations. Peer support models can play an essential role as part of a coordinated system by improving quality of life, fostering recovery and resiliency, and preventing a crisis from developing. Peer support programs typically offer short-term, residential crisis services administered by peers, warm lines, programs to promote health,

wellness and recovery; and forums to educate the public about mental illness and mental health.

Program Deliverables (also see Appendix 2):
The Priority 2, Educate Communities to Take Action to Prevent Suicide, and recommended actions SP 3.8, 3.9, and 3.11 are expected to develop and implement through the Social Marketing Suicide Prevention Education Program Campaign, inclusive of the following program deliverables:

- Provide family, peer, and consumer education through evidence-based population specific gatekeeper training models that identify and implement population-specific strategies and promote suicide prevention through help-seeking behavior, and educate family, friends and community members about the warning signs of mental health problems and suicide risk
- Conduct regional train-the-trainer gatekeeper training
- Develop a “how to” manual for sustaining survivor support groups locally, including information about funding, training, 501c3 status, and sustainability
- Incorporate and build capacity for peer support and peer-operated services models (for example peer-run crisis respite centers), as a part of suicide prevention and follow-up services.

Scope of Work: The SPNP scope of work will be provided in the RFP for Recommended Actions: SP 3.8, SP 3.9 and SP 3.11.

Program Evaluation: Each CalMHSA Statewide PEI prevention program applicant shall propose how and with what methods it will evaluate its effectiveness and outcomes. Also, each program will provide data for the Statewide evaluation that will include at least baseline information on Suicide incidence and prevalence. Ultimately

each program will comply with data requests for the Statewide evaluation of all CalMHSA-administered programs. Detailed evaluation information is provided in Appendix 2.

Priority Three: Suicide Prevention	
Theme:	Implement Training and Workforce Enhancements to Prevent Suicide
Recommended Actions:	SP 2.1, SP 2.2, and SP 2.5
Program Name:	Suicide Prevention Training and Workforce Enhancement Program (SPTWEP)
Purpose:	The purpose of the Suicide Prevention Training and Workforce Enhancement Program is to develop and implement service and training guidelines to promote effective and consistent suicide prevention, early identification, referral, intervention, and follow-up care across all service providers. The development of program curriculum shall target professionals across systems and disciplines, and might also connect to the higher education initiative).

This program will consist of the following three activities:

Recommended Action:

SP 2.1 Convene expert workgroups to recommend, develop, disseminate, broadly promote, and evaluate suicide prevention service and training guidelines and model curricula for targeted service providers, including peer support providers, in California.

SP 2.2 Expand opportunities for suicide prevention training for selected occupations and facilities through long-term approaches, such as embedding suicide prevention training in existing licensing, credentialing, and graduate programs.

SP 2.5 Increase the priority of suicide prevention training through outreach and by disseminating, tailoring, and enhancing state training guidelines as necessary to meet local needs.

Program Description

Cultural and personal beliefs about suicide and mental illness, concerns about stigma and discrimination, and feelings of hopelessness can dissuade people from seeking help. There is a need for education about the warning signs of suicide with a clear and consistent message about how to respond to suicide behaviors. Strategies that include population-specific risk factors and promote help-seeking behavior encourage people to

reach out to family, friends, resources in their communities, and community gatekeepers.

Effective suicide prevention strategies depend on a trained workforce and an educated public. A substantial precedent exists for establishing guidelines for training and service in selected occupations, as well developing tools for assessment of suicide risk (through the American Psychiatric Association, SAMHSA, SPRC, and Suicide Prevention Lifeline, for examples). In addition, SAMHSA and the SPRC have developed materials that support the development of guidelines in campus settings.

California is a large, diverse state. To strengthen suicide prevention more needs to be known about risk and protective factors based on gender, age, disability, sexual orientation, homelessness, rural location, military service, and many other factors. Existing local and state data on suicide provide an incomplete picture of the true magnitude of the problem in California. There are gaps in knowledge about how suicide impacts certain racial and ethnic groups. With these substantial gaps in knowledge about how suicide impacts Californians and how to better prevent it, a research agenda needs to be established to better design responsive policies and effective programs towards reducing the impact of suicide.

Statewide suicide prevention programs, in combination with PEI priority population programs, are designed to be comprehensive in both breadth (coverage across the state) and depth (intensity in priority populations). Many of the characteristics of the PEI Priority populations (trauma exposed, stressed families, school failure, etc.) are associated with greater suicide risk, and programs in these other areas will inherently address suicide prevention.

To strengthen suicide prevention, more needs to be known about risk and protective factors based on gender, age, disability, sexual orientation, homelessness, rural location, military service, and other factors based on gender, age, disability, sexual orientation, homelessness, rural location, military service, and other factors related to identity. To increase knowledge on these issues, California needs to expand its capacity for surveillance, research and evaluation on suicide and suicide prevention.

Program Deliverables:

The Priority 3, Suicide Prevention Training and Workforce Enhancement Program (SPTWEP), and recommended actions SP 2.1, 2.2, and 2.5 are expected to:

- Develop and implement service and training guidelines to promote effective and consistent suicide prevention, early identification, referral, intervention, and follow-up care across all service providers
- Develop program curriculum shall target professionals across systems and disciplines
- Convene expert workgroups and convene expert panels
- Assess current criteria and standards for service and training that address suicide prevention, early intervention, treatment, and follow-up care
- Develop statewide standards and guidelines for specific populations and settings, including comprehensive review of existing licensing and credentialing requirements as well as existing training and education models
- Identify existing guidelines for training and services and assessment of suicide risk for available use
- Develop, issue, and promote guidelines and recommended training curricula
- Target professionals across systems and disciplines in their curriculum development efforts. At a minimum, occupations selected for guidelines and curricula development and training should include:
    - Primary care providers, including physicians and mid-level practitioners
    - First responders, including police officers and sheriffs, emergency department staff and emergency medical technicians
    - Licensed mental health and substance abuse treatment professionals and staff in outpatient and community-based settings as well as psychiatric facilities

- Social workers and other staff in older adult programs, in-home support services, adult and child protective services, and foster care

Program Description

The purpose of the Statewide Information and Dissemination Campaign Suicide Prevention Education Program (SPEP) is to provide family, peer, and consumer education through evidence-based Gatekeeper training models, and to incorporate and build capacity for peer support and peer support service models.

Cultural and personal beliefs about suicide and mental illness, concerns about stigma and discrimination, and feelings of hopelessness can dissuade people from seeking help. There is a need for education about the warning signs of suicide with a clear and consistent message about how to respond to suicide behaviors. Strategies that include population-specific risk factors and promote help-seeking behavior encourage people to reach out to family, friends, resources in their communities, and community gatekeepers. Gatekeepers are defined as those who regularly come in contact with individuals who may be contemplating suicide. Gatekeeper models provide education and training in identifying the warning signs of mental health problems and suicide risk. The gatekeeper model is an effective strategy for reaching high-risk individuals who may not otherwise seek mental health services or whose risk factors may not be visible to health and mental health professionals. Gatekeeper training targets a broad range of people in the community, for example: School health personnel, employers and supervisors, faith-based community leaders, natural community helpers (such as promotoras, traditional healers), hospice and nursing home staff, senior center staff, group home personnel, and emergency health care personnel, including first responders.

Program Deliverables (also see Appendix 2):

The Priority 2, Educate Communities to Take Action to Prevent Suicide, and recommended actions SP 3.8, 3.9, and 3.11 are expected to develop and implement

through the Social Marketing Suicide Prevention Education Program Campaign, inclusive of the following program deliverables:

- Provide family, peer, and consumer education through evidence-based Gatekeeper training models
- Identify and implement population-specific strategies that promote suicide prevention through help-seeking behavior, and educate family, friends and community members about the warning signs of mental health problems and suicide risk
- Conduct regional train-the-trainer gatekeeper training
- Develop a "how to" manual for sustaining survivor support groups locally, including information about funding, training, 501c3 status, and sustainability
- Incorporate and build capacity for peer support and peer-operated services models (for example peer-run crisis respite centers), as a part of suicide prevention and follow-up services.

Scope of Work: The SPNP scope of work will be provided in the RFP for Recommended Actions: SP 3.8, 3.9 and SP3.11.

Program Budget Detail:
CalMHSA prepares budget projections for each program. Line item budgets will be expected for each program funded.

Program Evaluation: Each CalMHSA Statewide PEI prevention applicant shall propose how and with what methods it will evaluate its effectiveness and outcomes. Also, each program will provide data for the Statewide evaluation that will include at least baseline information on Suicide incidence and prevalence. Ultimately each

program will comply with data requests for the Statewide evaluation of all CalMHSA.

- Adult and juvenile system correction officers and probation and parole officers
- Administrators and faculty in elementary, middle, and high schools and colleges and universities

Scope of Work: The SPTWEP scope of work will be provided in the RFP for Recommended Actions: SP 2.1, SP 2.2 and SP 2.5.

Program Budget Detail:
CalMHSA prepares budget projections for each program. Line item budgets will be expected for each program funded.

Program Evaluation: Each CalMHSA Statewide PEI prevention program applicant shall propose how and with what methods it will evaluate its effectiveness and outcomes. Also, each program will provide data for the Statewide evaluation that will include at least baseline information on Suicide incidence and prevalence. Ultimately each program will comply with data requests for the Statewide evaluation of all CalMHSA-administered programs. Detailed evaluation information is provided in Appendix 2.

Priority Four: Suicide Prevention	
Theme:	Improve Suicide Prevention Program Effectiveness and System Accountability
Recommended Actions:	SP 4.2, SP 4.3, and SP 4.5, and SP 4.6
Program Name:	Suicide Prevention Evaluation and Accountability Program
Purpose:	The purpose of the Suicide Prevention Evaluation and Accountability Program is to improve data collection, surveillance, and program evaluation and launch a research agenda to design responsive policies and effective programs to reduce the impact of suicide in diverse populations. This program will consist of the following 4 activities:
Recommended Actions:	
SP 4.2	Test and adapt evidence-based practices as necessary for effectiveness in a variety of community settings and among diverse population groups.
SP 4.3	Identify or develop methodologies for evaluating suicide prevention interventions, including community-based participatory research methods, and provide training and technical assistance on program evaluation to the

counties and local partners.

Develop methodologies to promote the evaluation of promising community models to build their evidence base. Use an inclusive process that considers cultural approaches, such as traditional healing practices and measures that are relevant to target communities.

SP 4.5 Increase local capacity for data collection, reporting, surveillance, and dissemination to inform prevention and early intervention program development and training.

SP 4.6 Build local capacity to evaluate suicide prevention programs, including community-based participatory research methods, and use the results to make program improvements.

Program Description

Existing local and state data on suicide provide an incomplete picture of the true magnitude of the problem in California. There are gaps in knowledge about how suicide impacts certain racial and ethnic groups. With these substantial gaps in knowledge about how suicide impacts Californians and how to better prevent it, a research agenda needs to be established to better design responsive policies and effective programs towards reducing the impact of suicide.

Statewide suicide prevention programs, in combination with PEI priority population programs, are designed to be comprehensive in both breadth (coverage across the state) and depth (intensity in priority populations). Many of the characteristics of the PEI Priority populations (trauma exposed, stressed families, school failure, etc.) are associated with greater suicide risk, and programs in these other areas will inherently address suicide prevention.

To strengthen suicide prevention, more needs to be known about risk and protective

factors based on gender, age, disability, sexual orientation, homelessness, rural location, military service, and other factors related to identity. To increase knowledge on these issues, California needs to expand its capacity for surveillance, research and evaluation on suicide and suicide prevention.

Program Deliverables:
The Priority 4, Improve Suicide Prevention Program Effectiveness and System Accountability, and recommended actions SP 4.2, 4.3, 4.5, and 4.6 are expected to improve data collection, surveillance, and program evaluation and launch a research agenda to design responsive policies and effective programs to reduce the impact of suicide in diverse populations, through the following program deliverables:

- Develop new evidence-based practices from community promising practices; and formally adapt evidence-based practices for specific populations
- Design and implement a suicide prevention program evaluation component to track, monitor and report statewide efforts
- Improve data collection, surveillance and reporting to better understand specific populations, suicide trends, and the impact of protective factors and risk factor in diverse populations
- Provide technical assistance for the development of evaluation activities that support the Scopes of Work of CalMHSA providers and organizations

This recommended action will create baseline data for use in annual comparisons of the impact of suicide prevention activities.

Scope of Work: The scope of work will be provided in the RFP for Recommended Actions: SP 4.2, 4.2, 4.3, 4.5 and SP 4.6.

Program Budget Detail: CalMHSA prepares budget projections for each program. Line item budgets will be expected for each program funded.

B. California Strategic Plan on Stigma and Discrimination Reduction

Below are the CalMHSA Statewide PEI Summary of Stigma and Discrimination Reduction with “recommended actions” identified by priorities, themes, and actions. After the summary is a detailed program description, scope of work, budget and evaluation information.

Priority One:

Recommended Actions: SDR 1.1, SDR 1.3, SDR 1.5, SDR 1.6, and SDR 1.7

Create a supportive environment for all consumers and those at risk for mental health challenges, family members, and the community at large, establishing social norms that recognize mental health is integral to everyone’s well-being.

Priority Two

Recommended Actions: SDR 2.1, SDR 2.3, SDR 2.4, SDR 2.6, SDR 2.9, and SDR 2.10

Promote awareness, accountability, and changes in values, practices, policies, and procedures across and within systems and organizations that encourage the respect and rights of people identified with mental health challenges.

Priority Three

Recommended Action: SDR 4.1

Increase knowledge of effective and promising programs and practices that reduce stigma and discrimination using methods that include community-led approaches.

Priority Four

Recommended Actions: SDR 3.1, and 3.4

Uphold and advance federal and state laws to identify and eliminate discriminatory policies and practices.

California Mental Health Services Authority (CalMHSA) Program Budget

Projections (as of October 1, 2010)

Total for CalMHSA Stigma and Discrimination Reduction

Stigma and Discrimination Reduction	Program	Funds Assigned At Date of Submission Encl F - #4	Prospective Members Encl F - #4	Evaluation 7.50% Encl F - #5	Enclosure F Disclosure Total
SDR 1		(1)*	(2)*	(3)**	(4)***
	CSDRP-SDR 1.1, 1.3, 1.5, 1.6, 1.7	14,796,099	392,827	1,605,154	16,794,080
SDR 2					
	Awareness-SDR-2.1, 2.3, 2.4, 2.6, 2.9, 2.10	14,796,094	244,208	1,605,154	16,645,461
SDR 3					
	Increase Knowledge-SDR 4.1	2,860,344	43,260	310,304	3,213,908
SDR 4					
	Regs Laws-SDR 3.1, 3.4	2,860,344	17,443	310,304	3,188,091
Total Stigma (SDR)		**35,312,886**	**697,738**	**3,830,916**	**39,841,540**

See Appendix 1 for full budget information and footnotes

Priority One: Stigma and Discrimination Reduction	
Theme	Create a supportive environment for all consumers and their families as well as the communities where they live.
Recommended Actions:	SDR 1.1, SDR 1.3, SDR 1.5, SDR 1.6, and SDR 1.7
Purpose:	The purpose of the mental well-being initiative is to create a supportive environment for all consumers and those at risk for mental health challenges, family members, and the community at large, establishing social norms that recognize mental health is integral to everyone's well-being. This program will consist of the following four activities:
Recommended Actions:	
SDR 1.1	Create widespread understanding and recognition within the pubic and across all systems that people at different points in their lives experience different degrees of mental health from wellness to crisis; and persons living with mental health challenges have resilience and the capacity for recovery.
SDR 1.3	Create opportunities and forums for strengthening relationships between consumers, family members and the larger community.
SDR1.5	Recognize peer run and peer led programs as an important means for reducing stigma.

SDR 1.6 Address the multiple stigmas of persons living with mental health challenges who are also faced with discrimination based on their race, ethnicity, age, sex, sexual orientation, gender identity, physical disability, or other societal biases.

SDR 1.7 Provide increased support for those closely involved with the lives of individuals facing mental health challenges.

Program Description

California, according to 2007 estimates is 44 percent Caucasian, 36 percent Hispanic, 12 percent Asian, and 6 percent African American, with Native Americans and Pacific Islanders each making up less than 1 percent of the population.[1]

Over the years, anti-stigma campaigns have assessed that education alone is not enough. Many campaigns have become multi-faceted by incorporating various approaches (including efforts to change policies and laws), and by involving individuals with mental health challenges at all program levels.

Stigmatization of people with mental health disorders has persisted throughout history. It is manifested by bias, distrust, stereotyping, fear, embarrassment and/or avoidance. Stigma leads others to avoid living, socialization or working with, renting to, or employing people with mental health disorders, especially severe disorders such as schizophrenia. It reduces access to resources and opportunities and leads to low self esteem, isolation and hopelessness. (US Surgeon, 1999)

Discrimination occurs when people and societies act upon their feelings of rejection and discomfort with mental disability by depriving those associated with it the rights and life opportunities that are afforded to all other people. Discrimination is manifested when individuals are deprived of housing, educational, employment, and so many other opportunities, based on mental, social, emotional, and/or behavioral impairments.

The strategic directions and recommended actions of the CalMHSA embrace the vision of

[1] State of California, Department of Finance (2009). California current population survey report: March 2009.

wellness and recovery as the cornerstone to eliminating stigma and discrimination and are guided by the "California Strategic Plan on Reducing Mental Health Stigma and Discrimination" developed by the Department of Mental Health.[2]

The purpose of this program is to create a supportive environment for all consumers and those at risk for mental health challenges, and for family and community members, establishing social norms that recognize mental health is integral to everyone's well-being. Anti-stigma programs create widespread understanding and recognition within the pubic and across all systems. Applicants may address one or more of the following anti-stigma interventions:

- Form a local coalition of diverse representatives, including those with mental health challenges, to launch a community action plan to educate the public on mental health challenges and wellness and recovery models.
- Develop messages and relevant materials for the public that explain mental health challenges and promote social inclusion.
- Change consumer information, current medical curricula, and the practice of mental health diagnoses and treatment to reflect and reinforce recovery, resilience, and wellness.
- Assess existing print and electronic media on mental health challenges and emotional disturbances to reflect recovery, resilience, and wellness.
- Simplify and promote available, reliable Web resources that promote non-stigmatizing mental health information.
- Rely on mental health consumers and family members to raise awareness of the importance of mental health across the lifespan.
- Identify how everyday language reinforces stigma and discrimination toward those living with mental health challenges and substitute words with non-stigmatizing and non-discriminatory language.

[2] State of California, Department of Mental Health. California Strategic Plan on Reducing Mental Health Stigma and Discrimination: June 2009.

- Confront stigmatizing messages from individuals, groups, organizations, and the media.

Programs that provide peer run and peer led programs are an important means for reducing stigma. Program interventions may:

- Assess, develop, and disseminate information on peer-run and peer-led programs and social support models.
- Work with local and statewide organizations to establish peer-to-peer support as a vital component of mental health treatment.
- Develop local speaker bureaus, presentations, and forums that feature peers who are successfully dealing with mental health challenges.
- Promote education and skill-based training for consumer and family empowerment to address such topics as cultural competence, communication and advocacy.
- Utilize technology and other advancements to support groups or individuals who are geographically or emotionally isolated.
- Enhance the skills of peers to be more effective trainers of mental health staff to better address client and family members' culture in their recovery and wellness services and other relevant topics.
- Create training and advancement opportunities to increase an individual's ability to implement peer-run and peer-led programs.
- Develop a peer-to-peer network of support for veterans in higher education and within communities.

Applicants may address the multiple stigmas of persons living with mental health challenges who are also faced with discrimination, with efforts to:

- Disseminate successful models that have been identified by cultural communities
- Work with racial and ethnic community groups to ensure cultural relevance and to eliminate stigmatizing barriers.

- Educate substance abuse providers and mental health providers to reduce stigma as it effects and pertains to individuals with co-occurring disorders.

Applicants may address increased support for those closely involved with the lives of individuals facing mental health challenges, with efforts to:

- Apply innovative information technologies that will allow parents and caregivers to obtain accurate information, guidance, and referrals to seek needed services.
- Identify non-traditional community locations to distribute information on available mental health resources for populations across the lifespan and in underserved ethnic, racial and cultural populations.

Scope of Work: The scope of work will be provided in the RFP for Recommended Actions: SDR 1.1, SDR 1.3, SDR 1.5, SDR 1.6, and SDR 1.7.

Program Budget Detail:
CalMHSA prepares budget projections for each program. Line item budgets will be expected for each program funded. CalMHSA Stigma and Discrimination Reduction Priority 1, Program Projections (as of October 1, 2010).

Program Evaluation: Each CalMHSA Statewide PEI prevention program shall propose how and with what methods it will evaluate its effectiveness and outcomes. Also, each program will provide data for the Statewide evaluation that will include at least baseline information on Suicide incidence and prevalence. Ultimately each program will comply with data requests for the Statewide evaluation of all CalMHSA-administered programs. Detailed evaluation information is provided in Appendix 2.

Priority Two: Stigma and Discrimination Reduction	
Theme:	Promote awareness, accountability and change
Recommended Actions:	SDR 2.1, SDR 2.3, SDR 2.4, SDR 2.6, SDR 2.9, and SDR 2.10
Purpose:	The purpose of this program is to promote awareness, accountability, and changes in values, practices, policies, and procedures across and within systems and organizations that encourage the respect and rights of people identified with mental health challenges. This program will consist of the following six activities:

Recommended Actions:

SDR 2.1	Initiate systematic reviews to identify and address stigmatizing and discriminatory language, behaviors, practices, and policies.
SDR 2.3	Ensure that mental health services are offered in non-traditional, non-stigmatizing community and school sites.
SDR 2.4	Create a more holistic and integrated approach to physical health and mental wellness by promoting integrative delivery models of mental health, primary health care, and social services; achieving parity between medical and mental health services in terms of coverage and financing; and utilizing spirituality and faith-based practices as tools for wellness and

	recovery.
SDR 2.6	Educate employers on the importance of mental health wellness for all employees.
SDR 2.9	Engage and educate the commercial, ethnic, public/ community, and interactive media, as well as the entertainment industry, on standards and guidelines to promote balanced and informed portrayals of people living with mental health challenges; and ways to serve as a resource for communicating accurate anti-stigma information to the public on mental health issues and community resources.
SDR 2.10	Promote and enhance initiatives, programs, and curricula to change school cultures and increase social inclusion and social acceptance.

Program Description

Stigma and discrimination occur in our schools and communities and workplace environments. From the 1950's to the 1990's, the percentage of Americans who viewed individuals with mental health challenges as dangerous nearly doubled[3]. The purpose of this program is to promote awareness, accountability, and changes in values, practices, policies, and procedures across and within systems and organizations that encourage the respect and rights of people identified with mental health challenges.

To promote awareness, accountability, and changes in values, practices, policies, and procedures across and within systems and organizations that encourage the respect and rights of people identified with mental health challenges, applicants might:

- Support ethnic diversity and cultural competency training

[3] Pescosolido, B.A., Martin, J.K., et.al (2000). Americans' views of mental health and illness at century's end: continuity and change. Public Report on the MacArthur Mental Health Module, 1996 General Social Survey.

- Train mental health and system partner staff on stigma and discrimination reduction
- Support training for mental health and system partner staff and staff of system partners that serve populations across the lifespan and underserved ethnic and racial communities

To create a more holistic and integrated approach to physical health and mental wellness, applicants might:

- Sponsor local and statewide programs to support medical practitioners to screen for mental health risk factors and conditions as part of the routine care
- Screen for and address both mental and medical needs of individuals entering a mental health facility
- Train providers on the value of spirituality in the wellness and recovery process
- Educate employers on the importance of mental health wellness for all employees by developing curriculum, training, and websites; or developing an educational campaign targeted to employers that emphasizes the financial benefits of a mentally and physically healthy workforce
- Engage and educate the commercial, ethnic, public/community, and interactive media, as well as the entertainment industry, on standards and guidelines to promote balanced messages and portrayals of people living with mental health challenges by creating an anti-stigma campaign that highlights that everyone at some point may experience some degree of mental health challenges; or developing strategies to reward balanced portrayals of individuals living with mental health challenges
- Promote and enhance initiatives, programs, and curricula to change school cultures and increase social inclusion and social acceptance by integrating mental health topics within health education and other classroom curricula; or developing support groups and systems for children and siblings of consumers experiencing mental health challenges; or encouraging local

mental health units to work with educational institutions to develop prevention and early intervention techniques as alternatives to fail-first initiatives for children and youth experiencing mental health challenges; or training programs for teachers to work more effectively with student mental health issues.

Scope of Work: The scope of work will be provided in the RFP for Recommended Actions: SDR 2.1, 2.3, 2.4, 2.6, 2.9, and SDR 2.10

Program Budget Detail: CalMHSA prepares budget projections for each program. Line item budgets will be expected for each program funded. CalMHSA Stigma and Discrimination Reduction 2, Program Projections (as of October 1, 2010).

Program Evaluation: Each CalMHSA Statewide PEI prevention program shall propose how and with what methods it will evaluate its effectiveness and outcomes. Also, each program will provide data for the Statewide evaluation that will include at least baseline information on Suicide incidence and prevalence. Ultimately each program will comply with data requests for the Statewide evaluation of all CalMHSA-administered programs. Detailed evaluation information is provided in Appendix 2.

Priority Four	
Theme:	Uphold and advance federal and state laws to support the elimination of discriminatory practices
Recommended Actions:	SDR 3.1, and 3.4
Purpose:	The purpose of this program is to uphold and advance federal and state laws to identify and eliminate discriminatory policies and practices. This program will consist of the following two activities:

Recommended Action:

SDR 3.1	Increase awareness and understanding of existing laws and regulations that protect individuals living with mental health challenges and their family members against discrimination.
SDR 3.4	Develop policies and mechanisms within the criminal justice system to more appropriately meet the needs of individuals with mental health challenges, including those located in in-patient psychiatric facilities.

Program Description

The United States has various powerful anti-discrimination laws, including the Fair Housing Act and the Americans with Disabilities Act. Additional systemic methods used for determining if existing laws, policies or procedures are complied with, or enforced. Program areas that applicants may consider include the following:

- Increasing awareness and understanding of existing laws and policies by developing and widely disseminating user-friendly fact sheets with contact information for education and training purposes
- Reviewing federal and state regulations that support mental health services in non-traditional settings to reduce stigma

Developing policies and mechanisms within the criminal justice system to more appropriately meet the needs of individuals with mental health challenges by promoting mental health courts and other alternatives to incarceration; or disseminating court policies and protocols developed by the Judicial Council of California and the Administrative Office of the Courts; or training law enforcement and criminal justice officials to recognize and prosecute mental health discrimination

Scope of Work: The scope of work will be provided in the RFP for Recommended Actions: SDR 3.1 and 3.4

Program Budget Detail:
CalMHSA prepares budget projections for each program. Line item budgets will be expected for each program funded.

Program Evaluation: Each CalMHSA Statewide PEI prevention program applicant shall propose how and with what methods it will evaluate its effectiveness and outcomes. Also, each program will provide data for the Statewide evaluation that will include at least baseline information on Suicide incidence and prevalence. Ultimately each program will comply with data requests for the Statewide evaluation of all CalMHSA-administered programs. Detailed evaluation information is provided in Appendix 2.

Priority Three: Stigma and Discrimination Reduction

Theme:	Increase knowledge of effective and promising programs that reduce stigma
Recommended Actions:	SDR 4.1
Purpose:	The purpose of this program is to increase knowledge of effective and promising programs and practices that reduce stigma and discrimination using methods that include community-led approaches.

Recommended Actions:

SDR 4.1 Develop and implement a plan to address the information gaps on how to reduce stigma and discrimination to build effective and promising anti-discrimination programs.

Program Description

There is a wealth of research and evaluation findings to establish what methods or combination of will best aid in reducing stigma and discrimination and are inclusive of community-led approaches**.** The purpose of this program is to increase knowledge of effective and promising programs and practices that reduce stigma and discrimination using methods that include community-led approaches through activities such as the following:

- Development of incentives to build partnerships between academic research and community-based research
- Providing assistance to counties in developing anti-stigma and anti-discrimination programs
- Utilizing multi-disciplinary research techniques to guide research on the diversity of forms of mental health stigma and discrimination
- Identifying research techniques on the evaluation of anti-stigma programs for local use

Scope of Work: The scope of work will be provided in the RFP for Recommended Actions: SP 4.1.

Program Budget Detail: CalMHSA prepares budget projections for each program. Line item budgets will be expected for each program funded

Program Evaluation: Each CalMHSA Statewide PEI prevention program shall propose how and with what methods it will evaluate its effectiveness and outcomes. Also, each program will provide data for the Statewide evaluation that will include at least baseline information on Suicide incidence and prevalence. Ultimately each program will comply with data requests for the Statewide evaluation of all CalMHSA-administered programs. Detailed evaluation information is provided in Appendix 2.

Priority Four: Stigma and Discrimination Reduction	
Theme:	Uphold and advance federal and state laws to support the elimination of discriminatory practices
Recommended Actions:	SP 4.2, SP 4.3, and SP 4.5, and SP 4.6
Program Name:	Suicide Prevention Evaluation and Accountability Program
Purpose:	To improve data collection, surveillance, and program evaluation and launch a research agenda to design responsive policies and effective programs to reduce the impact of suicide in diverse populations. This program will consist of the following two activities:
Recommended Actions:	
SP 4.2	Test and adapt evidence-based practices as necessary for effectiveness in a variety of community settings and among diverse population groups.
SP 4.3	Identify or develop methodologies for evaluating suicide prevention interventions, including community-based participatory research methods, and provide training and technical assistance on program evaluation to the counties and local partners. Develop methodologies to promote the evaluation of promising community models to build their evidence base. Use an inclusive process that considers cultural approaches, such as traditional healing practices and measures that are relevant to target communities.

SP 4.5 Increase local capacity for data collection, reporting, surveillance, and dissemination to inform prevention and early intervention program development and training.

SP 4.6 Build local capacity to evaluate suicide prevention programs, including community-based participatory research methods, and use the results to make program improvements.

Program Description

Existing local and state data on suicide provide an incomplete picture of the true magnitude of the problem in California. There are gaps in knowledge about how suicide impacts certain racial and ethnic groups. With these substantial gaps in knowledge about how suicide impacts Californians and how to better prevent it, a research agenda needs to be established to better design responsive policies and effective programs towards reducing the impact of suicide.

Statewide suicide prevention programs, in combination with PEI priority population programs, are designed to be comprehensive in both breadth (coverage across the state) and depth (intensity in priority populations). Many of the characteristics of the PEI Priority populations (trauma exposed, stressed families, school failure, etc.) are associated with greater suicide risk, and programs in these other areas will inherently address suicide prevention.

To strengthen suicide prevention, more needs to be known about risk and protective factors based on gender, age, disability, sexual orientation, homelessness, rural location, military service, and other factors based on gender, age, disability, sexual orientation, homelessness, rural location, military service, and other factors related to identity. To increase knowledge on these issues, California needs to expand its capacity for surveillance, research and evaluation on suicide and suicide prevention

Program Deliverables (also see Appendix 2):
The Priority 4, Improve Suicide Prevention Program Effectiveness and System Accountability, and recommended actions SP 4.2, 4.3, 4.5, and 4.6 are expected to

improve data collection, surveillance, and program evaluation and launch a research agenda to design responsive policies and effective programs to reduce the impact of suicide in diverse populations, through the following program deliverables:

- Develop new evidence-based practices from community promising practices; and formally adapt evidence-based practices for specific populations
- Design and implement a suicide prevention program evaluation component to track, monitor and report statewide efforts
- Improve data collection, surveillance and reporting to better understand specific populations, suicide trends, and the impact of protective factors and risk factor in diverse populations
- Provide technical assistance for the development of evaluation activities that support the Scopes of Work of CalMHSA providers and organizations

Scope of Work: The scope of work will be provided in the RFP for Recommended Actions: SP 4.2, 4.2, 4.3, 4.5 and SP 4.6.

Program Budget Detail: CalMHSA prepares budget projections for each program. Line item budgets will be expected for each program funded.

Program Evaluation: Each CalMHSA Statewide PEI prevention program shall propose how and with what methods it will evaluate its effectiveness and outcomes. Also, each program will provide data for the Statewide evaluation that will include at least baseline information on Suicide incidence and prevalence. Ultimately each program will comply with data requests for the Statewide evaluation of all CalMHSA-administered programs. Detailed evaluation information is provided in Appendix 2.

Section C. CA Strategic Plan for the Student Mental Health Initiative

The strategic plan for Student Mental Health Initiative contains recommended actions that complement each other so well that they are not prioritized. Instead, it is planned for all actions to be implemented. The format below is tailored for SMHI and is

somewhat different than the formats in the previous sections for Suicide Prevention (SP) and Stigma and Discrimination Reduction (SDR). Another important consideration for the SMHI is the separation of initiatives for Higher Education (with subdivisions for UC, CSU, and CCC) and K – 12; with recommended allocations of approximately 60/40 percent ratio.

California Mental Health Services Authority (CalMHSA) Program Budget

Total for CalMHSA Student Mental Health Initiative Projections (as of October 1, 2010)

Student Mental Health Initiative	**Program**	**Funds Assigned At Date Of Submission** Encl F - #4 (1)*	**Prospective Members** Encl F - #4 (2)*	**Evaluation** 7.50% Encl F - #5 (3)**	**Enclosure F** Disclosure Total (4)***
SMHI 1					
	UC-SMHI Higher Ed 1, 2, 3	6,674,069	131,871	724,043	7,529,983
	CSU-SMHI Higher Ed 1, 2, 3	6,674,069	131,871	724,043	7,529,983
	CCD-SMHI Higher Ed 1, 2, 3	6,674,069	131,871	724,043	7,529,983
Total Higher Education Allocation (56.7%)		20,022,206	395,614	2,172,128	22,589,949
SMHI2					
	State K-12 SMHI 4	1,000,000			1,000,000
	Regional K-12 SMHI 1, 2, 3, 4	14,290,660	302,145	1,658,790	16,251,595
Total K-12 Education (43.3%)		**15,290,660**	**302,145**	**1,658,790**	**17,251,595**
Total Student Mental Health Initiative		**35,312,866**	**697,759**	**3,830,918**	**39,841,544**
See Appendix 1 for full budget information and footnotes					

Higher Education

The purpose of the University and College Student Mental Program (UCSMP) is to implement training, peer-to-peer support and suicide prevention within each of the three higher education systems: University of California (UC), California State University (CSU), and California Community Colleges (CCC).

The University and College Student Mental Health Programs will be established in each of the higher education systems, University of California, California State University, and California Community Colleges, and will develop the following program components:

- Programs within each system will be designed according to the goals and values stated in the SMHI strategic plan key directions for training, peer-to-peer support and suicide prevention. Student mental health programs will be implemented to complement the two other strategic initiatives: Stigma and Discrimination Reduction and Suicide Prevention.
- Establish a formal process with county mental health for ongoing collaboration.
- Current data and studies about student MH should be used to inform SMHI implementation and prioritization of projects by the higher education systems.
- Leverage resources and build on existing models and programs (e.g., bring to scale on three campuses currently funded pilot project), consistent with Stigma & Discrimination 1.3, 1.4, 1.5, 2.1. Coordinate program with local speakers bureaus, veterans peer support, California National Guard and Department of Veterans affairs, consumer and family organizations, and community-based cultural/ethnic focused organizations.
- Employ established models for integrated crisis intervention with first responders such as QPR and CIT.
- Locate mental health services in non-traditional settings such primary care and student health centers, etc

Below is the CalMHSA Statewide PEI Summary of the Student Mental Health Initiative for Higher Education, with budget detail, “recommended actions” identified by priorities,

themes, and actions. Following the summary is a detailed budget, program description, scope of work, budget (Appendix 1) and evaluation information (Appendix 2).

Theme and Priority: Higher Education Training, Peer Support and Suicide Prevention

It is the intent of the MHSOAC that programs will be established in each of the three public higher education systems: University of California (UC), California State University (CSU), and California Community Colleges (CCC). Any college, district, multi-campus collaborative, or system within each of the three California public higher education systems would be eligible

These systems shall design and administer programs that will focus on three key strategic directions: training, peer support activities and suicide prevention. Successful applicants will demonstrate need and will emphasize culturally relevant and appropriate approaches, linkages to local community MHSA Prevention and Early Intervention plans and/or Community Services and Supports plans, and collaboration with mental health and substance abuse prevention partners.

Recommended Actions:		
1.	Training	The program would fund training activities for students, faculty, staff or administrators to raise awareness of issues of mental health and wellness on college campuses. The training would be designed to improve recognition and responses to students experiencing mental distress, to reduce stigma and discrimination against persons who become identified with mental illness, and to promote a campus environment that enhances student success providing hope, supporting resiliency, and creating a healthy learning community.
2.	Peer-to-Peer Support	These activities would focus on mutual support, promoting acceptance of cultural diversity, disability, empowerment strategies, and reduction of the stigma associated with mental illness. Peer-to-peer services instill hope while teaching successful coping strategies and relaying information about

		how to navigate health and mental health systems. Such programs could also effectively address issues of trauma, loss, identity, relationships, homesickness, and achievement pressure and would provide mental health and emotional support that are defined useful by students themselves.
3.	Suicide Prevention	These programs would be designed utilizing the resources and best-practices of the MHSA suicide prevention efforts or knowledge of the assigned workgroup but would focus specifically on addressing the unique needs, vulnerabilities and risk factors of university and college students, and would bring suicide prevention resources directly onto campuses to raise their profile among students and to make them as accessible, relevant and effective as possible.
4.	Scope of Work	The scope of work will be provided in the RFP for Recommended Action: SMHI 1.
5.	Program Evaluation	Each CalMHSA Statewide PEI prevention program shall propose how and with what methods it will evaluate effectiveness and outcomes. Each program will provide data for the Statewide evaluation that will include baseline information on Suicide incidence and prevalence. Ultimately each program will comply with data requests for the Statewide evaluation of all CalMHSA-administered programs. Detailed evaluation information is provided in Appendix 2.

Program Deliverables (also see Appendix 2):
Successful applicants shall design and administer programs that will focus on three key strategic directions: training, peer support activities and suicide prevention; and will demonstrate need and will emphasize culturally relevant and appropriate approaches, linkages to local community MHSA Prevention and Early Intervention plans and/or Community Services and Supports plans, and collaboration with mental health and substance abuse prevention partners.

Kindergarten – Twelfth Grade

The purpose of the Kindergarten to Twelfth Grade Student Mental Health Program (K - 12 SMHIP) is to provide school-based programs, systems and policy developments, education and training, and technical assistance in schools districts. The long-term goal is that programs will be established in each of the California's eleven superintendent regions. Programs within each region will be designed according to the goals and values stated in the SMH strategic plan key directions for school-based programs: systems and policy developments, education and training, and technical assistance.

Below is the CalMHSA Statewide PEI Summary of the Student Mental Health Initiative for Kindergarten – Twelfth Grade with budget detail, "recommended actions" identified by priorities, themes, and actions. Following the summary is a detailed budget, program description, scope of work, budget and evaluation information.

Initial implementation of the Kindergarten to Twelfth Grade Student Mental Health Program may include establishing demonstration programs through the eleven County Superintendent of Schools superintendent regions to demonstrate effective and efficient models for adaptation in other regions. California's 58 County Superintendents of Schools and their respective county offices of education support the financial and academic stability of every district and school in the state. Their primary aim is to work collaboratively with school districts to ensure that every student benefits from a quality educational experience, regardless of their circumstances.

Quick Facts:

- There are 6.25 million students in California (Source: California Department of Education, Educational Demographics Office (CBEDS, 7/27/09)
- There are 1,043 districts in California
- There are 58 County Superintendents in California
- 53 County Superintendents are elected; 5 are appointed
- Appointed County Superintendents include: Los Angeles, Sacramento, San Diego, San Francisco and Santa Clara
- There are 7 single district counties in the state: Alpine, Amador, Del Norte, Mariposa, Plumas, San Francisco and Sierra

Source: CCSESA. REVISED: December 31, 2009

Map of County Superintendents' Regions

The California County Superintendents Educational Services Association (CCSESA) provides the organizational mechanism for the 58 County Superintendents of schools to design and implement statewide programs to identify and promote quality cost-effective educational practices and services, and provide support to school districts in the areas of student services, curriculum and instructional services, fiscal accountability and business services, and technology and telecommunications.

Counties Served within the County Superintendents' Regions	Profiles
Del Norte, Humboldt, Lake, Mendocino, Sonoma	Region 1
Butte, Glenn, Lassen, Modoc, Plumas, Shasta, Siskiyou, Tehama, Trinity	Region 2
Alpine, Colusa, El Dorado, Placer, Nevada, Sacramento, Sierra, Sutter, Yolo, Yuba	Region 3
Alameda, Contra Costa, Marin, Napa, San Francisco,	Region 4
Monterey, San Benito, Santa Clara, Santa Cruz	Region 5
Amador, Calaveras, San Joaquin, Stanislaus, Tuolumne	Region 6
Kings, Fresno, Madera, Mariposa,	Region 7
Kern, San Luis Obispo, Santa Barbara, Ventura	Region 8
Imperial, Orange, San Diego	Region 9
Inyo, Mono, Riverside, San Bernardino	Region 10
Los Angeles	Region 11

Source: CCSEA, December 2009.

The Statewide K-12 Program:

Responsibility for statewide systems and policy development

The Statewide K-12 Program will include establishing and sustaining an infrastructure for addressing systems and policy issues across regional programs. A statewide infrastructure would include a big picture, advisory body that may convene and staff a "Student Mental Health Policy Workgroup" that includes high level representation from, at a minimum, the Dept. of Mental Health, Dept. of Education, County Mental Health, key school districts, key mental health provider agencies, and key advocacy groups related to school health, children's mental health and special education. The staffing for this group would provide expertise in the financing of children's and school mental health, including special education. The policy work group would identify policy changes that would facilitate sustainable funding and ongoing implementation of a comprehensive system.

The Regional K-12 Program:
Responsibility for school-based programs, technical assistance, and education and training across regional programs

The School-Based Programs will provide a continuum of prevention and early intervention services including: Mental health educational programs for students that include a focus on reduction, incorporate age-appropriate suicide prevention training for the general student population, and are in alignment with state Health Education Standards.

Linkages to services, either provided on campus or otherwise, will be provided through school health centers, county departments of mental health, special education programs, and community-based organizations. Consideration for youth from communities that demonstrate a high incidence of mental health problems or where research demonstrates a high risk for specific mental health needs, for example suicide risk among African-American and Caucasian males, Asian-American females, Hispanic males and females, LGBTQ youth and Native American youth.

Use of appropriate youth peer-to-peer strategies: School-based programs may include combinations of campus-based and the use on online tools.

Technical assistance: Programs may provide technical assistance through a qualified intermediary that can bring together expertise through contracts with various organizations based on the needs of the funded programs.

Education and Training: This component should be designed in conjunction with the school-based program. The technical assistance process can inform ongoing planning for school staff education and training.

Theme and Priority: School-Based Programs, Systems and Policy Developments, and Education and Training

Successful applicants will demonstrate the capability to design and administer programs that address the systemic challenges in providing a comprehensive approach to student mental health and well-being. School-based mental health interventions and programs that have been proven effective shall be identified and combined into a comprehensive student mental health program.

1. School-Based Programs: Schools/districts funded under the SMHI should provide a continuum of prevention and early intervention services including:

	Efforts that foster supportive school climates including bullying prevention, suicide prevention, stigma reduction, and cultural awareness.
	Mental health educational programs for students that include a focus on stigma reduction, incorporate age-appropriate suicide prevention training for the general student population, and are in alignment with state Health Education Standards.
	Early identification of students with mental health concerns who seek help, including universal voluntary screenings in partnership with families and caregivers.
	Linkages to services, either provided on campus or otherwise, through school health centers, county departments of mental health, special education programs, and community-based organizations.
	Outreach and education for families that are culturally and linguistically responsive and reduce the stigma associated with accessing and using mental health services.
	Consideration for youth from communities that demonstrate a high incidence of mental health problems or where research demonstrates a high risk for specific mental health needs, for example suicide risk among African-American and Caucasian males, Asian-American females, Hispanic males and females, LGBTQ youth and Native American youth.
	Training for those personnel, like teachers, most likely to first identify potential mental health needs, which includes resources for identification, referral, and non-stigmatizing responses.
	Use of appropriate youth peer-to-peer strategies.
2.	Systems and Policy Developments: Programs funded under the SMHI should implement system and policy changes to sustain the school-based programs

described above. Changes may include:

Coordination and redirection of resources through school, district-wide, regional and/or statewide systems to create a cohesive and comprehensive system from prevention and early intervention to intervention and support for student mental health as opposed to fragmented programs.

Development of relationships between school system and county mental health departments to ensure effective referral process of students between systems and effective use of resources to avoid duplication and fill gaps.

Collaboration with community-based providers that enhance student success, for example health services, tutoring, after-school programs, or mentoring.

Development of policies within the school/district/region/state that make mental health promotion an integral part of school operations and school improvement efforts, for example disciplinary policies that are therapeutic.

Procedures for ongoing assessment of student mental health and continuous improvement of school-based programs.

Involvement of pupil services personnel, including credentialed school counselors, school psychologists, school social workers, speech-language therapists and audiologists, resource specialists, and school nurses where available, in the planning and executing of systems and policy changes.

Meet current state curriculum mandates for health and wellness.

3. Education and Training: School/district personnel should receive education and training to support the successful implementation of specific school-based programs as well as the systems and policy changes needed to sustain these programs.

4. Technical Assistance: In order to support the effective development of comprehensive student mental health programs, the SMHI will include funding for

technical assistance to support program development and implementation through the provision of resources on best practices, convening to exchange and share information and lessons learned, and access to on-site consultation to increase the effectiveness of SMHI-funded programs.

5. Scope of Work: The scope of work will be provided in the RFP for Recommended Action: SMHI 2.

6. Program Evaluation: Each CalMHSA Statewide PEI prevention program shall propose how and with what methods it will evaluate its effectiveness and outcomes. Also, each program will provide data for the Statewide evaluation that will include at least baseline information on Suicide incidence and prevalence. Ultimately each program will comply with data requests for the Statewide evaluation of all CalMHSA-administered programs. Detailed evaluation information is provided in Appendix 2.

Appendices

1. CalMHSA Budget, All Programs
2. CalMHSA Programs Evaluation
3. Initiatives with Program Deliverables, Goals and Indicators/Outcomes
4. CalMHSA Statewide PEI Implementation Plan Themes, Priorities and Recommended Actions
5. CalMHSA Stakeholder Input Process: Submissions by Organization, Individual and Locality
6. CalMHSA Stakeholders Submission Themes by Recommended Action

Appendix 1

California Mental Health Services Authority (CalMHSA)

Enclosure F and F-2

PEI Statewide Program Funding Request – Budget (Form)

		Total All Programs							
	Program	Funds Assigned At Date of Submission Encl F - #4 (1)	Prospective Members Encl F - #4 (2)	Evaluation 7.50% Encl F - #5 (3)	Enclosure F Program Total (4)	Operating Reserve 10.00% (5)	ADMIN 7.50% (6)	Info Notice 10-Phase 2 Enclosure F-2 Program Funds (7)	
Suicide Prevention									
Suicide Prevention 1									
	SPNP - SP 1.3, 1.4, 1.11, 1.12, 1.13	1,989,293	39,306	215,808	2,244,407			2,244,407	
	Regional - SP 1.5, 1.6	9,282,581	183,412	1,007,021	10,473,013			10,473,013	
Suicide Prevention 2									
	Campaign - SP 3.2, 3.3, 3.7	9,282,581	183,412	1,007,021	10,473,013			10,473,013	
	Disseminate - SP 3.8, 3.9, 3.11	995,823	19,676	108,032	1,123,531			1,123,531	
Suicide Prevention 3									
	Educate - SP 2.1, 2.2, 2.5	995,823	19,676	108,032	1,123,531			1,123,531	
Suicide Prevention 4									
	Effectiveness - SP 4.2, 4.3, 4.5, 4.6	995,823	19,676	108,032	1,123,531			1,123,531	
Total Suicide Prevention		**23,541,924**	**465,159**	**2,553,945**	**26,561,028**	**3,234,997**	**2,553,945**	**32,349,970**	25.00%
Stigma (SDR)									
SDR 1									
	CSDRP-SDR 1.1, 1.3, 1.5, 1.6, 1.7	14,796,099	392,827	1,605,154	16,794,080			16,794,080	
SDR 2									
	Awareness-SDR-2.1, 2.3, 2.4, 2.6, 2.9, 2.10	14,796,099	244,208	1,605,154	16,645,462			16,645,462	
SDR 3									
	Increase Knowledge-SDR 4.1	2,860,344	43,260	310,304	3,213,908			3,213,908	
SDR 4									
	Regs Laws-SDR 3.1, 3.4	2,860,344	17,443	310,304	3,188,092			3,188,092	
Total Stigma (SDR)		**35,312,886**	**697,739**	**3,830,918**	**39,841,542**	**4,852,496**	**3,830,918**	**48,524,955**	37.50%
Student Mental Health Initiative									
SMHI 1									
	UC-SMHI Higher Ed 1, 2, 3	6,674,069	131,871	724,043	7,529,983			7,529,983	
	CSU-SMHI Higher Ed 1, 2, 3	6,674,069	131,871	724,043	7,529,983			7,529,983	
	CCD-SMHI Higher Ed 1, 2, 3	6,674,069	131,871	724,043	7,529,983			7,529,983	
Total Higher Education Allocation		20,022,206	395,614	2,172,128	22,589,948	2,751,365	2,172,130	27,513,443	56.70%
SMHI 2									
	State K-12 SMHI 4	1,000,000			1,000,000			1,000,000	
	Regional K-12 SMHI 1, 2, 3, 4	14,290,660	302,145	1,658,790	16,251,595			16,251,595	
Total K-12 Allocation (43.3 %)		15,290,660	302,145	1,658,790	17,251,595	2,101,131	1,658,787	21,011,512	43.30%
Total Student Mental Health Initiative		**35,312,866**	**697,759**	**3,830,918**	**39,841,543**	**4,852,496**	**3,830,918**	**48,524,956**	37.50%
Total Anticipated Funds		**94,167,676**	**1,860,656**	**10,215,781**	**106,244,113**	**12,939,988**	**10,215,780**	**129,399,881**	100.00%

Prepared by: ______________________ **Telephone and e-mail:** ______________________

Background

The attached PEI Statewide Program Funding Request is provided and submitted in accordance with the Department of Mental Health (DMH) Information Notice No. 10-06 guidelines. These guidelines for Prevention and Early Intervention (PEI) Statewide Programs provide Phase I Approval for Planning Funds and Phase II approval to expend PEI Statewide Funds on program implementation. The budget on page A1.1 represents the request for funding and approval related to Phase II Expending PEI Statewide Funds on program implementation.

Total PEI Statewide Funding, as governed by DMH Information Notice No. 10-06, is $160M funded over four years ending 2012. This funding request is based on certain requirements, facts and assumptions.

1. The allocation of funding, as defined as certain limits and the maximum percent by component are (DMH Information Notice No. 10-06 defines Phase I and II):
    a. 5% planning—Phase I funds ($6.8M)
    b. 15% indirect administrative costs—Phase II funds ($20.4M)
    c. 80% direct service (inclusive of the required 10% operating reserve)—Phase II funds ($108M)
2. CalMHSA currently has 20 member counties. The projection at time of submission of this plan is 28 member counties. This detail is provided on page A1.7. The funding request is based on the projected membership and total projected funding. The summary detail is as follows:
    a. Total projected funding--$136M
    b. Phase I—$6.8M
    c. Phase II—$129M
3. The JPA Agreement legally binds the JPA to the limit of funding by member and no cost overruns allowed. Thus the contingency of funding is critical to the process.
4. We have utilized these maximum allocations as benchmarks, as well as defining limits of budget and procurement. It is, however, the intent of CalMHSA and its

members to maximize the delivery of services. As a result this allocation shall be refined as more facts develop on an on-going basis.

5. The request for funds format has been submitted to meet the requirements of DMH Information Notice No. 10-06. The documents presented are:
    a. Enclosure F and F-2 – Budget
    b. Enclosure F-1 – Budget Narrative
    c. Member Counties spreadsheet

Page A1.1 is the Funding Plan for Phase II.

B. Phase I Approval for Planning

Phase 1 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.)

The Phase I Funding requests have been requested by individual counties to be transferred to the JPA– Planning Estimate funds have been estimated on page A1.7 to be $6,810,520. Member counties posted their intent to assign funds to DMH to contract with CalMHSA for 30 days. Upon completion of 30 day posting, if no changes were made, they completed their enclosure forms, and submitted them to DMH and MHSOAC and a copy to CalMHSA.

The Phase I Planning funds are not included in the budget on page A1.1.

C. Phase 2 – Request approval to expend PEI Statewide Funds on Program Implementation

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.

The Phase II Funding requests have been estimated based on developing membership on page A1.7 to be $129,399,881 and the amount of the PEI Statewide Funding Request on the Budget Document.

The total funding of $136,210,401 ($129,399,881 + $6,810,520) is based on surveys and communications with counties regarding their participation. The estimated funding is based on an estimate and changes to funding are expected as actual membership develops. The current estimation is 85% of the total PEI Statewide Funds of $160,000,000 will participate in this implementation plan with the JPA. Prospective members are counties who have expressed the desire to join CalMHSA but are still in the process of seeking their Board of Supervisor approval.

D. State Department of Mental Health Funding Allocation Guidelines

Phase I Planning	Phase II				Total
	Program/Direct	Contingency Reserve[1]	Evaluation[2]	Admin[2]	
$6,810,520	$96,028,332	$12,939,988	$10,215,780	$10,215,780	$136,210,400
5%	70.5%	9.5%	7.5%	7.5%	100%

1. Contingency Reserve is calculated on 10% of Phase II funding request of $129,399,881. It is the intent of CalMHSA and its members to maximize the delivery of services. This reserve will be utilized for delivery of services.
2. The maximum allocation permitted by DMH to Indirect Administration services is 15%. Included in this 15% is the requirement to provide evaluation of programs. This allocation has been estimated and will be refined as facts develop.

E. Indirect Administrative Expenses

CalMHSA will comply with the DMH Guidelines for PEI Statewide Programs in managing and controlling costs for Indirect Administrative Expenses. The Indirect Administrative Expenses will be for the following purposes and estimated by percentage:

Budget Narrative

Item	%	Amount
1. General Management – General management of CalMHSA includes program oversight, administration, fiscal management and reporting, membership services, information technology, Website management.	52%	$5,312,205
2. Other Contract Services – These services will include contracting for specialized services needed for specific tasks such as request for proposal writers, regulatory compliance consulting, and other such advisory services.	10%	1,021,578
3. Legal Services – CalMHSA has retained general counsel to provide legal services for development of governing documents, continued correspondence with county counsels, compliance with public meeting laws, and counsel to the CalMHSA Board of Directors.	4%	408,631
4. Financial Audit – As required by state law, the Board shall cause to be made, by a qualified, independent individual or firm, an annual audit of the financial accounts and records of CalMHSA.	1.5%	153,237
5. Insurance Expense – CalMHSA JPA is an independent governmental entity with oversight of the governing Board of Directors. CalMHSA will prudently maintain its individual policies to protect the JPA and its Board of Directors.	2%	204,316
6. Meetings and Conferences – CalMHSA is governed by a Board of Directors and must conduct public meetings to carry out the regular business of the JPA. Conference attendance is also integral to the members maintaining and updating knowledge in mental health services.	5.5%	561,868
7. Other Expenses – Other expenses includes items such as bank charges, travel, conferences, membership development costs, and membership services associated with operating CalMHSA.	15%	1,532,367
8. Indirect Expenses Reserve – The JPA Agreement legally binds the JPA to the limit of funding and no cost overruns allowed. Thus an indirect reserve has been established to absorb budget and cost development.	10%	1,021,578
Total	100%	$10,215,780

Footnote	Column(s)	Description	
*	***(1) & (2)***	***Enclosure F – Item #4 Subcontractors/Professional Services*** The total of columns (1) and (2) of $96,023,332 has been budgeted to contract for services through request for proposal (RFP) and bid process to provide various professional services to execute the programs as described in the implementation plan. See Draft Procurement Policy in Appendix 8.	
**	***(3) & (6)***	***Indirect Administrative Costs*** For budgetary purposes CalMHSA has estimated 7.5% for operating expenses as described in items 1 through 3 below and 7.5% for evaluation of PEI statewide programs and projects as described in item 4 below.	
		(Department of Mental Health, California Mental Health Services Authority Contract No.: 09-79119-000, Exhibit B, p. 2, April 2010) See Appendix 8 of this document	A maximum of fifteen percent (15%) of any and all funds that Counties have assigned to the State and or delegated to the Contractor for the purpose of funding the development and implementation of Statewide PEI programs by Contractor can be utilized for indirect administrative costs. The Contractor may request to exceed the 15% level, if the Counties that have assigned to the State, and or delegated to the Contractor, have approved indirect administrative costs approved by the State that exceed 15%. Methodology for calculating the indirect administrative costs above 15% will be representative of the Counties who have assigned to the State, and/or delegated to the Contractor, and will be agreed upon by the Contractor and CDMH. Indirect Administrative Costs allowed for MHSA PEI Statewide programs/project include: 1) Salaries and benefits of employees who do not provide direct client services but work in accounting or budgeting or

Footnote	Column(s)	Description	
			perform centralized personnel functions. 2) Operating expenses associated with staff who do not provide direct client services. 3) The MHSA portion of the member county OMB Circular A-87 costs to the extent they are apportioned to the JPA. 4) Costs associated with evaluation of PEI Statewide programs/projects.
***	*(4)*	***Enclosure F – Disclosure Total***	
		The total estimated amount of PEI Statewide Program expenditures of $106,244,113 has been estimated as follows: A.4 Subcontract/Professional Services (Total of columns 1 and 2) $96,028,332 A.5 Evaluations 10,215,781 $106,244,113	
****	*(5)*	***Operating Reserve***	
		(Department of Mental Health, Information No.: 10-01, p. 10)	C. Operating Reserve An operating reserve of up to ten percent (10%) of the total amount requested for direct program/project expenditures and administrative costs for each component is allowed. When determining the ten percent for the operating reserve, Counties should not include any funds requested for transfer to the Local Prudent Reserve. The operating reserve may be used by Counties at any time to provide funding for unexpected increases in costs or decreases in revenues associated with previously approved programs, or unforeseen administrative costs consistent with the requirements of the applicable component and the MHSA.

Projected contributions of $136,210,400 are based on the estimated CalMHSA JPA participation. It has been projected eighty-five percent (85%) of the California Counties and two cities will participate in the administration of statewide PEI funds through CalMHSA. The participation of members and total funds is an estimate and changes to funding are expected as actual membership develops.

Funds Assigned	Planning (5%) Phase I	Program Phase II	Total PEI
Butte	$43,760	$831,440	$875,200
Colusa	5,000	95,000	100,000
Glenn	5,420	102,980	108,400
Los Angeles	2,335,680	44,377,920	46,713,600
Marin	44,480	845,120	889,600
Modoc	5,000	95,000	100,000
Monterey	91,320	1,735,080	1,826,400
Orange	666,840	12,669,960	13,336,800
Placer	54,820	1,041,580	1,096,400
Sacramento	266,360	5,060,840	5,327,200
San Bernardino	430,760	8,184,440	8,615,200
San Diego	675,340	12,831,460	13,506,800
San Luis Obispo	51,600	980,400	1,032,000
Santa Cruz	56,500	1,073,500	1,130,000
Solano	80,220	1,524,180	1,604,400
Sonoma	87,940	1,670,860	1,758,800
Stanislaus	102,040	1,938,760	2,040,800
Sutter/Yuba	30,040	570,760	600,800
Trinity	5,000	95,000	100,000
Contra Costa	183,440	3,485,360	3,668,800
Fresno	199,700	3,794,300	3,994,000
Imperial	37,500	712,500	750,000
Riverside	442,800	8,413,200	8,856,000
Ventura	166,960	3,172,240	3,339,200
Lake	11,840	224,960	236,800
Yolo	41,640	791,160	832,800
Kern	171,180	3,252,420	3,423,600
Santa Clara	385,380	7,322,220	7,707,600
Total:	**6,678,560**	**126,892,640**	**133,571,200**
Prospective Member County			
Humboldt	25,140	477,660	502,800
Kings	30,000	570,000	600,000
Mendocino	16,400	311,600	328,000
Napa	24,220	460,180	484,400
El Dorado	29,040	551,760	580,800
Siskiyou	7,160	136,040	143,200
	131,960	**2,507,240**	**2,639,200**
Projected Total	**$6,810,520**	**$129,399,880**	**$136,210,400**

CalMHSA Initiatives with Program Deliverables, Goals, and Indicators/Outcomes

Section A. CalMHSA Strategic Plan on Suicide Prevention

Priority 1: Create a System of Suicide Prevention

The purpose of the statewide Suicide Prevention Network Program (SPNP) will shall to serve as the focal point for Statewide Suicide prevention activities, establish partnerships across systems and disciplines, convene working groups, develop and disseminate resources, promote programs that reduce or eliminate service gaps to underserved racial and ethnic populations, and implement educational, promotional, and best practice strategies to prevent suicide in California. This System will consist of the following 4 activities:

Suicide Prevention Recommended Actions:

Recommended Action SR 1.3:

Develop a network of public and private organizations to develop and implement strategies to prevent suicide.

Program Deliverables: An RFP will be created to implement the following deliverables

- Create a statewide suicide prevention network
- Engage a broad spectrum of partners, including the business community, multicultural and community-based organizations, community gatekeepers, etc.
- Develop a comprehensive assessment of suicide prevention resources and gaps
- Provide technical assistance to local Suicide Prevention Lines
- Develop culturally specific suicide prevention trainings
- Convene state and regional forums and symposiums on Suicide Prevention

Goals:

Reduce suicide rates in California by 100%.

Improve early identification, early intervention and referral for at-risk suicidal behaviors.

Improve referrals for at-risk suicidal behaviors.

Recommended Action SR-1.4

Convene and facilitate topic-specific working groups that will address specific populations and issues, and develop, adapt, and disseminate resources and other materials that address the topics

Program Deliverables:

- Convene topic-specific workgroups
- Identify, develop, adapt, and disseminate resources
- Organize and facilitate collaborative learning opportunities at multiple levels and across disciplines and service systems
- Identify Gatekeepers models to provide education and training

Goals:
Develop collaborative suicide prevention models
Ensure that the delivery of services reflects integration among systems providing crisis intervention, including health, mental health, aging and long-term care, social services, first responders, and hotlines.

Recommended Action 1.12:
Integrate suicide prevention programs into kindergarten through grade twelve (K-12) and higher education institutions, existing community-based services for older adults, employee assistance programs and the workplace, and the criminal and juvenile justice systems
Program Deliverables:

- Increase the availability of mental health and suicide prevention services on college campuses.
- Increase the capacity of school programs to build resiliency among students by adopting curricula that teach problem-solving skills, coping, and support-seeking strategies.
- Develop strategies to reach out to those who are at high risk of
- Integrate suicide prevention into work settings for adults who may be at risk but not likely to seek out mental health services
- Develop strategies to address suicide prevention among veterans.

Goals:
Increase the number of mental health and suicide prevention programs that are school-based
Enhance the capacity to build resiliency among students by adopting curricula that addresses problem-solving skills, coping, and support-seeking strategies
Increase the number of organizations that Integrate suicide prevention into workplace settings
Increase the availability of mental health and suicide prevention services on college campuses
Increase the number of local partnerships between and within the criminal justice system and the local community

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Evaluation of Program Priority One: Create a System of Suicide Prevention
Suicide Prevention Network Program (SPNP), Multi-Level Outreach and Engagement Program, and the Kindergarten – 12th Grade + Suicide Prevention Program
Potential Outcomes, Individual/Family
For prevention activities:
Increased knowledge of social, emotional and behavioral issues
Increased knowledge of risk and resilience/protective factors
For early intervention activities:
Enhanced resilience and protective factors

Increased Help-Seeking and Referrals from Consumers and their Family Members
Improved mental health status
Improved school performance
Increased social support
Increased appropriate help-seeking

Potential Outcomes, Program/System
Changes in non mental health partner organizations/systems:
Enhanced capacity of organizations to provide suicide prevention and early intervention programs
Increase in number of organizations providing suicide prevention and early intervention programs and/ or activities
Increase in number of organizations integrating suicide prevention and early intervention activities into current program efforts

Each CalMHSA Statewide PEI prevention program applicant shall propose how and with what methods it will evaluate its effectiveness and outcomes. Also, each program will provide data for the statewide evaluation that will include at least baseline information on Suicide incidence and prevalence. Ultimately each program will comply with data requests for the statewide evaluation of all CalMHSA-administered programs.

Priority 2: Educate Communities to Take Action to Prevent Suicide

The purpose of the Social Marketing Suicide Prevention Campaign Program is to raise awareness that suicide is preventable, and support help-seeking behaviors by improving media presentation of mental illness and suicide through electronic and print media messages, and through media education. This Campaign consists of the following 3 activities:
Suicide Prevention Recommended Actions:
Recommended Action: SP 3.2
Coordinate the suicide prevention education campaign with any existing social marketing campaign.

Program Deliverables: An RFP will be created to implement the following deliverables:

- Identify and implement population-specific strategies that promote suicide prevention
- Develop and implement an age-appropriate, multi-language education campaign.
- Develop local suicide prevention education campaigns as well as coordinate campaigns to complement other local and national anti-stigma campaign

Goals:
Increase public awareness through anti-stigma education and sensitivity through collaborative social marketing and education campaign efforts.

Increase the likelihood for individuals to seek help for a mental health need by reducing the associated stigma through population-specific strategies that promote suicide prevention.

<u>Recommended Action 3.3</u>
Engage the news media and the entertainment industry to educate them on standards and guidelines to promote balanced and informed portrayals of suicide, mental illness, and mental health services that support suicide prevention efforts.

Program Deliverables: An RFP will be created to implement the following deliverables:

- Create ongoing relationships with local media contacts and local entities
- Provide media contacts with education and information about balanced messages related to coverage of suicide

Goal:
Improve the way in which the news media and the entertainment industry portrays suicide incidents through engagement and education of media contacts.

<u>Recommended Action 3.7</u>
Create opportunities to promote greater understanding of the risks and protective factors related to suicide and how to get help by engaging and educating local media about their role in promoting suicide prevention and adhering to suicide reporting guidelines.

Program Deliverables: An RFP will be created to implement the following deliverables:

- Create ongoing relationships with local media contacts
- Include local media contacts in efforts to develop suicide prevention education campaigns
- Disseminate suicide prevention-related information and resources to local media contacts

Goal:
Improve the way in which the news media and the entertainment industry portrays suicide incidents through engagement and education of media contacts.

Evaluation of Program: Priority Two. Educate Communities to Take Action to Prevent Suicide:
Recommended Actions SP 3.2, SP 3.3, and SP 3.7
Regional and Local Suicide Prevention Capacity-Building Program

Outcomes/Indicators: Coordinated suicide prevention campaigns, an informed and engaged local media, collaborative learning opportunities that include local media contacts who understand their role in promoting suicide prevention.

Each CalMHSA Statewide PEI prevention program applicant shall propose how and with what methods it will evaluate its effectiveness and outcomes. Also, each program will provide data for the Statewide evaluation that will include at least baseline information on Suicide incidence and prevalence. Ultimately each program will comply with data requests for the Statewide evaluation of all CalMHSA-administered programs.

Priority 2: Educate Communities to Take Action to Prevent Suicide

The purpose of the Statewide Suicide Prevention Information and Dissemination Campaign Education Program will be to provide family, peer, and consumer education through evidence-based Gatekeeper training models, and to incorporate and build capacity for peer support and peer support service models. The development of program curriculum shall target professionals across systems and disciplines, and may also connect with the higher education initiative. This program consists of the following 3 activities:
Suicide Prevention Recommended Actions:
<u>Recommended Action 3.8</u>
Educate family members, caregivers, and friends of those who have attempted suicide, individuals who have attempted suicide, and community members to recognize, appropriately respond to, and refer people demonstrating acute warning signs
Program Deliverables: An RFP will be created to implement the following deliverables:

- Provide family, peer, and consumer education through evidence-based Gatekeeper training models
- Identify and implement population-specific strategies that promote suicide prevention

Goal:
Increase suicide prevention and risks and warning signs education to family, peer and consumer populations

<u>Recommended Action 3.9</u>
Promote and provide suicide prevention education for community gatekeepers.

Program Deliverables: An RFP will be created to implement the following deliverables:

- Conduct regional train-the-trainer gatekeeper training
- Support and promote gatekeeper models as an effective strategy of reaching high risk individuals

Goal: Promote suicide prevention and risks awareness and greater understanding locally and regionally through train-the-trainer gatekeeper models.

<u>Recommended Action 3.11</u>
Incorporate and build capacity for peer support and peer-operated services models, such as peer warm lines and peer-run crisis respite centers, as a part of suicide prevention and follow-up services.

Program Deliverables: An RFP will be created to implement the following deliverables:

- Incorporate and build capacity for peer support and peer-operated services models as a part of suicide prevention and follow-up services.
- Develop a "how to" manual for sustaining survivor support groups locally, including information about funding, training, 501c3 status, and sustainability

Goal: Incorporate and build capacity for peer support and peer-operated service models.

Evaluation of Program: Priority Two. Educate Communities to Take Action to Prevent Suicide

Recommended Actions SP 3.8, SP 3.9, and SP 3.11

Outcomes/Indicators: Informed community and appropriate response to individuals demonstrating suicide warning signs; increased number of trained Gatekeepers, and enhanced capacity for peer support and peer-operated service models, increased number of high risk individuals with access to suicide prevention education and peers who have been trained through Gatekeeper Suicide Prevention Models.

Each CalMHSA Statewide PEI prevention program applicant shall propose how and with what methods it will evaluate its effectiveness and outcomes. Also, each program will provide data for the Statewide evaluation that will include at least baseline information on Suicide incidence and prevalence. Ultimately each program will comply with data requests for the Statewide evaluation of all CalMHSA-administered programs.

Priority 3: Implement Training and Workforce Enhancements to Prevent Suicide

The purpose of the Suicide Prevention Training and Workforce Enhancement Program (SPTWEP) will be to develop and implement service and training guidelines to promote effective and consistent suicide prevention, early identification, referral, intervention, and follow-up care across all service providers. The development of program curriculum shall target professionals across systems and disciplines, and might also connect to the higher education initiative). This program consists of the following 3 activities:
Suicide Prevention Recommended Actions:
Recommended Action 2.1
Convene expert workgroups to recommend, develop, disseminate, broadly promote, and evaluate suicide prevention service and training guidelines and model curricula for targeted service providers, including peer support providers, in California.
Program Deliverables: An RFP will be created to implement the following deliverables:

- Provide family, peer, and consumer education through evidence-based Gatekeeper training models

- Identify and implement population-specific strategies that promote suicide prevention
- Educate family, friends and community members about the warning signs of mental health problems and suicide risk

Goal:
Increase suicide prevention and risks and warning signs education to family, peer and consumer populations

<u>Recommended Action 2.2</u>
Expand opportunities for suicide prevention training for selected occupations and facilities through long-term approaches, such as embedding suicide prevention training in existing licensing, credentialing, and graduate programs.

Program Deliverables
- Develop program curriculum shall target professionals across systems and disciplines
- Address professionals across systems and disciplines in their curriculum development efforts. At a minimum, occupations selected for guidelines and curricula development and training should include:
    - Primary care providers, including physicians and mid-level practitioners
    - First responders, including police officers and sheriffs, emergency department staff and emergency medical technicians
    - Licensed mental health and substance abuse treatment professionals and staff in outpatient and community-based settings as well as psychiatric facilities
    - Social workers and other staff in older adult programs, in-home support services, adult and child protective services, and foster care
    - Adult and juvenile system correction officers and probation and parole officers
    - Administrators and faculty in elementary, middle, and high schools and colleges and universities

Goal:
Expand opportunities for suicide prevention training
Increase number to trained professional across disciplines, across professions and systems.

<u>Recommended Action 2.5:</u>
Increase the priority of suicide prevention training through outreach and by disseminating, tailoring, and enhancing state training guidelines as necessary to meet local needs.

Program Deliverable:
- Develop and implement service and training guidelines
- Assess current criteria and standards for service and training that address suicide prevention, early intervention, treatment, and follow-up care

- Develop statewide standards and guidelines for specific populations and settings

Goals:
Enhance statewide training guidelines for specific populations and raise the priority of suicide training towards meeting local needs.

Outcomes/Indicators: Informed community and appropriate guidelines to support statewide training; individuals demonstrating suicide warning signs; increased number of trained professionals, gatekeepers, etc.

Each CalMHSA Statewide PEI prevention program applicant shall propose how and with what methods it will evaluate its effectiveness and outcomes. Also, each program will provide data for the Statewide evaluation that will include at least baseline information on Suicide incidence and prevalence. Ultimately each program will comply with data requests for the Statewide evaluation of all CalMHSA-administered programs

Priority 4: Improve Suicide Prevention Program Effectiveness and System Accountability
The purpose of the Suicide Prevention Evaluation and Accountability Program is to improve data collection, surveillance, and program evaluation and launch a research agenda to design responsive policies and effective programs to reduce the impact of suicide in diverse populations.

<u>Recommended Actions: SP 4.2, 4.3, 4.5, and 4.6</u>

- Test and adapt evidence-based practices.
- Identify or develop methodologies for evaluating suicide prevention interventions, including community-based participatory research methods.
- Provide training and technical assistance on program evaluation to the counties and local partners.
- Develop methodologies to promote the evaluation of promising community models to build their evidence base.
- Increase local capacity for data collection, reporting, surveillance, and dissemination.
- Build local capacity to evaluate suicide prevention programs, including community-based participatory research methods
- Use evaluation results to make program improvements.

These actions shall be included in a statewide evaluation RFP with expectations of data collection for each program.

Program Deliverables:
- Develop new evidence-based practices from community promising practices; and formally adapt evidence-based practices for specific populations

- Design and implement a suicide prevention program evaluation component to track, monitor and report statewide efforts

- Improve data collection, surveillance and reporting to better understand specific populations, suicide trends, and the impact of protective factors and risk factor in diverse populations

- Provide technical assistance for the development of evaluation activities that support the Scopes of Work of CalMHSA providers and organizations.

Goals:
The Priority 4, Improve Suicide Prevention Program Effectiveness and System Accountability, and recommended actions SP 4.2, 4.3, 4.5, and 4.6are expected to improve data collection, surveillance, improve program evaluation and successfully launch a research agenda to design responsive policies and effective programs to reduce the impact of suicide in diverse populations.

Section B. CalMHSA California Plan on Stigma and Discrimination Reduction

Priority One: Create a Supportive Environment for Consumers, Family and others that crosses a lifespan focus

The purpose of the mental well-being initiative is to create a supportive environment for all consumers and those at risk for mental health challenges, family members, and the community at large, establishing social norms that recognize mental health is integral to everyone's well-being. This program will consist of the following 5 activities:

Recommended Actions: 1.1
Create widespread understanding and recognition within the pubic and across all systems that people at different points in their lives experience different degrees of mental health from wellness to crisis; and persons living with mental health challenges have resilience and the capacity for recovery.

Recommended Action: 1.3
Create opportunities and forums for strengthening relationships between consumers, family members and the larger community

Recommended Action: 1.5
Recognize peer run and peer led programs as an important means for reducing stigma.

Recommended Action: 1.6
Address the multiple stigmas of persons living with mental health challenges who are also faced with discrimination based on their race, ethnicity, age, sex, sexual orientation, gender identity, physical disability, or other societal biases.

<u>Recommended Action: 1.7</u>
Provide increased support for those closely involved with the lives of individuals facing mental health challenges.

Program Deliverables:

- Form a local coalition of diverse representatives, including those with mental health challenges
- Launch a community action plan
- Develop messages and relevant materials for the public
- Change consumer information to reflect and reinforce recovery, resilience, and wellness.
- Assess existing print and electronic media on mental health challenges and emotional disturbances
- Simplify and promote available, reliable Web resources
- Rely on mental health consumers and family members to raise awareness of the importance of mental health across the lifespan
- Identify how everyday language reinforces stigma and discrimination
- Confront stigmatizing messages from individuals, groups, organizations, and the media.

Programs that provide peer run and peer led programs are an important means for reducing stigma. Program interventions may:

- Assess, develop, and disseminate information on peer-run and peer-led programs and social support models.
- Work with local and statewide organizations
- Develop local speaker bureaus, presentations, and forums.
- Promote education and skill-based training for consumer and family empowerment
- Utilize technology and other advancements to support groups or individuals who are geographically or emotionally isolated.
- Enhance the skills of peers to be more effective trainers of mental health staff
- Create training and advancement opportunities
- Develop a peer-to-peer network of support for veterans

To address the multiple stigmas of persons living with mental health challenges who are also faced with discrimination, with efforts to:

- Disseminate successful models that have been identified by cultural communities
- Work with racial and ethnic community groups
- Educate substance abuse providers and mental health providers.

Applicants may address increased support for those closely involved with the lives of individuals facing mental health challenges, with efforts to:

- Apply innovative information technologies that will allow parents and caregivers to obtain accurate information, guidance, and referrals to seek needed services.

- Identify non-traditional community locations to distribute information on available mental health resources for populations across the lifespan and in underserved ethnic, racial and cultural populations.

Goal:
Create a supportive environment for all consumers and those at risk for mental health challenges, and for family and community members; establish social norms that recognize mental health is integral to everyone's well-being; and create anti-stigma programs for widespread understanding and recognition within the pubic and across all systems.

Indicators/Outcomes: Supportive consumer and family environment; and change in social norms reflecting recognition of mental health as integral to everyone's well-being. Developed anti-stigma programs create widespread understanding of mental health challenges and suicide risk and prevention

Priority Two: Promote Awareness, Accountability and Change

The purpose of this program is to promote awareness, accountability, and changes in values, practices, policies, and procedures across and within systems and organizations that encourage the respect and rights of people identified with mental health challenges. This program will consist of the following 6 activities:

<u>Recommended Action 2.1</u>
Initiate systematic reviews to identify and address stigmatizing and discriminatory language, behaviors, practices, and policies.

<u>Recommended Action 2.3</u>
Ensure that mental health services are offered in non-traditional, non-stigmatizing community and school sites.

<u>Recommended Action 2.4</u>
Create a more holistic and integrated approach to physical health and mental wellness by promoting integrative delivery models of mental health, primary health care, and social services; achieving parity between medical and mental health services in terms of coverage and financing; and utilizing spirituality and faith-based practices as tools for wellness and recovery.

<u>Recommended Action 2.6</u>
Educate employers on the importance of mental health wellness for all employees.

<u>Recommended Action 2.9</u>
Engage and educate the commercial, ethnic, public/ community, and interactive media, as well as the entertainment industry, on standards and guidelines to promote balanced

and informed portrayals of people living with mental health challenges; and ways to serve as a resource for communicating accurate anti-stigma information to the public on mental health issues and community resources.

Recommended Action 2.10
Promote and enhance initiatives, programs, and curricula to change school cultures and increase social inclusion and social acceptance.

Program Deliverables:

- Support ethnic diversity and cultural competency training
- Train mental health and system partner staff on stigma and discrimination reduction
- Support training for mental health and system partner staff and staff of system partners that serve populations across the lifespan and underserved ethnic and racial communities

To create a more holistic and integrated approach to physical health and mental wellness, applicants might:

- Sponsor local and statewide programs to support medical practitioners
- Screen for and address both mental and medical needs of individuals entering a mental health facility
- Train providers on the value of spirituality in the wellness and recovery process
- Educate employers on the importance of mental health wellness for all employees
- Engage and educate the commercial, ethnic, public/community, and interactive media, as well as the entertainment industry
- Promote and enhance initiatives, programs, and curricula to change school cultures and increase social inclusion and social acceptance

Goal: Promote greater awareness, accountability, and changes in values, practices, policies, and procedures across and within systems and organizations and with consumers and stakeholder involvement throughout, create holistic and integrated approaches to physical and mental wellness

Evaluation of Program: Priority Two. Educate Communities to Take Action to Prevent Suicide: SDR 2.1, 2.3, 2.4, 2.6, 2.9, and SDR 2.10

Recommended Actions Indicators/Outcome: Greater system, organization awareness, accountability, and changes in values, practices, policies, and procedures across and within systems and organizations that encourage the respect and rights of people identified with mental health challenges.

Each CalMHSA Statewide PEI prevention program applicant shall propose how and with what methods it will evaluate its effectiveness and outcomes. Also, each program will provide data for the Statewide evaluation that will include at least baseline information on Suicide incidence and prevalence. Ultimately each program will comply

with data requests for the Statewide evaluation of all CalMHSA-administered programs. Detailed evaluation information is provided in Appendix B.

Priority 3: Increase Knowledge of Effective and Promising programs that Reduce Stigma

The purpose of this program is to increase knowledge of effective and promising programs and practices that reduce stigma and discrimination using methods that include community-led approaches.

<u>Recommended Action: SDR 4.1</u>
The purpose of this program is to increase knowledge of effective and promising programs and practices that reduce stigma and discrimination using methods that include community-led approaches.

Program Deliverable:

- Development of incentives to build partnerships between academic research and community-based research
- Providing assistance to counties in developing anti-stigma and anti-discrimination programs
- Utilizing multi-disciplinary research techniques to guide research on the diversity of forms of mental health stigma and discrimination
- Identifying research techniques on the evaluation of anti-stigma programs for local use

Goal:
Increase in partnerships between academic and community-based research, and increase in use of effective and promising programs, all leading to reduced stigma and discrimination.

Evaluation of Program: Priority Two. Educate Communities to Take Action to Prevent Suicide: SDR 4.1.

Indicators/Outcome: Greater system, organization awareness, collaborations, use of community-led approaches, and increased use of identified effective and promising practices that lead to reduced stigma and discrimination.

Each CalMHSA Statewide PEI prevention program applicant shall propose how and with what methods it will evaluate its effectiveness and outcomes. Also, each program will provide data for the Statewide evaluation that will include at least baseline information on Suicide incidence and prevalence. Ultimately each program will comply with data requests for the Statewide evaluation of all CalMHSA-administered programs. Detailed evaluation information is provided in Appendix B.

Priority 4: Uphold and advance federal and state laws to support the elimination of discriminatory practices

The purpose of this program is to uphold and advance federal and state laws to identify and eliminate discriminatory policies and practices. This program will consist of the following 2 activities:

<u>Recommended Action 3.1</u>
Increase awareness and understanding of existing laws and regulations that protect individuals living with mental health challenges and their family members against discrimination.

<u>Recommended Action 3.4</u>
Develop policies and mechanisms within the criminal justice system to more appropriately meet the needs of individuals with mental health challenges, including those located in in-patient psychiatric facilities.

Program Deliverables:

- Assess existing laws, policies or procedures are complied with, or enforced.
- Increase awareness and understanding of existing laws and policies
- Widely disseminating user-friendly fact sheets with contact information for education and training purposes
- Review federal and state regulations that support mental health services in non-traditional settings to reduce stigma

Goals:
Development of policies and mechanisms within the criminal justice system to more appropriately meet the needs of individuals with mental health challenges

Evaluation of Program Priority 4: Uphold and advance federal and state laws to support the elimination of discriminatory practices

Indicators/Outcome: Improved criminal justice system capability to meet needs of individuals with mental health challenges due to improved policies and mechanisms that support and appropriately address mental health challenges and help eliminate discriminatory practices.

Each CalMHSA Statewide PEI prevention program applicant shall propose how and with what methods it will evaluate its effectiveness and outcomes. Also, each program will provide data for the Statewide evaluation that will include at least baseline information on Suicide incidence and prevalence. Ultimately each program will comply with data requests for the Statewide evaluation of all CalMHSA-administered programs. Detailed evaluation information is provided in Appendix B.

C. CA Strategic Plan for the Student Mental Health Initiative

The strategic plan for Student Mental Health Initiative contains recommended actions that complement each other so well that they are not prioritized. Instead, it is planned for all actions to be implemented. The format below is tailored for SMHI and is somewhat different than the formats in the previous sections for Suicide Prevention (SP) and Stigma and Discrimination Reduction (SDR). Refer directly to section C for recommended actions, deliverables, budget and evaluation of the Strategic Plan for the Student Mental Health Initiative.

Section A. CalMHSA Strategic Plan on Suicide Prevention

Priority 1: Create a System of Suicide Prevention

The purpose of the statewide Suicide Prevention Network Program (SPNP) will shall to serve as the focal point for Statewide Suicide prevention activities, establish partnerships across systems and disciplines, convene working groups, develop and disseminate resources, promote programs that reduce or eliminate service gaps to underserved racial and ethnic populations, and implement educational, promotional, and best practice strategies to prevent suicide in California. This System will consist of the following 4 activities:

Suicide Prevention Recommended Actions:
<u>Recommended Action SR 1.3:</u> Develop a network of public and private organizations to develop and implement strategies to prevent suicide. Program Deliverables: An RFP will be created to implement the following deliverables • Create a statewide suicide prevention network • Engage a broad spectrum of partners, including the business community, multicultural and community-based organizations, community gatekeepers, etc. • Develop a comprehensive assessment of suicide prevention resources and gaps • Provide technical assistance to local Suicide Prevention Lines • Develop culturally specific suicide prevention trainings • Convene state and regional forums and symposiums on Suicide Prevention Goals: Reduce suicide rates in California by 100%. Improve early identification, early intervention and referral for at-risk suicidal behaviors. Improve referrals for at-risk suicidal behaviors.
<u>Recommended Action SR-1.4</u> Convene and facilitate topic-specific working groups that will address specific populations and issues, and develop, adapt, and disseminate resources and other materials that address the topics Program Deliverables: • Convene topic-specific workgroups

- Identify, develop, adapt, and disseminate resources
- Organize and facilitate collaborative learning opportunities at multiple levels and across disciplines and service systems
- Identify Gatekeepers models to provide education and training

Goals: Develop collaborative suicide prevention models
Ensure that the delivery of services reflects integration among systems providing crisis intervention, including health, mental health, aging and long-term care, social services, first responders, and hotlines.

Recommended Action 1.11:
Deliver services that reflect integration among systems providing crisis intervention, including health, mental health, aging and long-term care, social services, first responders, and hotlines. Establish formal partnerships that foster communication and coordinated service delivery among providers from different systems that provide services to populations across the lifespan and underserved, racial, ethnic and cultural communities.

Program Deliverables: An RFP will be issued specifying the following as deliverables:
Establish and convene of the Multi-Level Outreach and Engagement Program to identify and develop culturally appropriate outreach and engagement activities and diagnosis and treatment strategies
Teach suicide risk and “recognize and intervene’ strategies and skills in a variety of personnel systems and community environments
Facilitate collaborative learning opportunities locally and across a diversity of disciplines
Establish and participate in formal partnerships that foster communication and coordinated service delivery among providers from different systems

Goals: Reduce disparities in the availability, accessibility, and quality of services for racial, ethnic, and
cultural groups that have been historically underserved.
Train personnel across many disciplines and systems who are in key positions to recognize and
intervene when suicide risk is present.

Recommended Action 1.13:
Develop and promote programs that appropriately reduce or eliminate service gaps for historically underserved racial and ethnic groups and other at-risk populations.

Program Deliverables:
- Identify and develop culturally appropriate outreach and engagement activities and diagnosis and treatment strategies
- Identify and implement innovative outreach and intervention strategies that specifically target historically underserved racial and ethnic groups and other at-

risk populations

Goals: Improve outreach and engagement activities and diagnosis and treatment strategies for cultural communities.
Increase the number of innovative outreach and intervention strategies for underserved racial and
ethnic groups and other at-risk populations.

Recommended Action 1.12:
Integrate suicide prevention programs into kindergarten through grade twelve (K-12) and higher education institutions, existing community-based services for older adults, employee assistance programs and the workplace, and the criminal and juvenile justice systems

Program Deliverables:

- Increase the availability of mental health and suicide prevention services on college campuses.
- Increase the capacity of school programs to build resiliency among students by adopting curricula that teach problem-solving skills, coping, and support-seeking strategies.
- Develop strategies to reach out to those who are at high risk of
- Integrate suicide prevention into work settings for adults who may be at risk but not likely to seek out mental health services
- Develop strategies to address suicide prevention among veterans.

Goals: Increase the number of mental health and suicide prevention programs that are school-based
Enhance the capacity to build resiliency among students by adopting curricula that addresses problem-solving skills, coping, and support-seeking strategies
Increase the number of organizations that Integrate suicide prevention into workplace settings
Increase the availability of mental health and suicide prevention services on college campuses
Increase the number of local partnerships between and within the criminal justice system and the local community

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Evaluation of Program Priority One. Create a System of Suicide Prevention
Suicide Prevention Network Program (SPNP), Multi-Level Outreach and Engagement Program, and the Kindergarten – 12th Grade + Suicide Prevention Program

Potential Outcomes, Individual/Family
For prevention activities:
Increased knowledge of social, emotional and behavioral issues

Increased knowledge of risk and resilience/protective factors
For early intervention activities:
Enhanced resilience and protective factors
Increased Help-Seeking and Referrals from Consumers and their Family Members
Improved mental health status
Improved school performance
Increased social support
Increased appropriate help-seeking

Potential Outcomes, Program/System
Changes in non mental health partner organizations/systems:
Enhanced capacity of organizations to provide suicide prevention and early intervention programs
Increase in number of organizations providing suicide prevention and early intervention programs and/ or activities
Increase in number of organizations integrating suicide prevention and early intervention activities into current program efforts

Each CalMHSA Statewide PEI prevention program applicant shall propose how and with what methods it will evaluate its effectiveness and outcomes. Also, each program will provide data for the statewide evaluation that will include at least baseline information on Suicide incidence and prevalence. Ultimately each program will comply with data requests for the statewide evaluation of all CalMHSA-administered programs.

SP 1.3	Develop a network of statewide public and private organizations to develop and implement strategies to prevent suicide.
SP 1.4	Convene and facilitate topic-specific working groups that will address specific populations and issues, and develop, adapt, and disseminate resources and other materials that address the topic.
SP 1.5	Expand the number and capacity of accredited suicide prevention hotlines based in California by assisting with the accreditation process at the local level, and enact policies that make establishing and maintaining suicide prevention accreditation a condition of public funding for suicide prevention hotlines.
SP 1.6	Create a statewide consortium of suicide prevention hotlines. Explore opportunities to expand the reach of accredited suicide prevention hotlines through other communication means or technology such as web sites.
SP 1.11	Deliver services that reflect integration among systems providing crisis intervention, including health, mental health, aging and long-term care, social services, first responders, and hotlines. Establish formal partnerships that foster communication and coordinated service delivery among providers
SP 1.12	Integrate suicide prevention programs into kindergarten through grade twelve (K-12) and higher education institutions, existing community-based services for older adults, employee assistance programs and the workplace, and the criminal and juvenile justice systems.
SP 1.13	Develop and promote programs that appropriately reduce or eliminate service gaps for historically underserved racial and ethnic groups and other at-risk populations.

Theme and Priority Two: Educate Communities to Take Action to Prevent Suicide

Recommended Actions:

SP 3.2	Coordinate the suicide prevention education campaign with any existing social marketing campaign designed to eliminate stigma and discrimination toward individuals with mental illness and their families.
SP 3.3	Engage the news media and the entertainment industry to educate them on standards and guidelines to promote balanced and informed portrayals of suicide, mental illness, and mental health services that support suicide prevention efforts.
SP 3.7	Create opportunities to promote greater understanding of the risks and protective factors related to suicide and how to get help by engaging and educating local media about their role in

	promoting suicide prevention and adhering to suicide reporting guidelines.
SP 3.8	Educate family members, caregivers, and friends of those who have attempted suicide, individuals who have attempted suicide, and community helpers to recognize, appropriately respond to, and refer people demonstrating acute warning signs.
SP 3.9	Promote and provide suicide prevention education for community gatekeepers.
SP 3.11	Incorporate and build capacity for peer support and peer-operated services models, such as peer warm lines and peer-run crisis respite centers, as a part of suicide prevention and follow-up services.

Theme and Priority Three: Implement Training and Workforce Enhancements to Prevent Suicide

Recommended Actions:

SP 2.1	Convene expert workgroups to recommend, develop, disseminate, broadly promote, and evaluate suicide prevention service and training guidelines and model curricula for targeted service providers, including peer support providers, in California.
SP 2.2	Expand opportunities for suicide prevention training for selected occupations and facilities through long-term approaches, such as embedding suicide prevention training in existing licensing, credentialing, and graduate programs.
SP 2.5	Increase the priority of suicide prevention training through outreach and by disseminating, tailoring, and enhancing state training guidelines as necessary to meet local needs.

Theme and Priority Four: Improve Suicide Prevention Program Effectiveness and System Accountability

Recommended Actions:

SP 4.2	Test and adapt evidence-based practices as necessary for effectiveness in a variety of community settings and among diverse population groups.
SP 4.3	Identify or develop methodologies for evaluating suicide prevention interventions, including community-based participatory research methods, and provide training and technical assistance on program evaluation to the counties and local partners. Develop methodologies to promote the evaluation of promising community models to build their evidence base. Use an inclusive process that considers cultural approaches, such as traditional healing practices and measures that are relevant to target communities.
SP 4.5	Increase local capacity for data collection, reporting, surveillance, and dissemination to inform prevention and early intervention program development and training.
SP 4.6	Build local capacity to evaluate suicide prevention programs, including community-based participatory research methods, and use the results to make program improvements.

B. Stigma and Discrimination Reduction: Statewide Program Activities

Theme and Priority One: Creating a supportive environment for all consumers and those at risk for mental health challenges, family members, and the community at large, establishing social norms that recognize mental health is integral to everyone's well-being.

Recommended Actions:

SDR 1.1	Create widespread understanding and recognition within the pubic and across all systems that people at different points in their lives experience different degrees of mental health from wellness to crisis; and persons living with mental health challenges have resilience and the capacity for recovery.
SDR 1,3	Create opportunities and forums for strengthening relationships between consumers, family members and the larger community.
SDR 1.5	Recognize peer run and peer led programs as an important means for reducing stigma.
SDR 1.6	Address the multiple stigmas of persons living with mental health challenges who are also faced with discrimination based on their race, ethnicity, age, sex, sexual orientation, gender identity, physical disability, or other societal biases.
SDR 1.7	Provide increased support for those closely involved with the lives of individuals facing mental health challenges.

Theme and Priority Two: Promoting awareness, accountability, and changes in values, practices, policies, and procedures across and within systems and organizations that encourage the respect and rights of people identified with mental health challenges.

Recommended Actions:

SDR 2.1	Initiate systematic reviews to identify and address stigmatizing and discriminatory language, behaviors, practices, and policies.
SDR 2.3	Ensure that mental health services are offered in non-traditional, non-stigmatizing community and school sites.
SDR 2.4	Create a more holistic and integrated approach to physical health and mental wellness by promoting integrative delivery models of mental health, primary health care, and social services; achieving parity between medical and mental health services in terms of coverage and financing; and utilizing spirituality and faith-based practices as tools for wellness and recovery.
SDR 2.6	Educate employers on the importance of mental health wellness for all employees.
SDR 2.9	Engage and educate the commercial, ethnic, public/community, and interactive media, as well as the entertainment industry, on standards and guidelines to promote balanced and informed portrayals of people living with mental health challenges; and ways to serve as a resource for

	communicating accurate anti-stigma information to the public on mental health issues and community resources.
SDR 2.10	Promote and enhance initiatives, programs, and curricula to change school cultures and increase social inclusion and social acceptance.

Theme and Priority Three: Increasing knowledge of effective and promising programs and practices that reduce stigma and discrimination using methods that include community-led approaches.

Recommended Actions:

SDR 4.1	Develop and implement a plan to address the information gaps on how to reduce stigma and discrimination to build effective and promising anti-discrimination programs.

Theme and Priority Four: Upholding and advancing federal and state laws to identify and eliminate discriminatory policies and practices.

Recommended Actions:

SDR 3.1	Increase awareness and understanding of existing laws and regulations that protect individuals living with mental health challenges and their family members against discrimination.
SDR 3.4	Develop policies and mechanisms within the criminal justice system to more appropriately meet the needs of individuals with mental health challenges, including those located in in-patient psychiatric facilities.

C. California Strategic Plan on Student Mental Health Initiative: Statewide Program Activities for Higher Education

Theme and Priority: Design and administer programs that will focus on three key strategic directions: training, peer support activities and suicide prevention. Any college, district, multi-campus collaborative, or system within each of the three California public higher education systems would be eligible. Successful programs will be based on demonstrated need and will emphasize culturally relevant and appropriate approaches, linkages to local community MHSA Prevention and Early Intervention plans and/or Community Services and Supports plans, and collaboration with mental health and substance abuse prevention partners. It is the intent of the MHSOAC that programs will be established in each of the three public higher education systems.

Recommended Actions:

SMH 1	Training: The program would fund training activities for students, faculty, staff or administrators to raise awareness of issues of mental health and wellness on college campuses. The training would be designed to improve recognition and responses to students experiencing mental distress, to reduce stigma and discrimination against persons who become identified with mental illness, and to promote a campus environment that enhances student success providing hope, supporting resiliency, and creating a healthy learning community.
SMH 2	Peer-to-Peer Support: These activities would focus on mutual support, promoting acceptance of cultural diversity, disability, empowerment strategies, and reduction of the stigma associated with mental illness. Peer-to-peer services instill hope while teaching successful coping strategies and relaying information about how to navigate health and mental health systems. Such programs could also effectively address issues of trauma, loss, identity, relationships, homesickness, and achievement pressure and would provide mental health and emotional support that are defined useful by students themselves.
SMH 3	Suicide Prevention: These programs would be designed utilizing the resources and best-practices of the MHSA suicide prevention efforts or knowledge of the assigned workgroup but would focus specifically on addressing the unique needs, vulnerabilities and risk factors of university and college students, and would bring suicide prevention resources directly onto campuses to raise their profile among students and to make them as accessible, relevant and effective as possible.

C. KINDERGARTEN THROUGH TWELTH GRADE: Statewide Program Activities

Theme and Priority: Design and administer programs that address the systemic challenges in providing a comprehensive approach to addressing student mental health. Successful programs will take the variety of discrete school-based mental health interventions and programs that have been proven effective and combine them into a comprehensive student mental health program.

Recommended Actions:

SMH 1	**School-Based Programs: Schools/districts funded under the SMHI should provide a continuum of prevention and early intervention services including:** Efforts that foster supportive school climates, including bullying prevention, suicide prevention, stigma reduction, and cultural awareness. Mental health educational programs for students that include a focus on stigma reduction, incorporate age-appropriate suicide prevention training for the general student population, and are in alignment with state Health Education Standards. Early identification of students with mental health concerns who seek help, including universal voluntary screenings in partnership with families and caregivers.

SMH 1 cont'	Linkages to services, either provided on campus or otherwise, through school health centers, county departments of mental health, special education programs, and community-based organizations. Outreach and education for families that are culturally and linguistically responsive and reduce the stigma associated with accessing and using mental health services. Consideration for youth from communities that demonstrate a high incidence of mental health problems or where research demonstrates a high risk for specific mental health needs, example suicide risk among African-American and Caucasian males, Asian American females, Hispanic males and females, LGBTQ youth and Native American youth. Training for those personnel, like teachers, most likely to first identify potential mental health needs, which includes resources for identification, referral, and non-stigmatizing responses. Use of appropriate youth peer-to-peer strategies.
SMH 2	**Systems and Policy Developments: Programs funded under the SMHI should implement system and policy changes to sustain the school-based programs described above. Changes may include:** Coordination and redirection of resources through school, district-wide, regional and/or statewide systems to create a cohesive and comprehensive system from prevention and early intervention to intervention and support for student mental health as opposed to fragmented programs. Development of relationships between school system and county mental health departments to ensure effective referral process of students between systems and effective use of resources to avoid duplication and fill gaps. Collaboration with community-based providers that enhance student success, for example health services, tutoring, after-school programs, or mentoring. Development of policies within the school/district/region/state that make mental health promotion an integral part of school operations and school improvement efforts, for example disciplinary policies that are therapeutic. Procedures for ongoing assessment of student mental health and continuous improvement of school-based programs. Involvement of pupil services personnel, including credentialed school counselors, school psychologists, school social workers, speech language therapists and audiologists, resource specialists, and school nurses where available, in the planning and executing of systems and policy changes. Meet current state curriculum mandates for health and wellness.
SMH 3	Education and Training: School/district personnel should receive education and training to support the successful implementation of specific school-based programs, and the systems and policy changes needed to sustain these programs.
SMH 4	Technical Assistance: In order to support the effective development of comprehensive student mental health programs, the SMHI will include funding for technical assistance to support program

	development and implementation through the provision of resources on best practices, convening to exchange and share information and lessons learned, and access to on-site consultation to increase the effectiveness of SMHI-funded programs.

Appendix E: CalMHSA 52-Day Stakeholder Input Process: Submissions by Organization, Individual and Locality

Stakeholder	Strategic Plans Submitted On			Priorities and/or Comments Submitted	Geographic Scope	Entity	Focus
	Stigma & Discrimination Reduction	Student Mental Health	Suicide Prevention				
Alexander Fajardo	✓		✓	Priorities, comments	Individual	Individual	Individual
Amber Burkan, Director California Youth Empowerment Network (CAYEN)	✓	✓	✓	Priorities, comments	State-wide	Non-profit	Transition Age Youth
Becky Perelli, RN, MS Health Services Association, California Community Colleges		✓		Comments	State-wide	Association	Community College Students
Benita Ramsey San Bernardino Department of Mental Health			✓	Comments	San Bernardino County	County	San Bernardino County
Beth Sise Scripps Mercy Hospital			✓	Priorities	San Diego County	Hospital	Health Services
Betsy Gowan Butte County Department of Behavioral Health	✓	✓	✓	Priorities, comments	Butte County	County	Butte County
Betsy Sheldon California Community Colleges Chancellor's Office	✓	✓	✓	Priorities, comments	State-wide	Community College	Community Colleges

Appendix 5

California Mental Health Services Authority (CalMHSA)

CalMHSA 52-Day Stakeholder Input Process: Submissions by Organization, Individual and Locality

Stakeholder	Strategic Plans Submitted On			Priorities and/or Comments Submitted	Geographic Scope	Entity	Focus
	Stigma & Discrimination Reduction	Student Mental Health	Suicide Prevention				
Catherine A. Huerta Fresno County Department of Social Services	✓	✓	✓	Priorities	Fresno County	County	Fresno County
Cathy Spensley, MSW Family Service Agency of San Francisco	✓		✓	Priorities, comments	San Francisco County	Agency	Family services
Christa Thompson Calaveras County Behavioral Health Services	✓			Comments	Calaveras County	County	Calaveras County
Christin Hemann Aging Services of California	✓		✓	Priorities, comments	State-wide	Non-profit	Older Adults
David Kopperud California Association of Supervisors of Child Welfare and Attendance		✓		Priorities	State-wide	Association	K-12
David N. Thorne	✓	✓	✓	Comments	Fresno County	Individual	Adult Consumer
Delphine Brody California Network of Mental Health Clients	✓	✓	✓	Priorities, comments	State-wide	Network	Mental Health Consumers
Diane A. Suffridge, PhD Family Service Agency of Marin		✓		Priorities, comments	Marin County	Agency	Families
Donna Peterson San Diego Coalition for Mental Health	✓			Priorities, Comments	San Diego County	Coalition	San Diego County

Appendix 5

California Mental Health Services Authority (CalMHSA)

CalMHSA 52-Day Stakeholder Input Process: Submissions by Organization, Individual and Locality

Stakeholder	Strategic Plans Submitted On			Priorities and/or Comments Submitted	Geographic Scope	Entity	Focus
	Stigma & Discrimination Reduction	Student Mental Health	Suicide Prevention				
Erick		✓	✓	Comments	Individual	Individual	Individual
Felix A. Bedolla Napa County Health and Human Services	✓	✓	✓	Comments	Napa County	County	Napa County
Fran Edelstein California Alliance of Child and Family Services	✓	✓	✓	Priorities, comments	State-wide	Association	K-12, Family Services
James L. Davis, Chair California Commission on Aging	✓		✓	Priorities, comments	State-wide	Commission	Older Adults
Jay Allen, Executive Vice President & COO Junior Blind of America	✓	✓	✓	Comments	State-wide	Non-profit	Visually impaired
Jeannie Morris Napa County Office of Education		✓		Priorities, comments	Napa County	County	Napa County, K-12
John Bateson, Co-chair Contra Costa County Suicide Prevention Committee			✓	Comments	Contra Costa County	Committee	Contra Costa County
John Bateson, Executive Director Contra Costa Crisis Center			✓	Comments	Contra Costa County	Non-profit	Community
Jonathan Buffong	✓			Priorities, comments	Individual	Individual	Individual

Appendix 5

California Mental Health Services Authority (CalMHSA)

CalMHSA 52-Day Stakeholder Input Process: Submissions by Organization, Individual and Locality

Stakeholder	Strategic Plans Submitted On			Priorities and/or Comments Submitted	Geographic Scope	Entity	Focus
	Stigma & Discrimination Reduction	Student Mental Health	Suicide Prevention				
Jose J. Aguirre	✓	✓		Priorities, comments	Individual	Individual	Individual
Karen George Sacramento County Office of Education – Project TEACH	✓	✓	✓	Priorities, comments	Sacramento County	County	K-12
Karen Hurley Stanislaus County Behavioral Health and Recovery Services	✓	✓	✓	Priorities	Stanislaus County	County	Stanislaus County
Karen Pugh Montebello Unified School District		✓		Priorities	Montebello Unified School District	School District	k-12
Kathi Anderson, Executive Director Survivors of Torture, International	✓	✓	✓	Priorities, comments	State-wide	Non-profit	Survivors of government-sanctioned torture abroad
Kathleen Casela-Young (Adult Advocate) Mental Health Association of San Francisco	✓	✓	✓	Priorities, Comments	San Francisco	Association	Mental Health Consumers
Kathleen Derby NAMI California	✓	✓	✓	Priorities, comments	State-wide	Organization	Mental Health Consumers
Keith Edward Torkelson, MS, BS MSG in Orange County	✓			Priorities, comments	Orange County	Individual	Orange County

Appendix 5
California Mental Health Services Authority (CalMHSA)
CalMHSA 52-Day Stakeholder Input Process: Submissions by Organization, Individual and Locality

Stakeholder	Strategic Plans Submitted On			Priorities and/or Comments Submitted	Geographic Scope	Entity	Focus
	Stigma & Discrimination Reduction	Student Mental Health	Suicide Prevention				
Khatera Aslami Peers Envisioning and Engaging in Recovery Services	✓			Priorities, comments	Alameda County	Non-profit	Alameda County
Kristen Gardner Marin County CMH-MHSA PEI	✓		✓	Priorities	Marin County	County	Marin County
Leslie Lessenger, PhD Napa-Solano Psychological Association			✓	Priorities, comments	Napa County Solano County	Association	Napa and Solano Counties
Lin Benjamin, MSW, MHA California Department of Aging	✓		✓	Priorities, comments	State-wide	State	Older Adults
Lisa Nerenberg California Elder Justice Workgroup	✓		✓	Priorities, Comments	State-wide	Workgroup	Older Adults
Luther Hert Monterey County Mental Health Commission – Member	✓	✓	✓	Comments	Monterey County	Individual	Monterey County
M. Gutierrez		✓		Priority, comments	Individual	Individual	Individual
Margaret Hallett, Executive Director Family Service Agency of Marin			✓	Priorities, comments	Marin County	Agency	Families
Marilyn Hein San Jacinto Unified School District			✓	Comments	San Jacinto Unified School District	School District	K-12

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California Mental Health Services Authority (CalMHSA)
CalMHSA 52-Day Stakeholder Input Process: Submissions by Organization, Individual and Locality

Stakeholder	Strategic Plans Submitted On			Priorities and/or Comments Submitted	Geographic Scope	Entity	Focus
	Stigma & Discrimination Reduction	Student Mental Health	Suicide Prevention				
Michelle Callejas, MFT Sacramento County Department of Behavioral Health Services	✓	✓	✓	Priorities	Sacramento County	County	Sacramento County
Monica Nepomuceno California Department of Education	✓	✓	✓	Priorities	State-wide	State	K-12
Nancy A. Salamy, MFT, Executive Director Crisis Support Services of Alameda County			✓	Priorities, comments	Alameda County	Suicide Hotline	Suicide Prevention
Nazia Ali The Child Abuse Prevention Council of Sacramento, Inc		✓	✓	Priorities, comments	Sacramento County	Council	Sacramento County
Patrick Arbore, EdD Center for Elderly Suicide Prevention and Grief Related Services, Institute on Aging	✓		✓	Priorities, comments	San Francisco		Older Adults
Patsy Hampton WestEd Center for Prevention and Early Intervention	✓			Priorities, Comments	Sacramento	Center	Children and Adolescents
Ramona Davies Northern California Presbyterian Homes and Services	✓		✓	Priorities, comments	Marin County Mendocino County Plumas County San Francisco County	Non-profit	Older Adults
Raul R. Sanchez	✓	✓	✓	Priorities	Individual	Individual	Individual

Appendix 5

California Mental Health Services Authority (CalMHSA)

CalMHSA 52-Day Stakeholder Input Process: Submissions by Organization, Individual and Locality

Stakeholder	Strategic Plans Submitted On			Priorities and/or Comments Submitted	Geographic Scope	Entity	Focus
	Stigma & Discrimination Reduction	Student Mental Health	Suicide Prevention				
Russell B Vergara Multi-Ethnic Collaborative of Community Agencies	✓			Priorities, Comments	State-wide	Agency	
S. Todd Stolp, M.D. Tuolumne County Health Department	✓	✓	✓	Priorities	Tuolumne County	County	Tuolumne County
Sanjuana M. Ramos			✓	Comments	Individual	Individual	Individual
Serena Clayton, PhD, Executive Director California School Health Centers Association		✓		Priorities, comments	State-wide	Association	K-12
Sergio Aguilar-Gaxiola The California Latino Mental Health Concilio	✓	✓	✓	Priorities	State-wide	Council	Latino Mental Health
Solano County MHSA Stakeholders	✓	✓	✓	Priorities, comments	Solano County	Individuals, organizations	Solano County
Stacie Hiramoto Racial and Ethnic Mental Health Disparities (REMHDCO)	✓	✓	✓	Priorities, comments	State-wide	Coalition	Racial & Ethnic Mental Health Consumers
Stephanie Welch, MSW California Mental Health Directors Association (CMHDA)	✓	✓	✓	Comments	State-wide	Association	Mental Health Services

Appendix 5

California Mental Health Services Authority (CalMHSA)

CalMHSA 52-Day Stakeholder Input Process: Submissions by Organization, Individual and Locality

Stakeholder	Strategic Plans Submitted On			Priorities and/or Comments Submitted	Geographic Scope	Entity	Focus
	Stigma & Discrimination Reduction	Student Mental Health	Suicide Prevention				
Stewart Teal, M.D., President The California Academy of Child and Adolescent Psychiatry (Cal-ACAP)	✓	✓	✓	Priorities, comments	State-wide	Academy	Child and Adolescent Psychiatry
Sue Shrader-Hanes, MFT Mesa College Student Health Services	✓	✓	✓	Comments	Mesa College, San Diego	Community College	Community Colleges
Susan G. Keys, PhD Inspire USA Foundation		✓	✓	Priorities, comments	State-wide	Non-profit	Teens and young adults
Terri Restelli-Deits Area Agency on Aging Serving Napa and Solano	✓		✓	Priorities, Comments	Napa & Solano Counties	Agency	Older Adults
Unknown Individual	✓	✓	✓	Comments	Individual	Individual	Individual
Viviana Criado California Elder Mental Health and Aging Coalition	✓		✓	Comments	State-wide	Coalition	Older Adults
Wesley K. Mukoyama, LCSW, Chairperson Older Adults Committee, Santa Clara County Mental Health Board			✓	Priorities, comments	Santa Clara County	County	Older Adults

Appendix 6
California Mental Health Services Authority (CalMHSA)
CalMHSA Stakeholder Submission Themes by Recommended Actions
Strategic Plans

SUICIDE PREVENTION

STRATEGIC DIRECTION 1:
Create a System of Suicide Prevention

Recommended Action(s) at the State Level	Submissions				
	State Org	County Org	Regional Org	Individual	Total
1.1 Establish an Office of Suicide Prevention to provide coordination and collaboration across the state and serve as an online clearinghouse of information about suicide data and related research findings, best practices, and community planning.	1	0	0	0	1
1.2 Engage a coalition of public partners to integrate, coordinate, enhance, and improve policies and practices that prevent suicide. (list of partnerships)	4	5	0	0	9
1.3 Develop a network of statewide public and private organizations to develop and implement strategies to prevent suicide. (list of partnerships)	5	2	0	0	7
1.4 Convene and facilitate topic-specific working groups that will address specific populations and issues, and develop, adapt, and disseminate resources and other materials that address the topic.	3	0	0	0	3
1.5 Expand the number and capacity of accredited suicide prevention hotlines based in California by assisting with the accreditation process at the local level, and enact policies that make establishing and maintaining suicide prevention accreditation a condition of public funding for suicide prevention hotlines.	1	3	0	0	4
1.6 Create a statewide consortium of suicide prevention hotlines. Explore opportunities to expand the reach of accredited suicide prevention hotlines through other communication means or technology such as Web-based sites.	2	5	0	0	7
1.7 Identify and implement needed improvements in confidentiality laws and practices to promote safety, health, wellness, and recovery.	0	1	0	0	1
Recommended Action(s) at the Local Level:	**Submissions**				
	State Org	County Org	Regional Org	Individual	Total
1.8 In each county, appoint a liaison to the state Office of Suicide Prevention, and build upon an existing body or convene a new suicide prevention advisory council to collectively address local suicide prevention range of local stakeholders with expertise	1	1	0	0	2

and experience with diverse at-risk groups. (list of inclusions)					
1.9 Develop a local suicide prevention action plan with the input of a diverse, representative group of stakeholders, including the entity designated as the local suicide prevention advisory council.	2	2	0	1	5
1.10 Enhance links between systems and programs to better address gaps in services and identify resources to support local solutions to reducing suicide.	1	1	0	0	2
1.11 Deliver services that reflect integration among systems providing crisis intervention, including health, mental health, aging and long-term care, social services, first responders, and hotlines. Establish formal partnerships that foster communication and coordinated service delivery among providers from different systems.	2	3	0	0	5
1.12 Integrate suicide prevention programs into kindergarten through grade twelve (K-12) and higher education institutions, existing community-based services for older adults, employee assistance programs and the workplace, and the criminal and juvenile justice systems.	2	2	0	0	4
1.13 Develop and promote programs that appropriately reduce or eliminate service gaps for historically underserved racial and ethnic groups and other at-risk populations.	5	2	0	0	7
1.14 Ensure that the county has at least one accredited suicide prevention hotline call center or that the county has a formal partnership with an accredited call center.	0	2	0	0	2
1.15 For counties with an established, accredited suicide prevention hotline call center, work with the Office for Suicide Prevention to explore opportunities to provide training and consultation to other counties to develop their suicide prevention hotline capacity.	0	1	0	0	1

STRATEGIC DIRECTION 2:
Implement Training and Workforce Enhancements to Prevent Suicide.

	Submissions				
Recommended Action(s) at the State Level:	***State Org***	***County Org***	***Regional Org***	***Individual***	***Total***
2.1 Convene expert workgroups to recommend, develop, disseminate, broadly promote, and evaluate suicide prevention service and training guidelines and model curricula for targeted service providers, including peer support providers, in California.	8	8	0	0	16
2.2 Expand opportunities for suicide prevention training for selected occupations and facilities through long-term approaches, such as embedding suicide prevention training in existing licensing, credentialing, , and graduate programs.	2	3	0	0	5

2.3 Following implementation of 2.1 and 2.2, develop and implement a process for determining within five years which occupations are to be targeted for required training and how the requirements will be implemented.	1	2	0	0	3
Recommended Action(s) at the Local Level:	**Submissions**				
	State Org	***County Org***	***Regional Org***	***Individual***	***Total***
2.4 Establish annual targets for suicide prevention training that identify the number of individuals and occupations that will receive training, and the models, including peer support, which will be used for training. Using an inclusive process for input, develop, and implement training plans that meet these targets.	1	5	0	1	7
2.5 Increase the priority of suicide prevention training through outreach and by disseminating, tailoring, and enhancing state training guidelines as necessary to meet local needs.	0	2	0	0	2

STRATEGIC DIRECTION 3:
Educate Communities to Take Action to Prevent Suicide.

Recommended Action(s) at the State Level:	**Submissions**				
	State Org	***County Org***	***Regional Org***	***Individual***	***Total***
3.1 Launch and sustain a suicide prevention education campaign with messages that have been tested to be effective for diverse communities and that address warning signs, suicide risk and protective factors, and how to get help.	6	8	0	0	14
3.2 Coordinate the suicide prevention education campaign with any existing social marketing campaign designed to eliminate stigma and discrimination toward individuals with mental illness and their families.	3	2	0	0	5
3.3 Engage the news media and the entertainment industry to educate them on standards and guidelines to promote balanced and informed portrayals of suicide, mental illness, and mental health services that support suicide prevention efforts.	3	3	0	0	6
3.4 Promote information and resources about strategies that reduce access to lethal means, such as gun safety education and increasing compliance with existing gun safety laws, safe medication storage, and physical and non-physical deterrent systems on bridges or other high structures.	2	0	0	0	2
3.5 Disseminate and promote models for suicide prevention education for community gatekeepers.	7	2	0	0	9
Recommended Action(s) at the Local Level:	**Submissions**				

	State Org	County Org	Regional Org	Individual	Total
3.6 Building grassroots outreach and engagement efforts to coordinate with and tailor the statewide suicide prevention education campaign and activities to best meet community needs.	1	3	0	0	4
3.7 Create opportunities to promote greater understanding of the risks and protective factors related to suicide and how to get help by engaging and educating local media about their role in promoting suicide prevention and adhering to suicide reporting guidelines.	0	2	0	0	2
3.8 Educate family members, caregivers, and friends of those who have attempted suicide, individuals who have attempted suicide, and community helpers to recognize, appropriately respond to, and refer people demonstrating acute warning signs.	3	5	0	0	8
3.9 Promote and provide suicide prevention education for community gatekeepers.	3	5	0	0	8
3.10 Develop and disseminate directory information on local suicide prevention and intervention services that includes information about how and where to access services and how to deal with common roadblocks.	2	4	0	0	6
3.11 Incorporate and build capacity for peer support and peer-operated services models, such as peer warm lines and peer-run crisis respite centers, as a part of suicide prevention and follow-up services.	3	3	0	1	7

STRATEGIC DIRECTION 4:
Improve Suicide Prevention Program Effectiveness and System Accountability.

	Submissions				
Recommended Action(s) at the State Level:	State Org	County Org	Regional Org	Individual	Total
4.1 Develop a California surveillance and research agenda on suicide, suicide attempts, and suicide prevention to support data-driven policies and evidence-based programs.	2	1	0	0	3
4.2 Test and adapt evidence-based practices as necessary for effectiveness in a variety of community settings and among diverse population groups.	5	1	0	0	6
4.3 Identify or develop methodologies for evaluating suicide prevention interventions, including community-based participatory research methods, and provide training and technical assistance on program evaluation to the counties and local partners. Develop methodologies to promote the evaluation of promising community models to build their evidence base. Use an inclusive process that considers cultural approaches, such as traditional healing practices and measures that are relevant to target communities.	4	3	0	0	7

	Submissions				
4.4 Coordinate with the Office of Suicide Prevention and county suicide prevention liaisons to make data and reports more accessible to, and in more user-friendly formats for, the public at large and policy makers at all levels to improve understanding of suicide and suicide attempts and to enhance prevention efforts for all population groups.	2	3	0	0	5
Recommended Action(s) at the Local Level:	***State Org***	***County Org***	***Regional Org***	***Individual***	***Total***
4.5 Increase local capacity for data collection, reporting, surveillance, and dissemination to inform prevention and early intervention program development and training.	0	1	0	1	2
4.6 Build local capacity to evaluate suicide prevention programs and use the results to make program improvements, including community-based participatory research methods.	0	2	0	0	2
4.7 Establish or enhance capacity for a clinical and forensic review of suicide deaths in each county. The suicide death review process should include reporting de-identified data and findings to the State Office of Suicide Prevention and the local suicide prevention advisory council at minimum. The advisory council could use the reports to inform local policy action recommendations. Members of the case review teams should include representative of the Office of the Coroner/Medical Examiner and as appropriate other officials with legal access to confidential information.	1	1	0	0	2
4.8 Work with coroners and medical examiners to determine how to enhance reporting systems to improve the consistency and accuracy of data about suicide deaths.	0	0	0	0	0

STIGMA AND DISCRIMINATION REDUCTION

($60 million, $15 million p/FY for four years)

STRATEGIC DIRECTION 1:
Creating a supportive environment for all consumers and those at risk for mental health challenges, family members, and the community at large establishing social norms that recognize mental health is integral to everyone's well-being.

	Submissions				
Recommended Action(s)	***State Org***	***County Org***	***Regional Org***	***Individual***	***Total***

1.1 Create widespread understanding and recognition within the pubic and across all systems that people at different points in their lives experience different degrees of mental health from wellness to crisis; and persons living with mental health challenges have resilience and the capacity for recovery.	5	3	1	0	9
1.2 Prevent the development of mental health stigma, stereotyping, and discrimination.	1	0	0	0	1
1.3 Create opportunities and forums for strengthening relationships and understanding between consumers, family members, and the larger community.	3	1	0	1	5
1.4 Reduce self-stigma of individuals living with mental health challenges and stigma by association for their family members.	4	4	0	0	8
1.5 Recognize peer-run and peer-led programs as an important means for reducing stigma.	6	2	0	1	9
1.6 Address the multiple stigmas of persons living with mental health challenges who are also faced with discrimination based on their race, ethnicity, age, sex, sexual orientation, gender identity, physical disability, or other societal biases.	6	4	1	0	11
1.7 Provide increased support for those closely involved with the lives of individuals facing mental health challenges.	6	2	1	0	9
1.8 Reduce the effects of stigma with a strength-based approach to assessment, diagnosis, treatment planning, and interventions.	6	6	0	0	12

STRATEGIC DIRECTION 2:
Promoting awareness, accountability, and changes in values, practices, policies, and procedures across and within systems and organizations that encourage the respect and rights of people identified with mental health challenges.

Recommended Action(s)	Submissions				
	State Org	*County Org*	*Regional Org*	*Individual*	*Total*
2.1 Initiate systematic reviews to identify and address stigmatizing and discriminatory language, behaviors, practices, and policies.	4	3	0	0	7
2.2 Establish developmentally appropriate prevention, recovery, and wellness programs.	3	3	0	0	6
2.3 Ensure that mental health services are offered in non-traditional, non-stigmatizing community and school sites.	7	3	0	0	10

2.4 Create a more holistic and integrated approach to physical health and mental wellness by promoting integrative delivery models of mental health, primary health care, and social services; achieving parity between medical and mental health services in terms of coverage and financing; and utilizing spirituality and faith-based practices as tools for wellness and recovery.	6	6	1	1	14
2.5 Promote the dignity and safety of mental health consumers and their family members by training and educating law enforcement, first responders, other medical personnel, and the community at large to reduce stigmatizing attitudes and discriminating behavior. Educate the public about community resources available to assist with mental health-related crises; utilize informed consent as a means to ensure voluntary choice; prepare and equip law enforcement to better respond to the needs of individuals in mental health-related crisis; and eliminate a perceived need for the use of force and forced compliancy through these and other systematic alternatives referred to earlier in this Plan.	6	3	1	1	11
2.6 Educate employers on the importance of mental health wellness for all employees.	1	1	0	0	2
2.7 Expand opportunities for employment, professional development, upward mobility, retention, and success of mental health consumers in public, nonprofit, and private sector workplaces by enforcing current laws and challenging hiring biases.	2	3	0	1	6
2.8 Eliminate discriminatory barriers to better meet the housing needs of mental health consumers by: educating the general public, landlords, and local officials on the rights and housing needs of mental health consumers and their families/caretakers; ensuring that all private and subsidized housing meets the nondiscrimination requirements of the Fair Housing Act and that their admissions procedures and management practices ensure all applicants and tenants have equal opportunities to benefit from the housing; encouraging supportive housing and other housing for individuals with disabilities to be well integrated throughout the community, accommodating of all levels of care; promoting the provision of housing first as one means to eliminating discriminatory barriers; and promoting the accessibility of services in housing.	1	0	1	2	4
2.9 Engage and educate the commercial, ethnic, public/community, and interactive media, as well as the entertainment industry, on standards and guidelines to promote balanced and informed portrayals of people living with mental health challenges; and ways to serve as a resource for communicating accurate and non-stigmatizing information to the public on mental health issues and community resources.	3	2	1	0	6
2.10 Promote and enhance initiatives, programs, and curricula to change school cultures and increase social inclusion and social acceptance.	5	5	0	0	10

STRATEGIC DIRECTION 3:
Upholding and advancing federal and state laws to identify and eliminate discriminatory policies and practices.

Recommended Action(s)	Submissions				
	State Org	County Org	Regional Org	Individual	Total
3.1 Increase awareness and understanding of existing laws and regulations that protect individuals living with mental health challenges and their family members against discrimination.	1	2	0	1	4
3.2 Promote the compliance and enforcement of current anti-discrimination laws and regulations.	2	2	0	1	5
3.3 Work to enhance and/or amend current statutes and regulations to further protect individuals and their family members from discrimination.	2	0	0	0	2
3.4 Develop policies and mechanisms within the criminal justice system to more appropriately meet the needs of individuals with mental health challenges, including those located in in-patient psychiatric facilities.	1	3	0	1	5

STRATEGIC DIRECTION 4:
Increasing knowledge of effective and promising programs and practices that reduce stigma and discrimination using methods that include community-led approaches.

Recommended Action(s)	Submissions				
	State Org	County Org	Regional Org	Individual	Total
4.1 Develop and implement a plan to address the information gaps on how to reduce stigma and discrimination to build effective and promising anti-stigma and anti-discrimination programs.	3	4	0	1	8
4.2 Increase the skills and abilities of community participants to evaluate programs.	1	3	0	1	5
4.3 Ensure that research and evaluation projects adapt and respond to community needs.	2	2	0	1	5
4.4 Disseminate the lessons learned, promising practices, and other outcome findings.	2	3	0	1	6

STUDENT MENTAL HEALTH

($60 million, $15 million p/FY for four years)

STRATEGIC DIRECTION 1: HIGHER EDUCATION

Design and administer programs that will focus on three key strategic directions—training, peer support activities and suicide prevention—that can be implemented at any college, district, multi-campus collaborative, or system within each of the three California public higher education systems.

Recommended Action(s)	Submissions				
	State Org	County Org	Regional Org	Individual	Total
1. *Training: The program would fund training activities for students, faculty, staff or administrators to raise awareness of issues of mental health and wellness on college campuses. The training would be designed to improve recognition and responses to students experiencing mental distress, to reduce stigma and discrimination against persons who become identified with mental illness, and to promote a campus environment that enhances student success providing hope, supporting resiliency, and creating a healthy learning community.*	2	4	0	0	6
2. *Peer-to-Peer Support: These activities would focus on mutual support, promoting acceptance of cultural diversity, disability, empowerment strategies, and reduction of the stigma associated with mental illness. Peer-to-peer services instill hope while teaching successful coping strategies and relaying information about how to navigate health and mental health systems. Such programs could also effectively address issues of trauma, loss, identity, relationships, homesickness, and achievement pressure and would provide mental health and emotional support that are defined useful by students themselves.*	4	4	0	1	9
3. *Suicide Prevention: These programs would be designed utilizing the resources and best-practices of the MHSA suicide prevention efforts or knowledge of the assigned workgroup but would focus specifically on addressing the unique needs, vulnerabilities and risk factors of university and college students, and would bring suicide prevention resources directly onto campuses to raise their profile among students and to make them as accessible, relevant and effective as possible.*	3	3	0	1	7

STRATEGIC DIRECTION 1: K-12

Design and administer programs that will focus on three key strategic directions—training, peer support activities and suicide prevention—that can be implemented at any college, district, multi-campus collaborative, or system within one of the three California public higher education systems. Four strategic directions should be incorporated into a comprehensive student mental health program funded by the SMHI.

Recommended Action(s)	Submissions				
	State Org	*County Org*	*School District*	*Individual*	*Total*
1. School-Based Programs: Schools/districts funded under the SMHI should provide a continuum of prevention and early intervention services including:	9	10	1	1	21
• *Efforts that foster supportive school climates including bullying prevention, suicide prevention, stigma reduction, and cultural awareness.* • *Mental health educational programs for students that include a focus on stigma reduction, incorporate age-appropriate suicide prevention training for the general student population, and are in alignment with state Health Education Standards.* • *Early identification of students with mental health concerns who seek help, including universal voluntary screenings in partnership with families and caregivers.* • *Linkages to services, either provided on campus or otherwise, through school health centers, county departments of mental health, special education programs, and community-based organizations.* • *Outreach and education for families that are culturally and linguistically responsive and reduce the stigma associated with accessing and using mental health services.*					
• *Consideration for youth from communities that demonstrate a high incidence of mental health problems or where research demonstrates a high risk for specific mental health needs, for example suicide risk among African-American and Caucasian males, Asian-American females, Hispanic males and females, LGBTQ youth and Native American youth.* • *Training for those personnel, like teachers, most likely to first identify potential mental health needs, which includes resources for identification, referral, and non-stigmatizing responses.* • *Use of appropriate youth peer-to-peer strategies.*					
2. Systems and Policy Developments: Programs funded under the SMHI should implement system and policy changes to sustain the school-based programs	4	7	0	2	13

described above. Changes may include:					
• *Coordination and redirection of resources through school, district-wide, regional and/or statewide systems to create a cohesive and comprehensive system from prevention and early intervention to intervention and support for student mental health as opposed to fragmented programs.* • *Development of relationships between school system and county mental health departments to ensure effective referral process of students between systems and effective use of resources to avoid duplication and fill gaps.* • *Collaboration with community-based providers that enhance student success, for example health services, tutoring, after-school programs, or mentoring.* • *Development of policies within the school/district/region/state that make mental health promotion an integral part of school operations and school improvement efforts, for example disciplinary policies that are therapeutic.* • *Procedures for on-going assessment of student mental health and continuous improvement of school-based programs.* • *Involvement of pupil services personnel, including credentialed school counselors, school psychologists, school social workers, speech-language therapists and audiologists, resource specialists, and school nurses where available, in the planning and executing of systems and policy changes.* • *Meet current state curriculum mandates for health and wellness.*					
3. Education and Training: School/district personnel should receive education and training to support the successful implementation of specific school-based programs as well as the systems and policy changes needed to sustain these programs.	7	6	0	1	14
4. Technical Assistance: In order to support the effective development of comprehensive student mental health programs, the SMHI will include funding for technical assistance to support program development and implementation through the provision of resources on best practices, convening to exchange and share information and lessons learned, and access to on-site consultation to increase the effectiveness of SMHI-funded programs.	7	6	0	0	13