



"A George Hills Company Administered JPA"

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

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This Plan describes how ninety three 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.

CalMHSA is not a legislative agency, nor is it an advocacy body. CalMHSA is a best practice inter-governmental structure with capacity and capability to promote systems and services arising from a shared member commitment to community mental health. California is the third largest state in the United States, encompassing 163,696 square miles. There are 58 counties in

California, with Los Angeles as the largest population and San Bernardino as the largest county by area. Of those 58 counties, 20 are members of the California Mental Health Services Authority (CalMHSA) as of September 2010 (see Appendix 1).

CalMHSA is headed by a Separate Board of Member Counties, an Executive Committee comprised of Officers and Statewide Regional Representatives, the administrative firm of George Hills Company, Inc., and separate legal counsel of Murphy, Campbell, Guthrie & Alliston. CalMHSA operates within the statutes 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. As an ongoing delivery mechanism for statewide and other California mental health projects, a central component 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*: 1) community collaboration and cultural competence; 2) client/family-driven mental health system for children, transition age youth, adults, 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 (OAC) approved five PEI Statewide Projects and corresponding funding amounts. In May 2008, the OAC determined that three of the PEI Statewide Projects would be most effectively implemented through a single administrative entity and the OAC 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 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. During 2009, after many delays, the Counties, MHSAOAC, and the State Department of Mental Health determined a more efficient and effective method of implementing the Statewide PEI initiatives was to use a JPA such as CalMHSA. The work plan that follows is the framework for the implementation of the Suicide Prevention, Stigma Reduction, and Student Mental Health. This work plan will only implement sixty percent of the available resources, since not all Counties have joined.

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 OAC 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;

- Available resources will limit the scale of implementation;
- All initiatives should optimally leverage federal, state and local resources;
- Expenditure of funds shall be implemented proportionately. "It is the intent of the MHSAOAC 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%."

CalMHSA Statewide PEI Work Plan Development Process

CalMHSA has been charged with implementing the stakeholder driven Statewide Strategic Plans for Suicide Prevention, Stigma and Discrimination Reduction, and Student Mental Health Initiative. CalMHSA has moved that implementation forward through the following series of events and activities:

First, CalMHSA formed an adhoc committee of CalMHSA members to review the three strategic plans, gather additional stakeholder input, write a work plan for wider stakeholder review, and eventual submission to the MHSOAC for approval. The members of the adhoc committees functioned as advisors to the staff and consultants that wrote the work plan. Increased participation in the work plan was requested by stakeholders, so early in the process, the adhoc committee lengthened the time for additional review, and included the stakeholders in the development of the plan. Throughout the rest of the CalMHSA implementation process, stakeholders will review, advise and assist in the process and development of the work plan.

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 adhoc committee began on August 19, 2010 during the second meeting of the adhoc committee.

The prioritization process used for the work plan was informed first 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 adhoc 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 strategic plans including the referencing of the recommended actions contained in the original plans
- Review all the most recent stakeholder input received during the 52 day input period
- Consideration of the OAC 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 phases of funding
- Avoiding duplicating 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 adhoc committee including the stakeholders on September 3rd. This draft document 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 7th, so that it would be posted for 30 day public review prior to being submitted to the CalMHSA Board and then to the OAC.

The next meeting of the ad hoc committee was set for September 17, 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 will be submitted for the adhoc committee's review on September 27th.

The committee will then reconvene on October 4th to comment, and walk through the work plan, identifying corrections, additions, and comments, so that the work plan can be posted on October 7th for 30 day public comment.

The work plan will contain 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 will show 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

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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

Cal MHSA Member Counties and Board Members:

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 CalMHSAs JPA are eligible to apply for funds to implement certain of the Recommended Actions (detailed on the following pages). The current list of eligible counties is shown in the table below.

CalMHSAs 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	\$5,327,200
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
Yolo	\$832,800
TOTAL	\$88,088,400.

CalMHSAs 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.

Section A. Suicide Prevention

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, see appendix 1.

A. California Strategic Plan on Suicide Prevention

Priority One:

Create a System of Suicide Prevention

Recommended Actions 1.3, 1.4, 1.12 and 1.13: The Suicide 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 would also require that each suicide prevention line would 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, and 3.7: 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.”

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 shall target professionals across systems and disciplines (and might also connect to the higher education 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.

California Mental Health Services Authority (CalMHSA) Program Budget

Projections (as of September 24, 2010)

Total for CalMHSA Suicide Prevention Programs:

	Program	Current	Phase 2	Subtotal	ADMIN	Total
		Budget	Budget	(1)	(2)	Program
						(1) + (2)
Suicide Prevention 1	SPNP - SP 1.3, 1.4, 1.11, 1.12, 1.13	2,000,000	410,108	2,410,108		2,410,108
	Regional - SP 1.5, 1.6	9,238,300	1,224,857	10,463,157		10,463,157
Suicide Prevention 2	Campaign - SP 3.2, 3.3, 3.7	9,238,300	2,854,353	12,092,653		12,092,653
	Disseminate - SP 3.8, 3.9, 3.11	1,000,000	410,108	1,410,108		1,410,108
Suicide Prevention 3	Educate - SP 2.1, 2.2, 2.5	1,000,000	284,342	1,284,342		1,284,342
Suicide Prevention 4	Effectiveness - SP 4.2, 4.3, 4.5, 4.6	1,000,000	284,342	1,284,342		1,284,342
Total Suicide Prevention		23,476,600	5,468,110	28,944,710	5,107,890	34,052,600

Priority One

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.

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.

Program Description for Recommended Actions SP 1.3, 1.4, 1.11, and 1.13

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, elder adults service centers, 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. A comprehensive assessment of suicide prevention activities of public, private and non-profit (including community-based) organizations should be conducted to contribute local information to the statewide assessment that will be used to inform priorities for the next four years.
- **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 Description

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.

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), 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.

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.

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.

Projects funded by this program shall address one or more of the following:

- Teach suicide risk and “recognize and intervene” strategies and skills in a variety of personnel systems and community environments, and Facilitate collaborative learning opportunities locally and across a diversity of discipline
- Offer innovative outreach and intervention strategies that specifically target historically underserved racial and ethnic groups and other at-risk populations
- Establish or participate in formal partnerships that foster communication and coordinated service delivery among providers from different systems

Scope of Work: The SPNP scope of work will be provided in the RFP for Recommended Actions: SP 1.3, 1.4, 1.11, and 1.13

Anticipated Number of Awards: __

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.

Theme :

Create a System of Suicide Prevention

Priority One *continued*

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.

Projects funded by this program shall address one or more of the specific populations described:

- 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 is recommended 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. 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.

Theme: Priority One <i>continued</i>	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 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.
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.
<p>Program Description</p> <p>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 that are accredited ensure that assessment procedures are completed in a thorough manner. Data from the National Lifeline indicate that in 2007, approximately 20 percent of calls originating in California were answered by hotlines in other states. Currently, only eight hotlines in California are members of the National Lifeline.</p> <p>This program will fund regional and county providers to:</p> <ul style="list-style-type: none"> • 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 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.

CalMHSA Suicide Prevention Priority 1, Program Projections (as of September 24, 2010:

	Program	Current	Phase 2	Subtotal	ADMIN	Total
Suicide Prevention 1		Budget	Budget	(1)	(2)	Program
						(1) + (2)
	Statewide SPNP - SP 1.3, 1.4, 1.11, 1.12, 1.13	2,000,000	410,108	2,410,108		2,410,108
	Regional - SP 1.5, 1.6	9,238,300	1,224,857	10,463,157		10,463,157

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.

Priority Two

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.

Programs which are funded shall:

- 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, e.g., the Suicide Prevention Network Program, SAMHSA, and local MHSA-funder providers.
- 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.

Theme:		Statewide Information and Dissemination Campaign
Priority Two <i>continued</i>		
Recommended Actions:	SP 3.8, SP 3.9, and SP 3.11	
Program Name:	Social Marketing Suicide Prevention Education Program Campaign	
Purpose:	<p>The purpose of the Statewide Suicide Prevention Information and Dissemination Campaign Education Program 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. The development of program curriculum shall target professionals across systems and disciplines, and may also connect with the higher education initiative.</p>	
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 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.

This program shall fund providers who:

- 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.
- Identify and implement evidence-based gatekeeper training models
- 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 SP 3.11.

Program Budget Detail:

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

CalMHSA Suicide Prevention Priority 2, Program Projections (as of September 24, 2010):

	Program	Current	Phase 2	Subtotal	ADMIN	Total
Suicide Prevention 2		Budget	Budget	(1)	(2)	Program
						(1) + (2)
	Campaign - SP 3.2, 3.3, 3.7	9,238,300	2,854,353	12,092,653		12,092,653
	Disseminate - SP 3.8, 3.9, 3.11	1,000,000	410,108	1,410,108		1,410,108

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

Priority Three

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: 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).

- 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

Effective suicide prevention strategies depend on a trained workforce and an educated public. 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

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.

Programs funded to convene expert workgroups shall identify and convene expert panels to:

- 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

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.

CalMHSA Suicide Prevention Priority 3, Program Projections (as of September 24, 2010):

	Program	Current	Phase 2	Subtotal	ADMIN	Total
Suicide Prevention 3		Budget	Budget	(1)	(2)	Program
						(1) + (2)
	SPTWEP Educate - SP 2.1, 2.2, 2.5	1,000,000	284,342	1,284,342		1,284,342

Program Evaluation: Each CalMHSA Statewide PEI prevention applicant shall propose how and with what methods it will evaluate its effectiveness and outcomes. Also, each funded applicant will be required to supply data for the statewide evaluation.

Priority Four

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: 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.

Recommended Action 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.

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.

Services funded under this program shall:

- 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.

CalMHSA Suicide Prevention Priority 4, Program Projections (as of September 24, 2010):

	Program	Current	Phase 2	Subtotal	ADMIN	Total
Suicide Prevention 4		Budget	Budget	(1)	(2)	Program
						(1) + (2)
	Effectiveness - SP 4.2, 4.3, 4.5, 4.6	1,000,000	284,342	1,284,342		1,284,342

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

Section B. Stigma and Discrimination Reduction

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:

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.

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

Priority Two

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.

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

Priority Three

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

Recommended Action: SDR 4.1

Priority Four

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

Recommended Actions: SDR 3.1, and 3.4

California Mental Health Services Authority (CalMHSA) Program Budget

Projections (as of September 24, 2010)

Total for CalMHSA Stigma and Discrimination Reduction

	Program	Current	Phase 2	Subtotal	ADMIN	Total
		Budget	Budget	(1)	(2)	Program
SDR 1						(1) + (2)
	CSDRP-SDR 1.1, 1.5, 1.6, 1.7	15,107,450	4,617,819	19,725,269		19,725,269
SDR 2						
	Awareness- SDR-2.1, 2.4, 2.6, 2.9, 2.10	15,107,450	2,870,758	17,978,208		17,978,208
SDR 3						
	Increase Knowledge- SDR 4.1	3,000,000	508,534	3,508,534		3,508,534
SDR 4						
	Regs Laws-SDR 3.1, 3.4	2,000,000	205,054	2,205,054		2,205,054

Priority One

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 1.5, 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.

- Recommended actions: SDR 1.1** Create widespread understanding and recognition within the public 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 1.6** 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

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

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. The strategic directions and recommended actions of the CalMHSA embrace the vision of 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 public 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.
- 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.
- 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

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

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.

Scope of Work: The scope of work will be provided in the RFP for Recommended Actions: SDR 1.1, 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 Suicide Prevention Priority 2, Program Projections (as of September 24, 2010):

	Program	Current	Phase 2	Subtotal	ADMIN	Total
SDR 1		Budget	Budget	(1)	(2)	Program
						(1) + (2)
	CSDRP-SDR 1.1, 1.5, 1.6, 1.7	15,107,450	4,617,819	19,725,269		19,725,269

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.

Priority Two

Theme: Promote awareness, accountability and change

Recommended Actions: SDR 2.1, 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.

- Recommended actions:**
- SDR 2.1** Initiate systematic reviews to identify and address stigmatizing and discriminatory language, behaviors, practices, and policies.
 - 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 doubled³. 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
- Train mental health staff on stigma and discrimination reduction
- Support training for mental health staff

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
- Promoting and enhancing 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

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.

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, 2.4, 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 Suicide Prevention Priority 2, Program Projections (as of September 24, 2010)

	Program	Current	Phase 2	Subtotal	ADMIN	Total
SDR 2		Budget	Budget	(1)	(2)	Program (1) + (2)
	Awareness- SDR-2.1, 2.4, 2.6, 2.9, 2.10	15,107,450	2,870,758	17,978,208		17,978,208

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.

Priority Three

Theme: Increase knowledge of effective and promising programs that reduce stigma

Recommended Actions: SDR 4.1

Program Name:

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.

CalMHSA Suicide Prevention Priority 2, Program Projections (as of September 24, 2010):

	Program	Current	Phase 2	Subtotal	ADMIN	Total
SDR 3		Budget	Budget	(1)	(2)	Program (1) + (2)
	Increase Knowledge- SDR 4.1	3,000,000	508,534	3,508,534		3,508,534

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.

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.

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.

CalMHSA Suicide Prevention Priority 2, Program Projections (as of September 24, 2010):

	Program	Current	Phase 2	Subtotal	ADMIN	Total
SDR IV		Budget	Budget	(1)	(2)	Program
						(1) + (2)
	Regs Laws- SDR 3.1, 3.4	2,000,000	205,054	2,205,054		2,205,054

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.

Section C. Student Mental Health Initiative

C. California Strategic Plan on Student Mental Health Initiative:

Below is the CalMHSAs Statewide PEI Summary of the Student Mental Health Initiative for Higher Education, and for Kindergarten through Twelfth Grade (K-12), 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.

California Mental Health Services Authority (CalMHSAs) Program Budget

Projections (as of September 24, 2010)

Total for CalMHSAs Student Mental Health Initiative

SMHI 1						
	CSU-SMHI Higher Ed 1, 2, 3	6,655,550	1,550,194	8,205,743		8,205,743
	CCD-SMHI Higher Ed 1, 2, 3	6,655,550	1,550,194	8,205,743		8,205,743
Total Higher Education Allocation (56.7%)		19,966,649	4,650,581	24,617,230		24,617,230
SMHI 2						
	State K-12 SMHI 4	1,000,000		1,000,000		1,000,000
	Regional k-12 SMHI 1, 2, 3, 4	14,248,252	3,551,584	17,799,836		17,799,836
Total K-12 Allocation (43.3 %)		15,248,252	3,551,584	18,799,836		18,799,836
Total Student Mental Health Initiative		35,214,900	8,202,165	43,417,066	7,661,835	51,078,901

HIGHER EDUCATION

Theme and Priority: 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 | Efforts that foster supportive school climates including bullying prevention, suicide prevention, stigma reduction, and cultural awareness. |
| 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 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

KINDERGARTEN THROUGH TWELTH GRADE (K-12)

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.
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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
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Appendices

- 1 CalMHSA Budget, All Programs
- 2 California Counties and MHSAs Funding Projections by Fiscal Year
- 3 CalMHSA Statewide PEI Implementation Plan Themes, Priorities and Recommended Actions
- 4 CalMHSA Stakeholder Input Process: Submissions by Organization, Individual and Locality
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Appendix 1: CalMHSA Budget, All Programs

**California Mental Health Services Authority-CalMHSA
Program Projections as of September 24, 2010**

		Total all Programs				
	Program	Current Budget	Phase 2 Budget	Subtotal (1)	ADMIN (2)	Total Program
Suicide Prevention						(1) + (2)
Suicide	SPNP-SP 1.3, 1.4,	2,000,000	410,108	2,410,108		2,410,108
	Region - SP 1.5, 1.6		1,224,857	10,463,157		10,463,157
Suicide Prevention II	Campaign - SP 3.2, 3.3, 3.7	9,238,300	2,854,353	12,092,653		12,092,653
	Disseminate - SP 3.8, 3.9, 3.11	1,000,000	410,108	1,410,108		1,410,108
Suicide Prevention III	Educate - SP 2.1, 2.3, 2.5	1,000,000	284,342	1,284,342		1,284,342
Suicide Prevention IV	Effectiveness-SP 4.2, 4.3, 4.5, 4.6	1,000,000	284,342	1,284,342		1,284,342
Total Suicide Prevention		23,476,600	5,468,110	28,944,710	5,107,890	34,052,600
Stigma (SDR)						
SDR I	CSDRP-SDR 1.1, 1.5, 1.6, 1.7	15,107,450	4,617,819	19,725,269		19,725,269
SDR II	Awareness SDR-2.1, 2.4, 2.6, 2.9, 2.10	15,107,450	2,870,758	17,978,208		17,978,208
SDR III	Increase Knowledge-SDR 4.1	3,000,000	508,534	3,508,534		3,508,534
SDR IV	Regs Laws-SDR 3.1, 3.4	2,000,000	205,054	2,205,054		2,205,054
Total Stigma (SDR)		35,214,900	8,202,165	43,417,065	7,661,835	51,078,900
Student Mental Health Initiative						
SMHI I	UC-SMHI Higher Ed 1, 2, 3	6,655,550	1,550,194	8,205,743		8,205,743
	CSU-SMHI Higher Ed 1, 2, 3	6,655,550	1,550,194	8,205,743		8,205,743
	CCD-SMHI Higher Ed 1, 2, 3	6,655,550	1,550,194	8,205,743		8,205,743
Total Higher Edu Allocation (56.7%)		19,966,649	4,650,581	24,617,230		24,617,230
SMHI II	State K-12 SMHI 4	1,000,000		1,000,000		1,000,000
	Regional k-12 SMHI 1,2,3, 4	14,248,252	3,551,584	17,799,836		17,799,836
Total K-12 Allocation (43.3 %)		15,248,252	3,551,584	18,799,836		18,799,836
Total Student Mental Health Initiative		35,214,900	8,202,165	43,417,066	7,661,835	51,078,901
Total Anticipated Funds		93,906,400	21,872,440	115,778,841	20,431,560	136,210,401

Appendix 1: CalMHSA Budget, All Programs, Foot Notes

Projected contributions of \$136,210,400 are based on the following 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.

Member County	Balance \$
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	5,327,200
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
Yolo	832,800
	88,088,400
New Member County	
Contra Costa	3,668,800
Fresno	3,994,000
Imperial	750,000
Kern	3,423,600
Lake	236,800
Riverside	8,856,000
San Diego	13,506,800
Santa Clara	7,707,600
Ventura	3,339,200
El Dorado	580,800
	46,063,600
Prospective Member County	
Humboldt	502,800
Kings	600,000
Mendocino	328,000
Napa	484,400
Siskiyou	143,200
	2,058,400
Projected Total	136,210,400

A. Current Budget – The current budget column includes seventy percent (70%) of member Counties and new member Counties assigned PEI funds.

Member Counties contributed funds \$88,088,400	X <u>70%</u>
	<u>\$61,661,880</u>
 New member contributed funds	 \$46,063,600
	X <u>70%</u>
	<u>\$32,244,520</u>
 Total Current Budget	 <u>\$93,906,400</u>

B. Phase 2 budget – Column includes the required ten percent (10%) contingency reserve, the contributed funds for prospective members and five percent (5%) for program evaluation.

Member and New Member Contingency Reserve (\$134,152,000 x 10%)	\$13,415,200
Contributed Funds of Prospective Members (\$2,058,400 x 80%)	\$ 1,646,720
Evaluation 5% (\$134,152,000 + 2,058,400 = 136,210,400 x 5%)	<u>\$ 6,810,520</u>
	<u>\$21,872,440</u>

C. Admin Budget

Operating Admin Budget (\$136,210,400 x 10%)	\$13,621,040
Planning Budget (\$136,210,400 x 5%)	<u>\$6,810,520</u>
	<u>\$20,431,560</u>

Appendix 2. Suicide Prevention: Statewide Program Activities

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

Appendix 3. 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 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 public 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 1.6	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 2.4	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.
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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.
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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	<p>School-Based Programs: Schools/districts funded under the SMHI should provide a continuum of prevention and early intervention services including:</p> <p>Efforts that foster supportive school climates, including bullying prevention, suicide prevention, stigma reduction, and cultural awareness.</p> <p>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.</p> <p>Early identification of students with mental health concerns who seek help, including universal voluntary screenings in partnership with families and caregivers.</p> <p>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.</p> <p>Outreach and education for families that are culturally and linguistically responsive and reduce the stigma associated with accessing and using mental health services.</p> <p>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.</p>
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SMH 1 cont'	<p>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.</p> <p>Use of appropriate youth peer-to-peer strategies.</p>
SMH 2	<p>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:</p> <p>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.</p> <p>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.</p> <p>Collaboration with community-based providers that enhance student success, for example health services, tutoring, after-school programs, or mentoring.</p> <p>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.</p> <p>Procedures for ongoing assessment of student mental health and continuous improvement of school-based programs.</p> <p>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.</p> <p>Meet current state curriculum mandates for health and wellness.</p>
SMH 3	<p>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.</p>
SMH 4	<p>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.</p>

Appendix 4: 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
Catherine A. Huerta Fresno County Department of Social Services	✓	✓	✓	Priorities	Fresno County	County	Fresno County

Stakeholder	Strategic Plans Submitted On			Priorities and/or Comments Submitted	Geographic Scope	Entity	Focus
	Stigma & Discrimination Reduction	Student Mental Health	Suicide Prevention				
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
Erick		✓	✓	Comments	Individual	Individual	Individual
Felix A. Bedolla Napa County Health and Human Services	✓	✓	✓	Comments	Napa County	County	Napa County

Stakeholder	Strategic Plans Submitted On			Priorities and/or Comments Submitted	Geographic Scope	Entity	Focus
	Stigma & Discrimination Reduction	Student Mental Health	Suicide Prevention				
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
Jose J. Aguirre	✓	✓		Priorities, comments	Individual	Individual	Individual
Karen George Sacramento County Office of Education – Project TEACH	✓	✓	✓	Priorities, comments	Sacramento County	County	K-12

Stakeholder	Strategic Plans Submitted On			Priorities and/or Comments Submitted	Geographic Scope	Entity	Focus
	Stigma & Discrimination Reduction	Student Mental Health	Suicide Prevention				
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, PpMHW MSG in Orange County	✓			Priorities, comments	Orange County	Individual	Orange County
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

Stakeholder	Strategic Plans Submitted On			Priorities and/or Comments Submitted	Geographic Scope	Entity	Focus
	Stigma & Discrimination Reduction	Student Mental Health	Suicide Prevention				
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
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

Stakeholder	Strategic Plans Submitted On			Priorities and/or Comments Submitted	Geographic Scope	Entity	Focus
	Stigma & Discrimination Reduction	Student Mental Health	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
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

Stakeholder	Strategic Plans Submitted On			Priorities and/or Comments Submitted	Geographic Scope	Entity	Focus
	Stigma & Discrimination Reduction	Student Mental Health	Suicide Prevention				
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
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

Stakeholder	Strategic Plans Submitted On			Priorities and/or Comments Submitted	Geographic Scope	Entity	Focus
	Stigma & Discrimination Reduction	Student Mental Health	Suicide Prevention				
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 5: CalMHSA Stakeholder Submission Themes by Count

Strategic Plans

SUICIDE PREVENTION

STRATEGIC DIRECTION 1:

Create a System of Suicide Prevention

Recommended Action(s) at the <u>State</u> Level	Submissions				
	State Org	County Org	Regional Org	Individual	Total
<i>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.</i>	1	0	0	0	1
<i>1.2 Engage a coalition of public partners to integrate, coordinate, enhance, and improve policies and practices that prevent suicide. (list of partnerships)</i>	4	5	0	0	9
<i>1.3 Develop a network of statewide public and private organizations to develop and implement strategies to prevent suicide. (list of partnerships)</i>	5	2	0	0	7
<i>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.</i>	3	0	0	0	3
<i>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.</i>	1	3	0	0	4
<i>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.</i>	2	5	0	0	7
<i>1.7 Identify and implement needed improvements in confidentiality laws and practices to promote safety, health, wellness, and recovery.</i>	0	1	0	0	1
Recommended Action(s) at the <u>Local</u> 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 and experience with diverse at-risk groups. (list of inclusions)	1	1	0	0	2
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.

Recommended Action(s) at the State Level:	Submissions				
	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
Submissions					
Recommended Action(s) at the <u>Local</u> Level:	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.

Submissions					
Recommended Action(s) at the <u>State</u> Level:	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
	Submissions				
Recommended Action(s) at the <u>Local</u> Level:	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 <u>State</u> 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
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
	Submissions				
Recommended Action(s) at the <u>Local</u> 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.

<u>Recommended Action(s)</u>	Submissions				
	<i>State Org</i>	<i>County Org</i>	<i>Regional Org</i>	<i>Individual</i>	<i>Total</i>
<i>1.1 Create widespread understanding and recognition within the public 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.</i>	5	3	1	0	9
<i>1.2 Prevent the development of mental health stigma, stereotyping, and discrimination.</i>	1	0	0	0	1
<i>1.3 Create opportunities and forums for strengthening relationships and understanding between consumers, family members, and the larger community.</i>	3	1	0	1	5
<i>1.4 Reduce self-stigma of individuals living with mental health challenges and stigma by association for their family members.</i>	4	4	0	0	8
<i>1.5 Recognize peer-run and peer-led programs as an important means for reducing stigma.</i>	6	2	0	1	9
<i>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.</i>	6	4	1	0	11
<i>1.7 Provide increased support for those closely involved with the lives of individuals facing mental health challenges.</i>	6	2	1	0	9
<i>1.8 Reduce the effects of stigma with a strength-based approach to assessment, diagnosis, treatment planning, and interventions.</i>	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
<i>2.1 Initiate systematic reviews to identify and address stigmatizing and discriminatory language, behaviors, practices, and policies.</i>	4	3	0	0	7
<i>2.2 Establish developmentally appropriate prevention, recovery, and wellness programs.</i>	3	3	0	0	6
<i>2.3 Ensure that mental health services are offered in non-traditional, non-stigmatizing community and school sites.</i>	7	3	0	0	10
<i>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.</i>	6	6	1	1	14
<i>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.</i>	6	3	1	1	11
<i>2.6 Educate employers on the importance of mental health wellness for all employees.</i>	1	1	0	0	2
<i>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.</i>	2	3	0	1	6

<i>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.</i>	1	0	1	2	4
<i>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.</i>	3	2	1	0	6
<i>2.10 Promote and enhance initiatives, programs, and curricula to change school cultures and increase social inclusion and social acceptance.</i>	5	5	0	0	10

STRATEGIC DIRECTION 3:

Upholding and advancing federal and state laws to identify and eliminate discriminatory policies and practices.

<u>Recommended Action(s)</u>	Submissions				
	<i>State Org</i>	<i>County Org</i>	<i>Regional Org</i>	<i>Individual</i>	<i>Total</i>
<i>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.</i>	1	2	0	1	4
<i>3.2 Promote the compliance and enforcement of current anti-discrimination laws and regulations.</i>	2	2	0	1	5
<i>3.3 Work to enhance and/or amend current statutes and regulations to further protect individuals and their family members from discrimination.</i>	2	0	0	0	2
<i>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.</i>	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.

<u>Recommended Action(s)</u>	Submissions				
	<i>State Org</i>	<i>County Org</i>	<i>Regional Org</i>	<i>Individual</i>	<i>Total</i>
<i>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.</i>	3	4	0	1	8
<i>4.2 Increase the skills and abilities of community participants to evaluate programs.</i>	1	3	0	1	5
<i>4.3 Ensure that research and evaluation projects adapt and respond to community needs.</i>	2	2	0	1	5
<i>4.4 Disseminate the lessons learned, promising practices, and other outcome findings.</i>	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. <i>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.</i>	2	4	0	0	6
2. <i>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.</i>	4	4	0	1	9
3. <i>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.</i>	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
<p>1. School-Based Programs: Schools/districts funded under the SMHI should provide a continuum of prevention and early intervention services including:</p> <ul style="list-style-type: none"> • <i>Efforts that foster supportive school climates including bullying prevention, suicide prevention, stigma reduction, and cultural awareness.</i> • <i>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.</i> • <i>Early identification of students with mental health concerns who seek help, including universal voluntary screenings in partnership with families and caregivers.</i> • <i>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.</i> • <i>Outreach and education for families that are culturally and linguistically responsive and reduce the stigma associated with accessing and using mental health services.</i> 	9	10	1	1	21
<ul style="list-style-type: none"> • <i>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.</i> • <i>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.</i> • <i>Use of appropriate youth peer-to-peer strategies.</i> 					

<p>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:</p>	4	7	0	2	13
<ul style="list-style-type: none"> • 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. 					
<p>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.</p>	7	6	0	1	14
<p>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.</p>	7	6	0	0	13

Appendix 6: Stakeholder Submission Themes by Cumulative Totals

California Strategic Plan on Suicide Prevention

Submission Themes	Submissions				
	State Org	County Org	Regional Org	Individual	Total
Family/Client Education	1	0	0	0	1
Depression Care Delivery	1	0	0	0	1
Community Education	0	0	0	2	2
Peer-to-Peer Guidance and Education	1	3	0	0	4
Firearm education	0	0	0	1	1
Marketing targeted at youth	3	0	0	0	3
Marketing targeted at older adults	1	0	0	0	1
Professional Education	1	0	0	0	1
Professional Education re individuals with disabilities	1	0	0	0	1

California Strategic Plan on Stigma and Discrimination Reduction

Submission Themes	Submissions				
	State Org	County Org	Regional Org	Individual	Total
Primary care community education	1	1	0	1	3
Peer-to-peer guidance and education	2	0	0	0	2
Family/community education	3	0	0	1	4
Cultural, linguistic services and dissemination of education	3	2	1	2	8
Education for criminal justice, legal, education professionals	2	0	0	0	2
Services targeting older adults	1	0	1	0	2
Overall psychiatric medication and counseling availability at all higher education campuses	1	1	0	0	2
Anonymity of visits to student health centers	0	1	0	0	1

California Strategic Plan on Student Mental Health

Submission Themes	Submissions				
	State Org	County Org	Regional Org	Individual	Total
Community, school and family education	3	2	0	0	5
Leveraging	1	2	0	0	3
Federal reimbursement in the health system	1	0	0	0	1
Training	2	1	0	0	3
Holistic approach to managing mental health	1	0	0	0	1
Release time follow-up	1	0	0	0	1
Cultural outreach	1	0	0	1	2
On-line and Web-based outreach, education	2	0	0	0	2
Coordinating previously existing programs with new programs	3	0	0	0	3
Peer-to-peer guidance and education	6	0	0	0	6
Screening	2	0	0	0	2
Social norming	1	1	0	0	2