

**Enclosure B**  
**Description of Community Program Planning (CPP) and Local Review**  
**Processes**  
**PEI Statewide Program Funding Request**

**County's Name's:** Alameda County and City of Berkeley

**Instructions:** Utilizing the following format please provide a brief description of the Community Program planning and Local Review Processes that were conducted in developing this Three Year Program and Expenditure Plan or update.

**1. Describe how the Plan update was developed in collaboration with stakeholders.**

For the original plan, staff from Alameda County and the City of Berkeley conferred with management and the MHSO Oversight Committee's in each jurisdiction to arrive at the decision to execute a joint planning process on how to best utilize the PEI Statewide Project Funds through a Multi-County Collaborative. A Multi-Jurisdictional Planning Committee was formed with diverse representatives that included consumers, family members, community stakeholders, and staff from the City of Berkeley and Alameda County. The 22 members of the Multi-Jurisdictional Planning Committee included African Americans, Latinos, Asian Pacific Islanders and Caucasians.

For the minor revisions in this update, information was presented to and reviewed by the City of Berkeley MHSO Advisory Committee and the Alameda County Behavioral Health Care Services Ongoing Planning Council. The MHSO Advisory Committee and the Ongoing Planning Council are the stakeholder groups in each jurisdiction that have consistently met since the first planning process to help develop the individual plans and review the implementation of MHSO programs. Each stakeholder group is comprised of a diverse array of consumers, family members, service providers, and community members. Stakeholder meetings in each jurisdiction are open to the public and allow for significant public comment and discussion.

**2. Describe the methods to obtain input and review of draft Plan/update from stakeholders and interested parties. (A 30 day review and public comment period is required.)**

A 30-Day public review is currently being held from June 27<sup>th</sup> to July 26<sup>th</sup> in the City of Berkeley. Announcements of the 30 Day Public Review will be issued through a Press Release and emailed/or mailed to a broad base of community stakeholders. The Draft Plan Update is posted on the City of Berkeley Mental Health website, and is available in the reference section of the Public Library in downtown Berkeley.

**4. Describe or attach substantive comments received during the local review process and responses to those comments. Indicate if none received.**

*\*Note: This section will be completed following the 30-Day Public Review period.*

**5. Describe substantive revisions made to the draft Plan/Update that was circulated to stakeholders. Indicate if no substantive changes were made.**

*\*Note: This section will be completed following the 30-Day Public Review period.*

**Enclosure D**  
**PEI STATEWIDE PROGRAM FUNDING REQUEST**  
**Implementation of Statewide and/or Replicable Programs**  
**Through Multi-County Collaborative**

**Counties Names: Alameda County & City of Berkeley**

**1. Amount of Funds Requested:**

**Alameda County**

For “replicable” programs to be implemented through multi-County collaborative:

<u>From FY</u>	<u>For FY</u>
09-10 <u>\$ 618,043</u>	12-13 <u>\$2,075,543</u>
10-11 <u>\$1,457,500</u>	
11-12 <u>\$1,457,500</u>	13-14 <u>\$1,457,500</u>

**City of Berkeley**

For “replicable” programs to be implemented through multi-County collaborative:

<u>From FY</u>	<u>For FY</u>
09-10 <u>\$ 54,235</u>	12-13 <u>\$182,135</u>
10-11 <u>\$127,900</u>	
11-12 <u>\$127,900</u>	12-13 <u>\$127,900</u>

Alameda County has been designated as the Lead County for this Multi-County Collaborative.

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2. Identify the specific “recommended actions” identified from the State Strategic Plans to be implemented either as “statewide” and/or “replicable” programs by title and number. (See link to State Strategic Plans provided on Page 1 which includes “recommended actions” by number.)

For example, if identifying Suicide Prevention activities for “statewide” and/or “replicable” program implementation, provide the following type of information under Suicide Prevention, Statewide and/or Replicable Program Activities based on the specific “recommended actions” chosen for implementation:

**Stigma and Discrimination Reduction**

**Statewide Program Activities: N/A**

**Multi-County Replicable Program Activities:**

**Stigma and Discrimination 1, Training Program** This program links to the State’s Stigma & Discrimination Reduction Recommended Actions 2.4, 2.5, and 2.10.

- 2.4 = Training and education to create a more holistic approach to physical health and mental wellness.
- 2.5 = Training and education for law enforcement, consumers, family members and the probation, parole and juvenile justice systems.
- 2.10 = Training for educational institutions to increase social inclusion & acceptance.

**Stigma and Discrimination 2, Peer Mentorship Program** This program links to the State’s Stigma & Discrimination Reduction Recommended Action 1.6.

- 1.6 = Stigma and Discrimination Peer Mentorship Program will enhance the capacity of existing peer mentorship programs.

## **Student Mental Health**

**Statewide Program Activities: N/A**

### **Multi-County Replicable Program Activities:**

#### **Higher Education (HE)**

**Student Mental Health HE, 1 Training Program** - This project links to the State's Mental Health Higher Education Recommended Actions 1.1 and 1.2.

1.1 = Mental health awareness by students, preferable consumers, to school staff, students and families.

1.2 = Peer support training by students, preferable consumers

**Student Mental Health HE, 2 Mental Health Consultation** This project links to the State's Mental Health Higher Education Recommended Action 1.1.

1.1 = Mental Health Consultation that builds the capacity of targeted institutions of higher education to address the social, emotional and behavioral needs of students.

#### **K-12**

**Student Mental Health K-12, 1 Training Program** – This program links to the State's Mental Health K-12 Recommended Actions 2.1 and 2.3.

2.1, 2.3 = Provide education about suicide prevention and mental health to students and school staff.

**Student Mental Health K-12, 2 School-based Mental Health Consultation Program** – This program links to the State's Mental Health K-12 Recommended Actions 2.1, 2.3 and 2.4.

2.1, 2.3, 2.4 = Mental Health Consultation that builds the capacity of K-12 schools to address the social, emotional and behavioral needs of students in targeted local school districts.

## **Suicide Prevention**

**Statewide Program Activities: N/A**

### **Multi-county Replicable Program Activities:**

**Suicide Prevention, 1 Training Program** This project links to the State's Suicide Prevention Recommended Actions 1.13, 3.9 and 3.11.

1.13 = Trainings to promote education about suicide and suicide by proxy for historically underserved and inappropriately served populations.

3.9 = Training and educational materials for community gatekeepers around preventing suicide and suicide by proxy.

3.11 = Enhancing capacity for peer support through training of existing hotline and warm line staff.

**Suicide Prevention, 2 Crisis Intervention Text Messaging Program** This project links to the State's Suicide Prevention Recommended Action 1.13.

1.13 = Text messaging program to provide one-on-one crisis intervention services and follow-up.

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**PEI STATEWIDE PROGRAM FUNDING REQUEST**  
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### 3. Program Description

**Provide a detailed program description for each proposed program to be implemented.** Attached are descriptions for each program proposed to be implemented.

#### **Program: STIGMA & DISCRIMINATION REDUCTION**

**Stigma and Discrimination 1, Training Program** This program links to the State's Stigma & Discrimination Reduction Recommended Actions 2.4, 2.5, and 2.10

This program will reduce stigmatizing attitudes and behaviors by providing training and education to a diverse group of stakeholders and communities. The goal is to promote an increased awareness and sensitivity about the needs of individuals and families with or at risk for mental health issues.

This training program will inform the public about resources available to the community as well as promote discussion, candor and exposure to individuals who are living with or at risk for mental health issues, and their families. This program seeks to reduce stigmatization, discrimination, bullying, and use of excessive or unnecessary force towards individuals with mental health needs and their families. This program also seeks to promote wellness and the integration of physical health and mental wellness.

All activities shall be client and family driven; wellness, recovery and resilience focused; culturally responsive; collaborative; co-occurring capable; and integrated with other services in the community.

#### **2.4 Training and education to create a more holistic approach to physical health and mental wellness**

##### *Target populations:*

- Individuals living with mental health needs and their families;
- Primary and behavioral health care workers; and
- Faith based and holistic service providers.

##### *Activities/Strategies to be implemented:*

- Implementing a one-day conference to raise awareness around the importance of integrating behavioral health and primary care;
- Employing the contact approach to educate primary care providers on mental health; and
- Delivering Wellness Workshops for consumers which emphasize healthy life skills and healthy eating, monitoring of key health indicators, and self-monitoring of health.

#### **2.5 Training and education for law enforcement, first responders, medical personnel, consumers, families and the probation, parole and juvenile justice system**

##### *Target populations:*

- Each of the groups listed above.

##### *Activities/Strategies to be implemented:*

- Delivering an existing curriculum such as, but not limited to Crisis Intervention Training (CIT) for law enforcement which will include a consumer/family panel and an emphasis on de-escalation and improved interaction with consumers and family members;
- Developing and implementing a training for consumers and family members about how to work effectively with law enforcement;
- Developing a public awareness campaign to educate the public regarding mental health myths; and
- Delivering an existing curriculum such as, but not limited to Educate, Equip, and Support, Mental Health First Aid or eCPR for the probation, parole and juvenile justice systems which will utilize consumers/family members as trainers and promote improved interaction with consumers.

## 2.10 Training and education for educational institutions to increase social inclusion & acceptance

### *Target populations:*

- Students living with mental health needs and their families; and
- Students, teachers and administrators in education, such as K-12 Schools, community colleges and four year universities.

### *Activities/Strategies to be implemented:*

- Purchasing low-cost and intact anti-bullying curricula and using a train the trainer model to increase school support and participation.

The above activities will link to a number of existing relationships and projects in Alameda County and the City of Berkeley. The project will leverage existing relationships with Primary Care Providers, Faith-Based Organizations; Law Enforcement, Peer-Run Organizations, Probation, Parole, Juvenile Justice and Educational Institutions. The project will also collaborate with existing local programs around primary care integration, the SAMHSA 10x 10 campaign, social inclusion, school climate and mental health consultation in schools.

**Stigma and Discrimination 2, Peer Mentorship Program** This program links to the State's Stigma & Discrimination Reduction Recommended Action 1.6

This program will 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.

All activities shall be client and family driven; wellness, recovery and resilience focused; culturally responsive; collaborative; co-occurring capable; and integrated with other services in the community.

## 1.6 Stigma and Discrimination Peer Mentorship Program will enhance the capacity of existing peer mentorship programs.

### *Target populations:*

- Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) Community;
- Individuals suffering from substance use disorders;
- Youth;
- Underserved and inappropriately served Ethnic and Language populations, including African Americans, Latinos, Asian/Pacific Islanders, South Asians, and Native Americans; and
- Communities suffering from poverty.

### *Activities/Strategies to be implemented:*

- Enhancing and building capacity of the existing peer mentorship programs with peer volunteer who represent the target population groups.
- A Peer Mentor Coordinator will supervise and support the volunteers. The volunteers will provide outreach and mentorship to youth and adults entering the public mental health system.

The above activities will link to a number of programs in Alameda County and the City of Berkeley such as the existing peer mentorship programs and social inclusion programs; the work of the Cultural Responsiveness Committee; and the PEI projects that target underserved ethnic and linguistic minority populations.

## **Program: STUDENT MENTAL HEALTH – HIGHER EDUCATION (HE)**

**Higher Education 1, Training Program** - This project links to the State's Mental Health Higher Education Recommended Actions 1.1 & 1.2.

This training program seeks to reduce stigma associated with mental illness and suicide; and to increase peer and instructor support for students experiencing mental distress. The ultimate goal of these efforts is creation of a campus environment that is healthy and inclusive towards students experiencing mental distress through training for students, teachers, administrators and families.

All activities shall be client and family driven; wellness, recovery and resilience focused; culturally responsive; collaborative; co-occurring capable; and integrated with other services in the community.

*1.1 Mental health awareness training by students, preferable consumers, to school staff, students and families; and*

*1.2 Peer support by students, preferable consumers*

*Target settings:*

- Laney Community College
- Merritt Community College
- Berkeley Community College
- Alameda Community College
- Chabot Community College
- Ohlone College
- Las Positas College
- California State University, East Bay
- University of California, Berkeley

*Activities/Strategies to be implemented:*

- Train approximately 20 students, preferably consumers, to provide a variety of peer support services/counseling within existing campus structures to students at local post secondary schools.

The above activities will link to a number of existing projects in Alameda County and the City of Berkeley such as social inclusion programs; WRAP groups; the Alameda County Youth Initiative; anti-bullying program funded through the PEI Statewide Projects funding for Stigma and Discrimination Reduction; mental health consultation program also funded through the PEI Statewide Projects funding for Student Mental Health for Higher Education; and campus mental health resources at the above-mentioned institutes for higher education.

**Higher Education 2, Mental Health Consultation** - This project links to the State's Mental Health Higher Education Recommended Actions 1.1.

This program seeks to reduce stigma associated with mental illness and create a campus environment that is healthy and inclusive towards students experiencing mental distress through training for students, teachers, administrators and families.

All activities shall be client and family driven; wellness, recovery and resilience focused; culturally responsive; collaborative; co-occurring capable; and integrated with other services in the community.

*1.1 Mental Health Consultation that builds the capacity of targeted institutions of higher education to address the social, emotional and behavioral needs of students.*

*Target settings:*

- Laney Community College
- Merritt Community College
- Berkeley Community College
- Alameda Community College
- Chabot Community College
- Ohlone College



- Las Positas College
- California State University, East Bay
- University of California, Berkeley

*Activities/Strategies to be implemented:*

- Training for school staff and students on typical and atypical development, the early indicators of serious mental health issues and how to refer students for screening and intervention.
- General consultation, which involves working with school staff on systemic issues such as curriculum, classroom set-up and classroom policies which may impact a child's mental health issues and provide interventions that will improve their functioning within the school setting.
- Youth-specific consultation, which involves working with the school staff and family to develop an intervention plan to address the social, emotional, behavioral and/or developmental needs of specific students and provide crisis reports as needed.

The above activities will link to a number of existing projects in Alameda County and the City of Berkeley such as the anti-bullying programs funded through the PEI Statewide Projects funding for Stigma and Discrimination Reduction; the mental health awareness trainings also funded through the PEI Statewide Projects funding for Student Mental Health for Higher Education; and campus mental health resources at the above-mentioned institutes for higher education.

## **Program: STUDENT MENTAL HEALTH – K-12 SCHOOLS**

**K-12 1, Training Program** - This program links to the State's Mental Health K-12 Schools Recommended Actions 2.1 and 2.3.

K-12 schools need a continuum of School-Based Programs for prevention and early intervention of such important issues as suicide prevention and stigma reduction. Specifically, the proposed program will incorporate training and education around suicide prevention, increasing knowledge of youth mental health issues and reducing stigma. One of the overarching goals is to address student "transition points", e.g. when a youth enters a new school or has moved from middle to high school, etc. Anecdotal evidence shows that these transition points are periods where youth often "fall through the cracks" which can put them at a higher risk of mental health issues.

All activities shall be client and family driven; wellness, recovery and resilience focused; culturally responsive; collaborative; co-occurring capable; and integrated with other services in the community.

2.1 and 2.3. Provide education about suicide prevention and mental health to students and school staff.  
*Target populations:*

- Schools throughout Alameda County and the City of Berkeley that are identified as having high-needs in terms of rates of bullying, suspension, expulsion and truancy.

*Activities/Strategies to be implemented:*

- Providing suicide prevention education to youth and staff at middle and high schools.
- Providing presentations by consumers and family members about their lived experience.

The above activities will link to a number of existing efforts in Alameda County and the City of Berkeley such as those related to school climate and mental health consultation in schools; social inclusion; suicide prevention; and other mental health resources at local K-12 schools (such as student health centers and EPSDT school-based programs).

**K-12 2, Mental Health Consultation** - This project links to the State's Mental Health Higher Education Recommended Actions 2.1, 2.3 and 2.4.

School-based Mental Health Consultation will involve building the capacity of targeted school districts to address the social, emotional and behavioral needs of students. This Mental Health Consultation shall promote a school climate that identifies and addresses student mental health needs and is supportive of students at risk for serious mental health issues. Collaborative partnerships with teachers, staff, parents, and other providers will be developed to create school environments that promote healthy, social emotional development, help make social-emotional learning supports available to all students, and facilitate effective problem-solving among adults and students.

All activities shall be client and family driven; wellness, recovery and resilience focused; culturally responsive; collaborative; co-occurring capable; and integrated with other services in the community.

2.1, 2.3 and 2.4. *Mental Health Consultation that builds the capacity of K-12 schools to address the social, emotional and behavioral needs of students.*

*Target populations:*

- Schools throughout Alameda County and the City of Berkeley that are identified as having high-needs in terms of rates of bullying, suspension, expulsion and truancy.
- Continuation schools
- Lesbian, Gay, Bisexual and Transgender (LGBT) students
- English-as-a-second-language learners

*Activities/Strategies to be implemented:*

- Training for school staff, families and students on typical and atypical development, the early indicators of serious mental health issues and how to refer students for screening and intervention.
- General consultation, which involves working with school staff on systemic issues such as curriculum, classroom set-up and classroom policies which may impact a child's mental health issues and provide interventions that will improve their functioning within the school setting.
- Child-specific consultation, which involves working with the school staff and family to develop an intervention plan to address the social, emotional, behavioral and/or developmental needs of specific students and provide crisis reports as needed.

The above activities will link to a number of existing efforts in Alameda County and the City of Berkeley such as those related to school climate and mental health consultation in schools; social inclusion; suicide prevention; and other mental health resources at local K-12 schools (such as student health centers and EPSDT school-based programs).

## **Program: SUICIDE PREVENTION**

**Suicide Prevention 1, Training Program** This program links to the State's Suicide Prevention Recommended Actions 1.13, 3.9 and 3.11.

This training program will address a number of community needs including increasing knowledge and sensitivity around suicide and suicide prevention as well as helping to incorporate and build capacity for peer support and peer operated service models. Additionally, this training seeks to reduce the service gaps for traditionally underserved and inappropriately served ethnic groups and other at risk populations.

All activities shall be client and family driven; wellness, recovery and resilience focused; culturally responsive; collaborative; co-occurring capable; and integrated with other services in the community.

### **1.13 Trainings to promote education about suicide and suicide by proxy for historically underserved and inappropriately served populations.**

*Target populations:*

- TAY (including LGBT TAY);
- Older Adults;
- African Americans; and
- Veterans;

*Activities/Strategies to be implemented:*

- The implementation of intact curriculums such as, but not limited to, Mental Health First Aid or eCPR; the trainings will utilize peers to lead or co-lead the facilitation of the trainings.

### **3.9. Training and educational materials for community gatekeepers around preventing suicide and suicide by proxy'**

*Target populations:*

- Faith-based communities/clergy;
- Teachers/school staff;
- Peer counselors;
- MH and AOD county providers;
- Criminal Justice system;
- Agencies that serve very diverse cultural and ethnic communities (including LGBTQ and Older Adults); and
- Other identified gatekeepers.

*Activities/Strategies to be implemented:*

- Gatekeeper Training;
- Enhancement and distribution of suicide prevention materials to be posted in public locations including faith-based and culturally specific settings; and
- The hosting of two one-day conferences for community gatekeepers to raise awareness about the prevention of suicide and suicide by proxy.

### **3.11 Enhancing capacity for peer support through training of existing hotline and warm line staff.**

*Target populations:*

- Existing hotline or warmline staff, such as those from the Parental Stress warmline or Crisis Support Services Suicide hotline.

*Activities/Strategies to be implemented:*

- Develop and Implement peer-led presentations with existing hotline or warm line staff.

The above activities will link to a number of existing projects in Alameda County and the City of Berkeley such as building off of the work of the social inclusion programs; the Alameda County Cultural Responsiveness Committee; the Clergy Roundtable meetings; and Alameda County Crisis Support Services (suicide prevention/grief counseling programs).

**Suicide Prevention 2, Crisis Intervention via Text Messaging Program** - This program links to the State's Suicide Prevention Recommended Action 1.13.

This program will address the needs of youth and young adults who may be in crisis but wouldn't necessarily call a suicide hotline for support. Activities shall be client and family driven; wellness, recovery and resilience focused; culturally responsive; collaborative; co-occurring capable; and integrated with other services in the community.

1.13. Crisis intervention text messaging program to provide one-on-one crisis intervention services and follow-up

*Target populations:*

- Youth and young adults, as this is the group that uses text messaging more heavily than actual phone services, but this text messaging program will be open to all.

*Activities/Strategies to be implemented:*

- One-on-one crisis intervention services through text messaging in order to engage youth or young adults who are in crisis;
- Follow-up messaging with the client after the crisis is over.

This program will link to a number of existing projects in Alameda County and the City of Berkeley such as Alameda County's PEI PREP Program (Prevention and Recovery in Early Psychosis) for TAY, the Alameda County Youth Initiative; the Alameda County Cultural Responsiveness Committee, and Alameda County's Crisis Support Services (suicide prevention/grief counseling programs).

**Enclosure D**  
**PEI STATEWIDE PROGRAM FUNDING REQUEST**  
**Implementation of Statewide and/or Replicable Programs**  
**Through Multi-County Collaborative**

**4. Budget Detail by Program**

**Provide budget information for each program on the PEI Statewide Program Funding Request Budget Forms F, F.1 and F.2 enclosed. (See Budget Instructions provided with budget forms.)**

Attached are Budget Forms for each program funding request.

**Enclosure D**  
**PEI STATEWIDE PROGRAM FUNDING REQUEST**  
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**5. Evaluation**

**Replicable Programs**

**Describe the methodology for evaluation of each replicable program including how information and evaluation findings will be shared and disseminated for possible program replication in other areas of the state. Confirm participation of County staff or contractors in any statewide evaluation conducted that includes a focus on the expenditure of PEI Statewide Funds.**

The Multi-Jurisdictional Collaborative of Alameda County and the City of Berkeley are committed to evaluating the effectiveness of our proposed replicable programs as well as disseminating the evaluation findings. Alameda County is the proposed lead county and has thus earmarked approximately 10% of Statewide funds in each program area for evaluation efforts.

This Multi-Jurisdictional Collaborative will hire an external evaluator, through an RFP process, that will propose various evaluation methods so as to evaluate the effectiveness and outcomes of each project. The below narratives include potential evaluation ideas and it is assumed that additional evaluation activities will be determined when the evaluator is brought on board.

For all of the Multi-Jurisdictional programs that are proposed in this funding request, a process will be developed to disseminate and share evaluation findings. This process may include either quarterly or semi-annual evaluation reports that will be presented at a number of venues including both Alameda County's and the City of Berkeley's MHSA oversight committees, Mental Health Boards, Consumer meetings, meeting with the criminal justice systems, etc. The evaluation reports will also be posted on both jurisdictions website and available in hard copy to anyone who is interested in the Collaborative's progress.

Additionally each program will comply with data requests for the Statewide evaluation for all of our Multi-Jurisdictional programs.

**Program: Stigma and Discrimination Reduction Program**

Stigma and Discrimination 1, Training Program

Potential evaluation ideas will include a combination of process and outcome information such as: pre/post tests for all training activities, documentation of materials generated and places they are posted, focus groups or key informant interviews for the purpose of understanding the impact of the stigma and discrimination reduction training program on various populations-especially consumers and their families, and documentation of how this (time-limited) program dedicated to reducing stigma and discrimination links to Alameda County's ongoing PEI Social Inclusion campaign. It is assumed that once an external evaluator is brought on board additional evaluation activities will be determined.

Stigma and Discrimination 2, Peer Mentorship Program

Potential evaluation ideas will include a combination of process and outcome information such as: documentation of materials generated and places they are posted, focus groups or key informant interviews for the purpose of understanding the impact of the stigma and discrimination reduction Peer Mentorship program on various populations-especially consumers and their families, and documentation of how this (time-limited) program dedicated to reducing stigma and discrimination links to Alameda County's ongoing PEI Social Inclusion campaign (which is targeted at reducing stigma and

discrimination). It is assumed that once an external evaluator is brought on board additional evaluation activities will be determined.

### **Program: Student Mental Health-Higher Education (HE)**

#### Student Mental Health, Higher Education 1, Training Program

Potential evaluation ideas will include a combination of process and outcome information such as: competencies of WRAP (wellness, recovery, action plan) facilitation trainers, description of what types of links exist and occur between the post secondary schools and Alameda County and the City of Berkeley around peer support and training of peers, pre/post tests for all training activities such as increase in knowledge around empathetic listening skills (eCPR trainings), focus groups or key informant interviews for the purpose of understanding the impact of this training program on college students and educational staff. It is assumed that once an external evaluator is brought on board additional evaluation activities will be determined.

#### Student Mental Health, Higher Education 2, Mental Health Consultation

Potential evaluation ideas will include a combination of process and outcome information such as: satisfaction of students and educational staff around effectiveness of the consultation model, levels of peer support that are evident through this model, focus groups or key informant interviews for the purpose of understanding the impact of mental health consultation for college students and educational staff. It is assumed that once an external evaluator is brought on board additional evaluation activities will be determined.

### **Program: Student Mental Health-K-12**

#### Student Mental Health, K-12, 1, Training Program

Potential evaluation ideas will include a combination of process and outcome information such as: pre/post tests for all training activities such as increase in student knowledge around how to talk to their peers about suicide, documenting the process to develop a youth-based Speaker's Bureau, number of schools where speaker bureau presents, documentation of the types of presentations (art-based, video diaries, etc) that are effective in reaching youth, focus groups or key informant interviews for the purpose of understanding the impact on students who listen to the speaker bureau participants and/or receive the suicide prevention trainings. It is assumed that once an external evaluator is brought on board additional evaluation activities will be determined.

#### Student Mental Health, K-12, 2, School-based Mental Health Consultation

Potential evaluation ideas will include a combination of process and outcome information such as: satisfaction of students and educational staff around effectiveness of the consultation model, levels of peer support that are evident through this model, documentation/quantification of types of consultation (e.g. youth specific, school staff specific, one-on-one vs. group consultation, etc) focus groups or key informant interviews for the purpose of understanding the impact of mental health consultation for K-12 students and educational staff. It is assumed that once an external evaluator is brought on board additional evaluation activities will be determined.

### **Program: SUICIDE PREVENTION**

#### Suicide Prevention 1 Training Program

Potential evaluation ideas will include a combination of process and outcome information such as: pre/post tests for all training activities, documentation of materials generated and places they are posted, focus groups or key informant interviews for the purpose of understanding the impact of the training program on various populations, and the documentation of baseline suicide incidence and prevalence for

Alameda County. It is assumed that once an external evaluator is brought on board additional evaluation activities will be determined.

#### Suicide Prevention 2 Crisis Intervention Text Messaging Program

Potential evaluation ideas will include a combination of process and outcome information such as: number of text messages received and number of follow-ups completed; number of clients who received text message that follow-up with a call to the county's suicide hotline; youth satisfaction levels with texting program (this will be gathered through educational sessions proposed in the k-12 Student Mental Health section); process to set up and start this type of program; documentation of educational materials about this texting program and the documentation of baseline suicide incidence and prevalence for Alameda County. It is assumed that once an external evaluator is brought on board additional evaluation activities will be determined.



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**6. Collaboration**

- a. Identify other Counties involved in the multi-County collaborative implementing the “recommended actions” identified in this funding request. If the counties involved vary between those proposing to implement statewide programs and those proposing to implement replicable programs please provide that information.**

Alameda County and the City of Berkeley are the two counties involved in implementing the “recommended actions” in this funding request. Both counties are proposing to implement joint programs that are replicable.

- b. If collaboration has included shared resources such as joint staffing, joint operations and/or shared infrastructure please describe that collaboration.**

This Multi-County Collaborative will pool all funds for the above listed programs, which will include approximately 2.3 FTE's to assist in the implementation and coordination of these programs. The personnel assigned to these programs will be housed in Alameda County Behavioral Health Care Services, but will work collaboratively with the City of Berkeley.

Enclosure F-2

PEI STATEWIDE PROGRAM SUMMARY FUNDING REQUEST

BUDGET SUMMARY

County: Alameda County and the City of Berkeley

Date: \_\_\_\_\_

	PROGRAM NAME	MHSA Funding Request	Suicide Prevention			Stigma and Discrimination Reduction			Student Mental Health Initiative		
			Statewide	Replicable	Total	Statewide	Replicable	Total	Statewide	Replicable	Total
1.	Suicide Prevention #1	\$489,307		\$489,307	\$489,307			\$0			\$0
2.	Suicide Prevention #2	\$100,033		\$100,033	\$100,033			\$0			\$0
3.	Stigma and Discrimination Reduction#1	\$569,973			\$0		\$569,973	\$569,973			\$0
4.	Stigma and Discrimination Reduction#2	\$234,865			\$0		\$234,865	\$234,865			\$0
5.	Student Mental Health - K-12 #1	\$128,023			\$0			\$0		\$128,023	\$128,023
6.	Student Mental Health - k-12 #2	\$317,717			\$0			\$0		\$317,717	\$317,717
7.	Student Mental Health - Higher Education#1	\$236,183			\$0			\$0		\$236,183	\$236,183
8.	Student Mental Health - Higher Education#2	\$178,716			\$0			\$0		\$178,716	\$178,716
9.					\$0			\$0			\$0
10.					\$0			\$0			\$0
11.					\$0			\$0			\$0
12.					\$0			\$0			\$0
13.					\$0			\$0			\$0
14.					\$0			\$0			\$0
15.					\$0			\$0			\$0
16.	Subtotal: Programs	\$2,254,818	\$0	\$589,340	\$589,340	\$0	\$804,838	\$804,838	\$0	\$860,640	\$860,640
17.	Plus up to 15% County/JPA Administration										
18.	Plus up to 10% Operating Reserve	\$2,860									
19.	Total: PEI Statewide Program Funds	\$2,257,678									

Calculation of Proportionality	Sub-Total	% of Total
Suicide Prevention	\$589,340	26%
Stigma and Discrimination Reduction	\$804,838	36%
Student Mental Health Initiative	\$860,640	38%
Total: PEI Statewide Program Funds	\$2,257,678	100%

Enclosure F-2

PEI STATEWIDE PROGRAM SUMMARY FUNDING REQUEST

BUDGET SUMMARY

County: Alameda County and the City of Berkeley

Date: \_\_\_\_\_

	PROGRAM NAME	MHSA Funding Request	Suicide Prevention			Stigma and Discrimination Reduction			Student Mental Health Initiative		
			Statewide	Replicable	Total	Statewide	Replicable	Total	Statewide	Replicable	Total
1.	Suicide Prevention #1	\$327,130		\$327,130	\$327,130			\$0			\$0
2.	Suicide Prevention #2	\$63,213		\$63,213	\$63,213			\$0			\$0
3.	Stigma and Discrimination Reduction#1	\$451,780			\$0		\$451,780	\$451,780			\$0
4.	Stigma and Discrimination Reduction#2	\$143,697			\$0		\$143,697	\$143,697			\$0
5.	Student Mental Health - K-12 #1	\$116,819			\$0			\$0		\$116,819	\$116,819
6.	Student Mental Health - k-12 #2	\$182,932			\$0			\$0		\$182,932	\$182,932
7.	Student Mental Health - Higher Education#1	\$173,147			\$0			\$0		\$173,147	\$173,147
8.	Student Mental Health - Higher Education#2	\$93,349			\$0			\$0		\$93,349	\$93,349
9.					\$0			\$0			\$0
10.					\$0			\$0			\$0
11.					\$0			\$0			\$0
12.					\$0			\$0			\$0
13.					\$0			\$0			\$0
14.					\$0			\$0			\$0
15.					\$0			\$0			\$0
16.	Subtotal: Programs	\$1,552,067	\$0	\$390,343	\$390,343	\$0	\$595,477	\$595,477	\$0	\$566,247	\$566,247
17.	Plus up to 15% County/JPA Administration										
18.	Plus up to 10% Operating Reserve	\$33,333									
19.	Total: PEI Statewide Program Funds	\$1,585,400									

Calculation of Proportionality	Sub-Total	% of Total
Suicide Prevention	\$390,343	25%
Stigma and Discrimination Reduction	\$595,477	38%
Student Mental Health Initiative	\$566,247	36%
Total: PEI Statewide Program Funds	\$1,585,400	100%