

**Enclosure F-1  
PEI STATEWIDE PROGRAM FUNDING REQUEST**

**Budget Narrative**

**County:** Alameda County and the City of Berkeley

**PEI Statewide Funds Program Name and #:** Stigma and Discrimination Reduction #1  
(Training Program)

**Please provide a one or two sentence narrative description for each budget item below.**

**PEI STATEWIDE PROGRAM**

**A. EXPENDITURES**

**1. Personnel**

For this training program under Stigma and Discrimination Reduction we will utilize:

.8 FTE of management level program staff;

1.55 FTE of administrative assistant staff;

2.8 FTE of licensed staff; and

1.0 FTE for a Senior Level Recovery Coach.

**2. Operating Expenditures**

Operating expenditures for this training program include: facility costs, training materials such as the purchasing of curriculums and training binders, food/refreshment expenses for trainings and the one day conference, peer stipends, offsetting of participants fees/training scholarships, and trainer fees/costs.

**3. Non-Recurring Expenditures**

None

**4. Subcontracts/Professional Services**

The Wellness Workshops for consumers (which emphasize healthy life skills and healthy eating) will utilize a .25 nurse (RN or LVN). Additionally, this program will use the services of a local laboratory to conduct lab work for the clients enrolled in the Wellness Workshops.

## **5. Evaluation**

Alameda County is the proposed lead county and has thus earmarked approximately 10% of Statewide funds in each program area for evaluation efforts. For this 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.

## **6. Other**

None

## **B. REVENUES**

### **8. Medi-Cal (FFP Only)**

None/NA

### **9. State General Funds**

None

### **10. Other Revenue**

None

**Prepared by:** Tracy Hazelton, Alameda County Prevention Coordinator

**Telephone Number:** 510-639-1285

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PEI STATEWIDE PROGRAM FUNDING REQUEST**

**Budget Narrative**

**County:** Alameda County and the City of Berkeley

**PEI Statewide Funds Program Name and #:** Stigma and Discrimination Reduction #2  
(Peer Mentorship Program)

**Please provide a one or two sentence narrative description for each budget item below.**

**PEI STATEWIDE PROGRAM**

**A. EXPENDITURES**

**1. Personnel**

For this training program under Stigma and Discrimination Reduction we will utilize:

2.0 FTE Peer Mentor Coordinators;

**2. Operating Expenditures**

Operating expenditures for this program include: facility costs, stipends, training materials such as the purchasing of curriculums and training binders, and food/refreshment expenses for trainings/ workshops

**3. Non-Recurring Expenditures**

None

**4. Subcontracts/Professional Services**

None

**5. Evaluation**

Potential evaluation ideas will include: 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 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.

**6. Other**

None

**B. REVENUES**

**8. Medi-Cal (FFP Only)**

None/NA

**9. State General Funds**

None

**10. Other Revenue**

None

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PEI STATEWIDE PROGRAM FUNDING REQUEST**

**Budget Narrative**

**County:** Alameda County and the City of Berkeley

**PEI Statewide Funds Program Name and #:** Suicide Prevention #1 (Training Program)

**Please provide a one or two sentence narrative description for each budget item below.**

**PEI STATEWIDE PROGRAM**

**A. EXPENDITURES**

**1. Personnel**

For this training program under Suicide Prevention we will utilize:

.03750 FTE Executive Director level staff

.26 FTE of licensed staff;

.01875 FTE fiscal level staff;

3.37 FTE of management level program staff; and

.54 FTE of administrative assistant staff;

**2. Operating Expenditures**

Operating expenditures for this training program include: travel, postage, telephone, utilities, facility costs, training materials such as the purchasing of curriculums and training binders, food/refreshment expenses for trainings and the two conferences, peer stipends, offsetting of participants fees/training scholarships, and trainer fees/costs.

**3. Non-Recurring Expenditures**

None

**4. Subcontracts/Professional Services**

None

**5. Evaluation**

Potential evaluation ideas will include: 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.

**6. Other**

None

**B. REVENUES**

**8. Medi-Cal (FFP Only)**

None/NA

**9. State General Funds**

None

**10. Other Revenue**

This is revenue that the prospective agency will raise through fundraising.

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**Enclosure F-1  
PEI STATEWIDE PROGRAM FUNDING REQUEST**

**Budget Narrative**

**County:** Alameda County and the City of Berkeley

**PEI Statewide Funds Program Name and #:** Suicide Prevention #2 (Crisis Intervention via Text Messaging)

**Please provide a one or two sentence narrative description for each budget item below.**

**PEI STATEWIDE PROGRAM**

**A. EXPENDITURES**

**1. Personnel**

For this training program under Suicide Prevention we will utilize:

- .1 FTE of licensed staff;
- .1 FTE Director of Education;
- .1 FTE Crisis Line Coordinator;
- .020 FTE Volunteer Coordinator;
- .020 FTE Volunteer Outreach Coordinator;
- .020 Overnight Supervisor; and
- .020 Shift Supervisor

**2. Operating Expenditures**

Operating expenditures for this text messaging program include: texting service subscription/launch of project and printing of outreach materials.

**3. Non-Recurring Expenditures**

None

**4. Subcontracts/Professional Services**

Professional services for this program include: capacity implementation/training, programming/schematics, text software adaptation, call review/data analysis and IT technical support.

## **5. Evaluation**

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.

## **6. Other**

None

## **B. REVENUES**

### **8. Medi-Cal (FFP Only)**

None/NA

### **9. State General Funds**

None

### **10. Other Revenue**

None

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**Enclosure F-1  
PEI STATEWIDE PROGRAM FUNDING REQUEST**

**Budget Narrative**

**County:** Alameda County and the City of Berkeley

**PEI Statewide Funds Program Name and #:** Student Mental Health K-12 Schools #1  
(Suicide Prevention for Youth)

**Please provide a one or two sentence narrative description for each budget item below.**

**PEI STATEWIDE PROGRAM**

**A. EXPENDITURES**

**1. Personnel**

For this training program under K-12 Student Mental Health we will utilize:

.06250 FTE Executive Director level staff

.01250 FTE of licensed staff;

.01875 FTE fiscal level staff;

1.55 FTE of management level program staff;

.03125 FTE fiscal staff; and

.10625 FTE of administrative assistant staff;

**2. Operating Expenditures**

Operating expenditures for this program include: travel, postage, printing, office supplies, telephone, utilities, facility costs, training materials for the youth such as the purchasing of curriculums and training binders, staff development and stipends for speakers bureau participants on the day they are speaking.

**3. Non-Recurring Expenditures**

None

**4. Subcontracts/Professional Services**

None

## **5. Evaluation**

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.

## **6. Other**

None

## **B. REVENUES**

### **8. Medi-Cal (FFP Only)**

None/NA

### **9. State General Funds**

None

### **10. Other Revenue**

This is revenue that the prospective agency will raise through fundraising.

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PEI STATEWIDE PROGRAM FUNDING REQUEST**

**Budget Narrative**

**County:** Alameda County and the City of Berkeley

**PEI Statewide Funds Program Name and #:** Student Mental Health K-12 Schools #2  
(Mental Health Consultation for Youth)

**Please provide a one or two sentence narrative description for each budget item below.**

**PEI STATEWIDE PROGRAM**

**A. EXPENDITURES**

**1. Personnel**

For this program under K-12 Student Mental Health we will utilize:

2.4 FTE of licensed staff (.15 FTE per district)

**2. Operating Expenditures**

Operating expenditures for this program include: travel, postage, printing, telephone, utilities, facility costs, and staff development.

**3. Non-Recurring Expenditures**

None

**4. Subcontracts/Professional Services**

None

**5. Evaluation**

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.

**6. Other**

None

**B. REVENUES**

**8. Medi-Cal (FFP Only)**

None/NA

**9. State General Funds**

None

**10. Other Revenue**

None

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**Enclosure F-1  
PEI STATEWIDE PROGRAM FUNDING REQUEST**

**Budget Narrative**

**County:** Alameda County and the City of Berkeley

**PEI Statewide Funds Program Name and #:** Student Mental Health Higher Education (HE) Schools #1 (Training/Peer Support Program)

**Please provide a one or two sentence narrative description for each budget item below.**

**PEI STATEWIDE PROGRAM**

**A. EXPENDITURES**

**1. Personnel**

For this program under HE Student Mental Health we will utilize:

1.4 FTE of program staff; and

.5 FTE administrative staff.

**2. Operating Expenditures**

Operating expenditures for this program include: training fees (\$1,200/participant which includes materials), food/refreshments, manuals, trainer costs, facility costs (\$600/day) and trainer stipends.

**3. Non-Recurring Expenditures**

None

**4. Subcontracts/Professional Services**

None

**5. Evaluation**

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, 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.

**6. Other**

None

**B. REVENUES**

**8. Medi-Cal (FFP Only)**

None/NA

**9. State General Funds**

None

**10. Other Revenue**

None

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**Enclosure F-1  
PEI STATEWIDE PROGRAM FUNDING REQUEST**

**Budget Narrative**

**County:** Alameda County and the City of Berkeley

**PEI Statewide Funds Program Name and #:** Student Mental Health HE Schools #2  
(Mental Health Consultation)

**Please provide a one or two sentence narrative description for each budget item below.**

**PEI STATEWIDE PROGRAM**

**A. EXPENDITURES**

**1. Personnel**

For this program under HE Student Mental Health we will utilize:

1.350 FTE of licensed staff (.15 FTE per college district).

**2. Operating Expenditures**

Operating expenditures for this program include: Operating expenditures for this program include: travel, postage, printing, telephone, utilities, facility costs, and staff development.

**3. Non-Recurring Expenditures**

None

**4. Subcontracts/Professional Services**

None

**5. Evaluation**

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.

**6. Other**

None

**B. REVENUES**

**8. Medi-Cal (FFP Only)**

None/NA

**9. State General Funds**

None

**10. Other Revenue**

None

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