

**Mental Health Services Act  
Prevention and Early Intervention (PEI)**

**Summary of PEI Statewide Projects:  
Suicide Prevention  
Student Mental Health Initiative  
Stigma and Discrimination Reduction**

In January 2007 and September 2007, the Mental Health Services Oversight and Accountability Commission (MHSOAC) approved five Prevention and Early Intervention (PEI) Statewide Projects and corresponding funding amounts. In May 2008, the MHSOAC determined that the three Projects described below would be most effectively implemented through a single administrative entity. California Department of Mental Health (DMH) agreed to administer these Statewide Projects.

DMH will implement these Projects contingent upon 1) the Counties' completed agreements to assign funds to DMH for these purposes, and 2) receiving expenditure authority in the State Budget. The PEI Statewide Projects will be developed in collaboration with the California Mental Health Directors Association (CMHDA) and the MHSOAC. A brief description of these three Statewide Projects follows:

**1. Suicide Prevention**

This Statewide Project will support and coordinate with Counties, in launching the implementation of the *California Strategic Plan on Suicide Prevention (Strategic Plan)* which was approved by the Governor's Office on June 30, 2008. The recommendations in this document were developed by a multidisciplinary advisory committee convened by DMH and included representatives from the counties, MHSOAC and other stakeholders. The Strategic Plan contains four strategic directions and over thirty recommended actions, at both the state and local levels, to prevent suicide in California. To view the *California Strategic Plan on Suicide Prevention*, please navigate to the 'Announcements' section at: [http://www.dmh.ca.gov/Prop\\_63/MHSA/Prevention\\_and\\_Early\\_Intervention/default.asp](http://www.dmh.ca.gov/Prop_63/MHSA/Prevention_and_Early_Intervention/default.asp)

**Proposed Funding:** \$10 million per year for four years.

**Purpose:** Consolidate resources to promote efficiency and focus expertise for selected priority infrastructure activities (e.g., clearinghouse, hotline system) that will benefit all counties and provide direct training and technical assistance to counties. The California Strategic Plan on Suicide Prevention serves as a road map for implementing suicide prevention efforts for local and statewide partners.

**Examples of State Level Activities**

- **Build a system of suicide prevention at both the state and local levels.** This strategy will include forming a coalition among state agencies and organizations that will serve as both a model and a resource for local coalitions. The Suicide Prevention Statewide Project will also offer technical

assistance (including samples of educational materials, data reports, assessment tools, and other products) to Counties to help assess their existing suicide prevention services and supports and to identify major gaps. Additionally, technical assistance will be offered to help with the coordination of community partnerships to develop and implement their local action plan for local suicide prevention.

- **Provide training, technical assistance, resources and other needed supports to help Counties successfully develop and implement suicide prevention activities.** Through the Statewide Suicide Prevention Project, the Counties will have increased access to consultation from national experts and others; educational materials and other resources in multiple languages; an online centralized resource center with evidence-based practices, statistics and data, and other information pertinent to suicide prevention; guidance for working with diverse population groups (racial, ethnic, cultural, age, geography, etc.); specialized training programs; and other support services.
- **Increase the capacity and quality of local suicide prevention hotlines.** The Statewide Suicide Prevention Project will conduct state and local assessments of current services and capacity (including multiple language capacity); increase access to consultation by national experts and others; support the accreditation of hotlines; offer training, technical assistance and other resources; design, implement and evaluate the promotion of suicide prevention hotlines; and offer other support services.
- **Increase the capacity of the workforce to effectively prevent suicide.** The Statewide Suicide Prevention Project will support local training efforts through the development and dissemination of suicide prevention service and training standards and guidelines and the subsequent development of curriculum tailored for specific professional groups. Additionally the Project will train local trainers using standards-based curricula.

### **Examples of Local Level Activities**

- Appoint a liaison to the Office of Suicide Prevention
- Establish a local suicide prevention advisory council or enhance the capacity of an existing body to serve this purpose
- Conduct a comprehensive needs assessment of suicide prevention services and supports across systems
- Assess the capacity of local or regional suicide prevention hotline(s)
- Assess the availability and capacity of local suicide prevention hotlines and develop a plan to achieve accreditation and membership in the National Lifeline or enhance the capacity of a currently accredited hotline

- Assess suicide prevention training needs, identify training targets, and develop a plan to meet those targets
- Design and implement a strategy to engage and educate local media about suicide and responsible reporting
- Promote and support peer support models for survivors of suicide attempts and family members who lost a loved one to suicide, and gatekeeper training models
- Assess local sources of data and develop a plan to enhance data collection on suicide attempts and deaths.
- Establish a suicide death review process that includes the Medical Examiner/Coroner and representatives from law enforcement, hospitals, emergency departments, public health, and mental health.

## **2. Student Mental Health Initiative (SMHI)**

The SMHI will provide an opportunity for California schools and higher education campuses to strengthen student mental health programs. Created in response to the Virginia Tech tragedy, the SMHI provides public Local Education Agencies (K-12) and Public Institutions of Higher Education (University of California System, California State Universities, and California Community Colleges) the opportunity to apply for funds to develop, expand and integrate campus-based mental health services and supports. This Initiative provides an opportunity for education entities to address mental health service gaps, improve services, promote mental health and facilitate access to support services at the earliest possible signs of mental health problems and concerns.

SMHI funds will be competitively awarded directly to selected education entities that successfully demonstrate need and readiness for program implementation, emphasize culturally competent approaches, collaborate with mental health and substance abuse prevention partners, and coordinate with the MHSA Prevention and Early Intervention and/or Community Services and Supports components of Counties' Three-Year Plans. For additional information, please refer to the MHSOAC's SMHI proposal:

[http://www.dmh.ca.gov/MHSOAC/docs/StudentMentalHealthInitiative\\_091807.pdf](http://www.dmh.ca.gov/MHSOAC/docs/StudentMentalHealthInitiative_091807.pdf)

**Funding:** \$15 million per year for four years.

**Purpose:** California needs demonstration sites to model improved student mental health programs. State-level standards, technical assistance, information collection and reports will advance learning on needed program and policy improvements for future efforts funded through the MHSA or other sources.

**State Level SMHI Activities will include Grants (approximately 20 grants for K-12 and 50 grants for Higher Education) addressing the following SMHI Key Elements:**

- **Campus-Based Mental Health Programs** providing a continuum of prevention and early intervention services for students and, as appropriate their families, with specific emphasis on those groups that are traditionally unserved or underserved. These campus-based services may include: (1) Mental Health Promotion and Prevention Programs, (2) Early Intervention, (3) Peer to Peer Support Activities, (4) Suicide Prevention Programs, and (5) Referral and Linkage to other needed services.
- **Systems and Policy Development** that integrates a comprehensive system of campus-based mental health supports, including resource coordination, community collaboration, policy and program improvement, and capacity building.
- **Training** for Campus-based and County Mental Health Staff, Learning Support Staff, Classroom/Teaching Staff/Faculty, Administrators, Community Partners (including Parents), and Peer Leaders to raise awareness of issues of mental health and wellness on campuses and to improve capacity for effective prevention and early intervention programs.
- **Evaluation** to demonstrate the overall impact of the SMHI at the community, program/system and individual level, as well as its relationship with and impact on PEI. These outcomes could include efforts to reduce suicide, incarceration, school failure or dropout, unemployment, prolonged suffering, homelessness, and removal of children from homes (WIC Section 5840(d)).

**Examples of Local Level Activities**

- Conduct a comprehensive needs assessment of student mental health services and supports across school and mental health systems
- Convene a group, or use an existing body, to foster collaboration between county mental health and campuses in preparation for developing a campus-linked PEI Project and/or responding to the SMHI Request for Applications
- Create a school-linked PEI Project to address Children at Risk for School Failure as a means to enhance SMHI services, increase outreach, build capacity and lead to improve systems
- Create a campus-linked PEI Project to address First Onset of a Psychiatric Illness that involves collaboration with institutions of higher education (counseling center, disability services, health center) in your county

### 3. **Stigma and Discrimination Reduction**

The MHSOAC convened a Stigma and Discrimination Advisory Committee that produced a report in June 2007 recommending statewide “Consumer Empowerment and Personal Contact” and “External Influence” strategies, e.g. public awareness campaigns, and development of a comprehensive strategic plan to address stigma and discrimination. In collaboration with the MHSOAC, DMH will reconvene the Stigma and Discrimination Advisory Committee to develop a strategic plan and make recommendations on strategic directions, action plans, and next steps that can be considered for the Statewide Project. This strategic planning effort is set to begin in September 2008 and will be completed in January 2009. For further information, please view the June 2007 MHSOAC Stigma and Discrimination Advisory Committee report online at:

<http://www.dmh.ca.gov/MHSOAC/docs/StigmaAndDiscriminationReport07Jun12.pdf>

**Funding:** \$15 million per year for four years.

**Purpose:** As noted by the United States Surgeon General, “stigma is the most formidable obstacle to future progress in the arena of mental illness and health”<sup>1</sup>. Reducing stigma and discrimination against people living with mental illness is fundamental to achieving the MHSA's goals of increasing timely and early access to care, increasing employment and housing stability, reducing prolonged suffering, and reducing suicide. State-level and local strategies will be identified in California's first strategic plan to address stigma and discrimination, including approaches that will empower consumers and family members and influence others' attitudes and behaviors.

#### **Key Strategies**

- **Reduce stigma experienced by individuals** who have a mental illness, or a social, emotional, or behavioral issue
- **Reduce stigma experienced by parents or caregivers** of children, youth, and other family members with mental illness, or a social, emotional, or behavioral issue
- **Reduce stigma associated with seeking services and supports** for mental health issues
- **Reduce discrimination against individuals** living with mental illness or social, emotional, or behavioral issues

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<sup>1</sup> U.S. Department of Health and Human Services (1999). Mental Health: A Report of the Surgeon General. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. Retrieved September 26, 2006 from <http://www.surgeongeneral.gov/library/mentalhealth/home.html>

- **Support and complement county level interventions** that address stigma and discrimination

### Examples of Local Level Activities

- Provide client empowerment through training, mutual support and advocacy with existing or new peer self-help and self-advocacy organizations
- Develop consumer-driven advocacy and educational outreach programs
- Provide training to providers in the public mental health system as well as the primary care system about provider bias and reducing stigma and discrimination in treatment settings

If you have questions or need additional information about the three PEI Statewide Projects, please contact the following DMH staff:

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