California Mental Health Services Authority

SUMMARY REPORT

Stakeholder Input and Recommendations for
Statewide Implementation of
California Strategic Plans on Suicide Prevention,
Stigma and Discrimination Reduction, and
Student Mental Health Initiative

September 10, 2010

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Background

At its June 10, 2010 meeting, the California Mental Health Services Authority (CalMHSA) Board established an Implementation Ad Hoc Committee for planning and implementation of the three Strategic Plans on Suicide Prevention, Stigma and Discrimination Reduction and Student Mental Health for Statewide Prevention and Early Intervention:

> The Implementation Ad Hoc Committee is charged with determining a method for the selection of priorities in the development of implementation plans for statewide PEI programs. Committee members will recommend to CalMHSA Board guidelines and protocols in compiling, analyzing and reporting on the stakeholder input being gathered prior to the August 31, 2010 deadline. Implementation planning will be concurrent to the stakeholder input process and completed following the September 10, 2010 Board meeting.

On July 7, 2010, CalMHSA publicly posted the Stakeholder Input Planning Process for Statewide Prevention and Early Intervention. Stakeholder input was to be submitted in writing by email attachment, facsimile transmission or hard copy within 30 days. A step-by-step submission procedure was posted with the Planning process on the CalMHSA website. Stakeholder input templates were available for each of the three Strategic Plans. At the July 2010 meeting of the CalMHSA Board, following public and stakeholder comment, a Planning Process was approved with an extended submission period for submitting stakeholder input to August 31, 2010. Staff created a summary report template in which stakeholder input was inserted as it was received. Staff sorted the input by strategic plan and recorded the suggested priorities. General stakeholders comment was sorted by strategic direction. General themes reflecting the three State Strategic Plans were identified. Input was posted weekly on the CalMHSA website to be accessible to all interested parties.

The CalMHSA Ad Hoc Implementation Committee met via teleconferencing on July 27, 2010, to review Committee charge and implementation timeline. Responding to requests, subsequent meetings held on August 19th and September 3rd included stakeholder participation, which continued as CalMHSA developed the proposed timeline, reviewed the draft Summary Report, and will be sustained throughout the remainder of the Ad Hoc Committee meetings.

Report Introduction and Overview

This Report contains two distinct sections: the recommendations and priorities for each statewide Strategic Plan and an Appendix, which presents details on Stakeholder input.

The first section presents priorities for implementing the recommended actions of the California Strategic Plans on Suicide Prevention, Stigma Reduction and Student Mental Health Initiative. This Report is also framed by the Mental Health Services Oversight and Accountability Commission's Guidelines for Statewide Prevention and Early Intervention (PEI) Programs, which requires obtaining stakeholder input on setting priorities for the Recommended Actions. This requirement was met by the following method(s):

- CalMHSA conducted a 52-day public comment process to solicit in writing stakeholders' recommended priorities and other comments. It should be noted that each of the three plans were the result of extensive statewide stakeholder input process, leaving a strong foundation of recommendation from which to build the implementation plan.

The three appendices provide detailed stakeholder input for reference:

- Appendix 1: *Strategic Directions* and *Recommended Actions* are arrayed with Stakeholder input, which is summarized and tabulated.
- Appendix 2: Summary by organization, individual and locality of stakeholder submissions.
- Appendix 3: General themes that emerged from stakeholder input.

Principles and Policy Directions

- 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.
- Implementation expenditure proportionality: MHSOAC Guidelines, page 6: "it is the intent of the MHSOAC that the expenditure of PEI Statewide Funds be consistent with the general proportion of funds originally intended for the three program areas as identified in Planning Estimates provided in DMH Information Notice No.: 08-25: Suicide Prevention 25%; Stigma and Discrimination Reduction 37.5%; and Student Mental Health 37.5%."

CalMHSA Implementation Summary and Prioritization of Recommendations

STAKEHOLDER INPUT BY STRATEGIC PLAN

Below is a summation of Stakeholder inputs received on the Recommended Actions[1] arranged in thematic categories. It should be noted that although we are counting number of times mentioned, we are doing so merely to identify relative volume. Organizing stakeholder comments by themes, especially as they mirror the original strategic plan, allows us to present relative areas to prioritize. (To clarify, priorities were not weighted by vote; rather themes were identified from comments to help prioritize.) Appendices 1, 2, and 3 provide more aggregate and differentially displayed detail on stakeholder input. The Summary Report priorities presented below do not represent CalMHSA's final implementation work plan. The central purpose of the Summary Report is to present stakeholder input. The final work plan submitted to the MHSOAC will feature a complementary implementation design for the Statewide PEI Strategic Plans that also establishes appropriate linkage with local PEI programs.

California Strategic Plan on Suicide Prevention:

Maximum Allocated Funding for Suicide Prevention	
Annual: $10 Million	**Total Four-Year Funding: $40 Million**
Projected Funds Available: 60—75% of Maximum	
Annual Range: $6—$7.5 Million	**Total Four Year Funding Range: $24—$30 Million**

Theme and Priority One: **Create a System of Suicide Prevention**

Recommended actions:

1.3	Develop a network of statewide public and private organizations to develop and implement strategies to prevent suicide. (list of partnerships)
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.

[1] This Summary Report acknowledges the vision and values of the three Strategic Plans and the stakeholder and professional contributions to each plan.

1.5	Expand the number and capacity of accredited suicide prevention hotlines based in California by assisting with the accreditation process at the local level, and enact policies that make establishing and maintaining suicide prevention accreditation a condition of public funding for suicide prevention hotlines.
1.6	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.
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.
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.
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.

Illustrative Themes:

- Preserve and build accredited hotlines
- Friendship Line for the Elderly
- Develop programs that reduce or eliminate service gaps for historically underserved racial and ethnic groups
- Establish a working group to address the needs of elders
- Coalitions should be comprised of consumers, family members, service providers

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

Recommended actions:

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.

3.3	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.
3.7	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.
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.
3.9	Promote and provide suicide prevention education for community gatekeepers.
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.

Illustrative Themes:

- Communication to the public through "gatekeeper" programs
- Develop online tools…for reaching a sizable diverse population"
- Build social connectedness
- Provide accessible mental health services for the blind and visually impaired
- Implementation of an age-appropriate, multi-language education campaign

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

Recommended actions:

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.
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, graduate.

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.

Illustrative Themes:

- New knowledge to be integrated into protocols in training and curricula
- Faculty training (“Help, I’m an educator, not a therapist” program)
- Hotline staff trained to intervene with callers of all ages
- Training required for licensed/credentialed professionals working with older adults
- Gun safety education and safe medication storage

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

Recommended actions:

4.2	Test and adapt evidence-based practices as necessary for effectiveness in a variety of community settings and among diverse population groups.
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.
4.5	Increase local capacity for data collection, reporting, surveillance, and dissemination to inform prevention and early intervention program development and training.
4.6	Build local capacity to evaluate suicide prevention programs and use the results to make program improvements, including community-based participatory research methods.

Illustrative Themes:

- Improve data collection, surveillance, program evaluation and research
- Establish elder-death review teams in every county

<u>California Strategic Plan on Stigma and Discrimination Reduction</u>:

Maximum Allocated Funding for Stigma and Discrimination Reduction	
Annual: $15 Million	**Total Four-Year Funding: $60 Million**
Projected Funds Available: 60–75% of Maximum	
Annual Range: $9—$11.3 Million	**Total Four-Year Funding Range: $36—$45 Million**

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:

1.1	Create widespread understanding and recognition within the pubic and across all systems that people at different points in their lives experience different degrees of mental health from wellness to crisis; and persons living with mental health challenges have resilience and the capacity for recovery.
1.5	Recognize peer run and peer led programs as an important means for reducing stigma.
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.
1.7	Provide increased support for those closely involved with the lives of individuals facing mental health challenges.

Illustrative Themes:

- Expansion of crisis residential programs and integrated community services teams
- Increased uses of non-traditional cultural approaches
- Training for senior and college housing staff, subsidized housing providers
- Skill acquisition for multicultural house residents
- Anonymity of services at student health centers

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:

2.1	Initiate systematic reviews to identify and address stigmatizing and discriminatory language, behaviors, practices, and policies.
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.
2.6	Educate employers on the importance of mental health wellness for all employees.
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.
2.10	Promote and enhance initiatives, programs, and curricula to change school cultures and increase social inclusion and social acceptance.

Illustrative Themes:

- Ongoing education for criminal justice and legal professionals with close contact to children and adults with mental health challenges
- Education to correct the perception of who is entitled to receive services (e.g., immigrants)
- Primary care community education
- Peer educators
- Resource documents should be available in all languages

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:

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.

Illustrative Themes:

- Evidence based practices and training: California Brief Multicultural Scales
- New approaches to program evaluation
- Implementation of scientifically based information on how to effectively reduce stigma and discrimination early in life
- Measure effectiveness as progress is made
- Client reconciliation with family members to better understand the issues

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

Recommended actions:

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.
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.

Illustrative Themes:

- Heightened safety needs of seniors
- Ensure appropriate protective legal interventions
- Develop a policy assuring services to older adults

California Strategic Plan on Student Mental Health Initiative:

Maximum Allocated Funding for Student Mental Health Initiative	
Annual: $15 Million	**Total Four-Year Funding: $60 Million**

HIGHER EDUCATION

Maximum Allocated Funding for SMI Higher Education	
Annual: $8.5 Million	**Total Four-Year Funding: $34 Million**
Projected Funds Available: 60–75% of Maximum	
Annual Range: $5.1 — $6.4 Million	**Total Four-Year Funding Range: $20.4—$25.5 Million**

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 one 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:

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

		strategies, and reduction of the stigma associated with mental illness. Peer-to- peer services instill hope while teaching successful coping strategies and relaying information about how to navigate health and mental health systems. Such programs could also effectively address issues of trauma, loss, identity, relationships, homesickness, and achievement pressure and would provide mental health and emotional support that are defined useful by students themselves.
3.	Suicide Prevention	These programs would be designed utilizing the resources and best-practices of the MHSA suicide prevention efforts or knowledge of the assigned workgroup but would focus specifically on addressing the unique needs, vulnerabilities and risk factors of university and college students, and would bring suicide prevention resources directly onto campuses to raise their profile among students and to make them as accessible, relevant and effective as possible.

Illustrative Themes:

- Events on college campuses (e.g., "In Our Own Voice")
- Evidence-based best practice prevention approach
- Encouraging students holistic approach to their mental health
- Resist the temptation to provide one-time funding for a narrow program
- Focus on the goals of using grants to provide a model of systems change
- Utilizes a tiered response to intervention
- Focus specifically on addressing the unique needs, vulnerabilities and risk factors of the blind/visually impaired
- Cost effective, easily scalable and accessible method for supporting the mental health needs of students
- On-line technologies to facilitate peer-to-peer network
- Questionnaire used to screen for depression at primary care appointments (e.g., Patient Health Questionnaire called PHQ-9)

KINDERGARTEN THROUGH TWELTH GRADE (K-12)

Maximum Allocated Funding for SMHI Kindergarten Through Twelfth Grade	
Annual: $6.5 Million	Total Four-Year Funding: $26 Million
Projected Funds Available: 60–75% of Maximum	
Annual Range: $3.9—$4.9 Million	Total Four-Year Funding Range: $15.6—$19.5 Million

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:

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 on-going assessment of student mental health and continuous improvement of school-based programs.
	Involvement of pupil services personnel, including credentialed school counselors, school psychologists, school social workers, speech-language therapists and audiologists, resource specialists, and school nurses where available, in the planning and executing of systems and policy changes.
	Meet current state curriculum mandates for health and wellness.
3.	**Education and Training: School/district personnel should receive education and training to support the successful implementation of specific school-based programs as well as the systems and policy changes needed to sustain these programs.**

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.**

Illustrative Themes:

- Outreach to the Latino communities
- A uniform approach across district and counties is recommended
- Develop formal partnerships between school systems, county mental health departments, students, families
- "Student Mental Health Policy Workgroup" includes, at a minimum, the Department of Mental Health, Department of Education, County Mental Health, school districts, mental health provider agencies, advocacy groups related to school health, children's mental health, special education
- Mobilize resources to assist in developing curriculum
- Include consideration for youth that are blind/visually impaired
- Leverage Inspire's existing mental health information and support Website for 16-24 year olds and others
- Think beyond traditional classroom, text book delivery formats—developing on-line education and training programs
- Efforts focused on the school climate, staff training, early identification
- Creating procedures for screening, for more engaged and persistent case management to follow up with those identified as needing care

Appendix 1: Submissions

Strategic Plans

SUICIDE PREVENTION

STRATEGIC DIRECTION 1:
Create a System of Suicide Prevention

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

	Submissions				
Recommended Action(s) at the State Level:	***State Org***	***County Org***	***Regional Org***	***Individual***	***Total***
2.1 Convene expert workgroups to recommend, develop, disseminate, broadly promote, and evaluate suicide prevention service and training guidelines and model curricula for targeted service providers, including peer support providers, in California.	8	8	0	0	16
2.2 Expand opportunities for suicide prevention training for selected occupations and facilities through long-term approaches, such as embedding suicide prevention training in existing licensing, credentialing, graduate (sentence not complete in strategic plan)	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

Appendix 1: Submissions

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

STRATEGIC DIRECTION 3:

Educate Communities to Take Action to Prevent Suicide.

Recommended Action(s) at the State Level:	Submissions				
	State Org	*County Org*	*Regional Org*	*Individual*	*Total*
3.1 Launch and sustain a suicide prevention education campaign with messages that have been tested to be effective for diverse communities and that address warning signs, suicide risk and protective factors, and how to get help.	6	8	0	0	14
3.2 Coordinate the suicide prevention education campaign with any existing social marketing campaign designed to eliminate stigma and discrimination toward individuals with mental illness and their families.	3	2	0	0	5
3.3 Engage the news media and the entertainment industry to educate them on standards and guidelines to promote balanced and informed portrayals of suicide, mental illness, and mental health services that support suicide prevention efforts.	3	3	0	0	6
3.4 Promote information and resources about strategies that reduce access to lethal means, such as gun safety education and increasing compliance with existing gun safety laws, safe medication storage, and physical and non-physical deterrent systems on bridges or other high structures.	2	0	0	0	2
3.5 Disseminate and promote models for suicide prevention education for community gatekeepers.	7	2	0	0	9
Recommended Action(s) at the Local Level:	**Submissions**				
	State Org	*County Org*	*Regional Org*	*Individual*	*Total*
3.6 Building grassroots outreach and engagement efforts to coordinate with and tailor the statewide suicide prevention education campaign and activities to best meet community needs.	1	3	0	0	4
3.7 Create opportunities to promote greater understanding of the risks and protective factors related to suicide and how to get help by engaging and educating local media about their role in promoting suicide prevention and adhering to suicide reporting guidelines.	0	2	0	0	2

	State Org	County Org	Regional Org	Individual	Total
3.8 Educate family members, caregivers, and friends of those who have attempted suicide, individuals who have attempted suicide, and community helpers to recognize, appropriately respond to, and refer people demonstrating acute warning signs.	3	5	0	0	8
3.9 Promote and provide suicide prevention education for community gatekeepers.	3	5	0	0	8
3.10 Develop and disseminate directory information on local suicide prevention and intervention services that includes information about how and where to access services and how to deal with common roadblocks.	2	4	0	0	6
3.11 Incorporate and build capacity for peer support and peer-operated services models, such as peer warm lines and peer-run crisis respite centers, as a part of suicide prevention and follow-up services.	3	3	0	1	7

STRATEGIC DIRECTION 4:

Improve Suicide Prevention Program Effectiveness and System Accountability.

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

4.7 Establish or enhance capacity for a clinical and forensic review of suicide deaths in each county. The suicide death review process should include reporting de-identified data and findings to the State Office of Suicide Prevention and the local suicide prevention advisory council at minimum. The advisory council could use the reports to inform local policy action recommendations. Members of the case review teams should include representative of the Office of the Coroner/Medical Examiner and as appropriate other officials with legal access to confidential information.	1	1	0	0	2
4.8 Work with coroners and medical examiners to determine how to enhance reporting systems to improve the consistency and accuracy of data about suicide deaths.	0	0	0	0	0

STIGMA AND DISCRIMINATION REDUCTION

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

STRATEGIC DIRECTION 1:

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

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

Recommended Action(s)	State Org	County Org	Regional Org	Individual	Total
1.8 Reduce the effects of stigma with a strength-based approach to assessment, diagnosis, treatment planning, and interventions.	6	6	0	0	12

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

	Submissions				
Recommended Action(s)	*State Org*	*County Org*	*Regional Org*	*Individual*	*Total*
2.1 Initiate systematic reviews to identify and address stigmatizing and discriminatory language, behaviors, practices, and policies.	4	3	0	0	7
2.2 Establish developmentally appropriate prevention, recovery, and wellness programs.	3	3	0	0	6
2.3 Ensure that mental health services are offered in non-traditional, non-stigmatizing community and school sites.	7	3	0	0	10
2.4 Create a more holistic and integrated approach to physical health and mental wellness by promoting integrative delivery models of mental health, primary health care, and social services; achieving parity between medical and mental health services in terms of coverage and financing; and utilizing spirituality and faith-based practices as tools for wellness and recovery.	6	6	1	1	14
2.5 Promote the dignity and safety of mental health consumers and their family members by training and educating law enforcement, first responders, other medical personnel, and the community at large to reduce stigmatizing attitudes and discriminating behavior. Educate the public about community resources available to assist with mental health-related crises; utilize informed consent as a means to ensure voluntary choice; prepare and equip law enforcement to better respond to the needs of individuals in mental health-related crisis; and eliminate a perceived need for the use of force and forced compliancy through these and other systematic alternatives referred to earlier in this Plan.	6	3	1	1	11
2.6 Educate employers on the importance of mental health wellness for all employees.	1	1	0	0	2
2.7 Expand opportunities for employment, professional development, upward mobility, retention, and success of mental health consumers in public, nonprofit, and private sector workplaces by enforcing current laws and challenging hiring biases.	2	3	0	1	6

Recommended Action(s)	State Org	County Org	Regional Org	Individual	Total
2.8 Eliminate discriminatory barriers to better meet the housing needs of mental health consumers by: educating the general public, landlords, and local officials on the rights and housing needs of mental health consumers and their families/caretakers; ensuring that all private and subsidized housing meets the nondiscrimination requirements of the Fair Housing Act and that their admissions procedures and management practices ensure all applicants and tenants have equal opportunities to benefit from the housing; encouraging supportive housing and other housing for individuals with disabilities to be well integrated throughout the community, accommodating of all levels of care; promoting the provision of housing first as one means to eliminating discriminatory barriers; and promoting the accessibility of services in housing.	1	0	1	2	4
2.9 Engage and educate the commercial, ethnic, public/community, and interactive media, as well as the entertainment industry, on standards and guidelines to promote balanced and informed portrayals of people living with mental health challenges; and ways to serve as a resource for communicating accurate and non-stigmatizing information to the public on mental health issues and community resources.	3	2	1	0	6
2.10 Promote and enhance initiatives, programs, and curricula to change school cultures and increase social inclusion and social acceptance.	5	5	0	0	10

STRATEGIC DIRECTION 3:

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

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

STRATEGIC DIRECTION 4:

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

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

STUDENT MENTAL HEALTH

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

STRATEGIC DIRECTION 1: HIGHER EDUCATION

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

Recommended Action(s)	Submissions				
	State Org	*County Org*	*Regional Org*	*Individual*	*Total*
1. Training: The program would fund training activities for students, faculty, staff or administrators to raise awareness of issues of mental health and wellness on college campuses. The training would be designed to improve recognition and responses to students experiencing mental distress, to reduce stigma and discrimination against persons who become identified with mental illness, and to promote a campus environment that enhances student success providing hope, supporting resiliency, and creating a healthy learning community.	2	4	0	0	6

2. Peer-to-Peer Support: These activities would focus on mutual support, promoting acceptance of cultural diversity, disability, empowerment strategies, and reduction of the stigma associated with mental illness. Peer-to-peer services instill hope while teaching successful coping strategies and relaying information about how to navigate health and mental health systems. Such programs could also effectively address issues of trauma, loss, identity, relationships, homesickness, and achievement pressure and would provide mental health and emotional support that are defined useful by students themselves.	4	4	0	1	9
3. Suicide Prevention: These programs would be designed utilizing the resources and best-practices of the MHSA suicide prevention efforts or knowledge of the assigned workgroup but would focus specifically on addressing the unique needs, vulnerabilities and risk factors of university and college students, and would bring suicide prevention resources directly onto campuses to raise their profile among students and to make them as accessible, relevant and effective as possible.	3	3	0	1	7

STRATEGIC DIRECTION 1: K-12

Design and administer programs that 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.

	Submissions				
Recommended Action(s)	*State Org*	*County Org*	*School District*	*Individual*	*Total*
1. School-Based Programs: Schools/districts funded under the SMHI should provide a continuum of prevention and early intervention services including:	9	10	1	1	21
• *Efforts that foster supportive school climates including bullying prevention, suicide prevention, stigma reduction, and cultural awareness.* • *Mental health educational programs for students that include a focus on stigma reduction, incorporate age-appropriate suicide prevention training for the general student population, and are in alignment with state Health Education Standards.* • *Early identification of students with mental health concerns who seek help, including universal voluntary screenings in partnership with families and caregivers.* • *Linkages to services, either provided on campus or otherwise, through school health centers, county departments of mental health, special education programs, and community-based organizations.* • *Outreach and education for families that are culturally and linguistically responsive and reduce the stigma associated with accessing and using mental health services.*					

	• *Consideration for youth from communities that demonstrate a high incidence of mental health problems or where research demonstrates a high risk for specific mental health needs, for example suicide risk among African-American and Caucasian males, Asian-American females, Hispanic males and females, LGBTQ youth and Native American youth.* • *Training for those personnel, like teachers, most likely to first identify potential mental health needs, which includes resources for identification, referral, and non-stigmatizing responses.* • *Use of appropriate youth peer-to-peer strategies.*					
2.	***Systems and Policy Developments: Programs funded under the SMHI should implement system and policy changes to sustain the school-based programs described above. Changes may include:***	4	7	0	2	13
	• *Coordination and redirection of resources through school, district-wide, regional and/or statewide systems to create a cohesive and comprehensive system from prevention and early intervention to intervention and support for student mental health as opposed to fragmented programs.* • *Development of relationships between school system and county mental health departments to ensure effective referral process of students between systems and effective use of resources to avoid duplication and fill gaps.* • *Collaboration with community-based providers that enhance student success, for example health services, tutoring, after-school programs, or mentoring.* • *Development of policies within the school/district/region/state that make mental health promotion an integral part of school operations and school improvement efforts, for example disciplinary policies that are therapeutic.* • *Procedures for on-going assessment of student mental health and continuous improvement of school-based programs.* • *Involvement of pupil services personnel, including credentialed school counselors, school psychologists, school social workers, speech-language therapists and audiologists, resource specialists, and school nurses where available, in the planning and executing of systems and policy changes.* • *Meet current state curriculum mandates for health and wellness.*					
3.	***Education and Training: School/district personnel should receive education and training to support the successful implementation of specific school-based programs as well as the systems and policy changes needed to sustain these programs.***	7	6	0	1	14

4. Technical Assistance: In order to support the effective development of comprehensive student mental health programs, the SMHI will include funding for technical assistance to support program development and implementation through the provision of resources on best practices, convening to exchange and share information and lessons learned, and access to on-site consultation to increase the effectiveness of SMHI-funded programs.	7	6	0	0	13

Appendix 2: Submission 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

Appendix 2: Submission 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				
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

Appendix 2: Submission 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				
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

Appendix 2: Submission 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				
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

Appendix 2: Submission 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				
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 Suppor Services of Alameda County			✓	Priorities, comments	Alameda County	Suicide Hotline	Suicide Prevention

Appendix 2: Submission 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				
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

Appendix 2: Submission 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				
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

Appendix 2: Submission 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				
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 3: Submission Themes

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

Appendix 3: Submission Themes

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