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Key Activities and Accomplishments
submitted by CalMHSA Program Partners: August 2013



Program Partner: Didi Hirsch Mental Health Services

Initiative and Program Name: Statewide Suicide Prevention Network (SP#1)

Regions served: Statewide

Contact information: Robert Stohr, LMFT, Rstohr@didihirsch.org

Website: www.didihirsch.org

Accomplishments/activities to date (March 2013 – present):

California Statewide Suicide Prevention Network

- All regions have hosted quarterly suicide prevention task force meetings
- Best Practices and Common Metrics Statewide initiatives outlined on following pages.

Brief Descriptions of Key Program Activities enhancing local PEI efforts and addressing unique needs of counties and/or regions:

Best Practices Project

During the first phase of the CalMHSA Program #1 Best Practices Project, Didi Hirsch conducted need assessments and convened regional planning committees to identify the regional needs and existing suicide prevention practices. After consulting with various MHSA County representatives, Didi Hirsch is happy to report that six local suicide prevention programs have been identified and selected to represent the state of California! The selected programs by region can be viewed in the table below.

Regions	Program	Program Description
Bay Area	Community Gatekeeper Program	This program provides suicide prevention education and awareness information to the general community. As part of the Best Practices Project, this program will be adapted to include two additional gatekeeper modules that will focus on LGBTQ older adults and law enforcement.
Central	Older Adult Depression Screening (OADS) Program	OADS was developed to screen older adults and provide early intervention services to reduce suicide risk and prevent the development of serious mental illness.
Los Angeles	Survivors of Suicide Attempts (SOSA) Support Group.	SOSA provides support and resources to people who have attempted suicide in the past or struggle with chronic thoughts of suicide.



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Southern CA (Kern)	Survivor Outreach Team	This team consists of trained survivors that provide support and assistance to families who have recently lost someone to suicide.
Southern CA (San Diego)	“It’s Up to Us” Media Campaign	This multi-media education and awareness campaign aims to empower the local community to talk openly about mental illness, recognize warning signs of suicide, and utilize local resources to seek help.
Superior	Reducing Means Program	This program seeks to increase community education and awareness about decreasing access to lethal means.

The Best Practices Workgroups are responsible for developing program materials that meet the guidelines for submission to the SPRC’s Best Practices Registry. For more information on this project, please contact Robert Stohr at (310) 895-2352 or at rstohr@didihirsch.org.

Common Metrics Project:

- A Common Metrics manual was distributed to crisis centers and used in training staff on Common Metrics data collection. This training manual will act as an addendum to current data collection protocols at each crisis center.
- The training manual aims to:
 - Identify and define the six common metrics
 - Provide a rationale for why this data is being collected and
 - Offer suggestions on how to collect this information.
- Common Metrics data collection began on June 2013. Data will be collected on a monthly basis. An aggregate Common Metrics report was distributed to Crisis Centers on July 30th. Individual common metrics reports were distributed to each crisis line, along with feedback and suggestions for increasing compliance with Common Metric data submission. In addition, phone communication with Crisis Centers to go over their individual crisis line reports took place in August 2013.
- A survey was sent to solicit input from Crisis Centers on caller satisfaction questions of interest. Further discussion is planned at our next Common Metric call on September 2013.

Program Partner: Didi Hirsch Mental Health Services

Initiative and Program Name: Program 2: Regional and Local Capacity Building

Regions served: Ventura, Los Angeles, San Bernardino, Riverside, Orange, San Diego and Imperial

Contact information: Robert Stohr, LMFT, Rstohr@didihirsch.org

Website: www.didihirsch.org



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Accomplishments/activities to date (March 2013 – present):

- Deliverable Number 1: We continue to be fully staffed in Korean speaking counselors and are able to offer 8 hours a day (56 hrs/wk) of coverage on the Crisis Line. We have refocused our attention on getting more Vietnamese and Korean speaking counselors for our upcoming training class and have successfully recruited two of each language and are able to offer a solid 22 hours of coverage per week in Vietnamese. We will look at promoting one of our current Vietnamese counselors to Program Coordinators. BB Public Relations created the PSA for our Korean language crisis line services and press releases to advertise our increased language capacity, our crisis line number and Warmline services.
- Deliverable Number 2: Our County Liaison Director continues to network with County Liaisons to discuss the grant opportunities related to Crisis Line services and training. We have emailed the individualized Crisis Line Report monthly to each county liaison. We also have asked for input on resources in their county for referrals and dates for safeTALK trainings. In addition, we continue to provide additional training for county support. More recently in July, Division Director Robert Stohr and Crisis Line Manager Sandri Kramer trained the Child Crisis Response Team (CIRT) and Adult crisis response staff on risk assessment. Didi Hirsch staff has had multiple opportunities to build our county liaison relationships through in person meetings, phone calls, emails, in person at regional task force meetings, training opportunities and upon request for meetings. Didi Hirsch is currently considering proposals from advertising agencies to develop a campaign to increase awareness and usage of the Suicide Prevention Hotline in the counties we serve.
- Deliverable Number 3: All three Warmlines (Project Return, Hotline of Southern CA and Helpline) all rollover their lines after hours to the LA Warmline operated by LADMH from 10pm to 6am. By the end of this quarter in June 2013, the LA Warmline took over 960 calls per month. The Southern CA Warmline Network (SCWN) met on April 15th to get a status update and review and provide technical support.
- Deliverable Number 4: The LA Warmline began taking calls on July 16, 2012. The LA warmline is now fully staffed and has been provided with two additional trainings. They have been trained by the Trevor Project in cultural competency for the LBGTQ community on May 30, 2013. In addition they had refresher training for the LA Warmline staff on June 27th. All of the Warmline network members have purchased iCarol so there is now a consistent data collection method.
- Deliverable Number 5: Didi Hirsch has approved the subcontract with NAMI OC in regards to expanding their overnight coverage on the Warmline from 11pm to 3am and they began providing these expanded hours on November 20, 2012.
- Deliverable Number 6: The SCWN met on November 13th for training. The next scheduled partner event is September 22nd (Didi Hirsch's Alive and Running 5K for Suicide Prevention).
- Deliverable Number 7-10 Sandri Kramer and Lyn Morris met with Sarah Brichler, the county CalMHSA liaison and several staff members of Optum Health Crisis line to discuss ways to collaborate and support their services. All Warmlines are collecting and reporting to Didi Hirsch monthly the same set of data. Our Data Analyst is working on a template for a report to compile this information. She has consulted with RAND regarding data collection as part of this process. We have met with RAND regarding our workplan for the Statewide Evaluation and offered feedback and are awaiting next steps.



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Program Partner: Family Service Agency of the Central Coast

Initiative and Program Name: Program 2: Regional and Local Capacity Building

Regions served: Monterey Bay Area (Monterey County, Santa Cruz County, and San Benito County) subregion of the Bay Area region

Contact information:

831-459-9373 x17, Carly Galarneau, Suicide Prevention Project Coordinator

Website: www.suicidepreventionservice.org (agency is www.fsa-cc.org)

Facebook: <https://www.facebook.com/suicide.prevention.monterey.santacruz.counties>

Accomplishments/activities to date (March 2013 – present):

- Designed new, bilingual outreach brochures for distribution in 13-14.
- Provided community trainings for a variety of local service providers and agencies.
- Conducted a wide array of outreach activities to groups at risk of suicide; activities included presentations to youth and other at-risk groups, completing intakes for suicide bereavement services, hosting informational booths at local community events, both to raise awareness and reduce stigma (at general community events, as well as to reach specific groups). Outreach activities for at-risk groups and service providers reached over 3,300 individuals locally in quarter 4 of FY 12-13.
- Coordinated bilingual media activities, including radio interviews, PSAs for Community TV, etc. Arranged opportunities for radio interviews and television spots in September, for World Suicide Prevention Day and Suicide Prevention Week.
- Organized and hosted a focus group to gather input on topics such as the stigma around suicide, age groups most in need of services (and approaches to reach these groups), strategies for effective messaging of suicide prevention in the community, cultural responsiveness, etc. Identified several individuals willing to participate in an individual stakeholder interview and scheduled these for completion in late summer.
- The Spring 2013 training cohort of new responders received enhanced training in suicide and crisis intervention. All existing training materials, role play activities, and evaluation forms were re-written and revised to meet AAS accreditation standards. Pre- and post-evaluation of trainees, written training objectives, and written syllabus by training section was completed.
- Continued to develop and finalize procedures for conducting evaluation, monitoring, and quality control for responders on the line, as well as for corrective action when necessary, in keeping with AAS standards. Finalized and implemented policies and procedures for conducting follow-up calls, including procedures for scheduling calls, types of calls that necessitate follow-up, coordination of follow-up call activities, documentation, etc.
- Completed, printed, and distributed a new, comprehensive Volunteer Responder Policy and Procedure Manual (to supplement updates to existing training manual and resource guide). Created new policies and /or revised existing policies in many areas, including confidentiality, ethics, use of technology, lethality assessment, frequent callers, etc.



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- Recruited, screened, trained, and supervised the 11 Assistant Trainers who comprised our second cohort for the Spring 2013 New Responder Training.
- Created and utilized a comprehensive Assistant Trainer Manual (which was provided to each Assistant Trainer), complete with written training material, instructions for each session, updated role play and evaluation activity forms for use during training, etc.
- Integrated new tools (e.g. chatboards, new call report forms, etc.) on iCarol web system, to ensure that the agency is maximizing the use of this incredibly useful tool.

Brief Descriptions of Key Program Activities enhancing local PEI efforts and addressing unique needs of counties and/or regions:

Many of our deliverable activities under CalMHSA have been related to enhancing (and building new) service delivery systems and operations of the program to achieve accreditation by the American Association of Suicidology. This is a high priority for our program, for our County Behavioral Health liaisons, and for the community as a whole; achieving AAS accreditation (and implementing enhanced systems of operation) ensures that crisis line activities are being provided at the highest quality possible and in tandem with established best practices. Additionally, this achievement will assist us in retaining and securing funding sources now and in the future.

Quantitative and Qualitative Data of Programs' Impact to Date:

Several examples to illustrate program impact or outcomes are included below; staff continue to enhance existing evaluation tools (with assistance from AAS and RAND), both for service utilization data and quality control and improvement measures. Highlights (with data for the most recent quarter) are below.

- Outreach Surveys – Following outreach activities (to at-risk groups and service providers), participants answer questions about the effectiveness of the activity (and also have an opportunity to provide qualitative feedback and/or questions confidentially). For quarter 4 of FY 12-13 the data is summarized here:

Trainings for service providers

- 95% of participants felt that the activity increased their knowledge of warning signs (1% did not feel that the activity increased their knowledge of warning signs, 4% did not respond).
- 95% of participants felt that the activity increased their ability to get help for themselves or someone at risk of suicide (1% did not feel that the activity increased their ability to get help, 4% did not respond).
- 86% of participants felt that the activity was culturally appropriate (14% did not respond).

Presentations for youth & other at-risk groups

- 84% of participants felt that the activity increased their knowledge of warning signs (2.5% did not feel that the activity increased their knowledge of warning signs, 13.5% did not respond).
 - 84% of participants felt that the activity increased their ability to get help for themselves or someone at risk of suicide (1.5% did not feel that the activity increased their ability to get help, 14.5% did not respond).
 - 83% of participants felt that the activity was culturally appropriate (1.5% did not agree and 15.5% did not respond).
- The agency continues to utilize an emphasis on helping suicidal individuals de-escalate to the point of safety and connection with resources. All responders are trained to utilize a wide array of strategies to help suicidal individuals stay safe (including when and how



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to access or engage emergency services without overuse of 911). In quarter 4 of 12-13, only 7 calls (out of 1,121 calls to the line, during this three month period, or .62%) required engaging 911.

Program Partner: Family Service Agency of Marin

Initiative and Program Name: Program 2: Regional and Local Capacity Building: North Bay Suicide Prevention Project

Regions served: North Bay Area

Contact information: Amy Faulstich, NBSPP Coordinator, (415) 499-1193, extension 3004
afaulstich@fsamarin.org

Website: www.fsamarin.org/suice-prevention-crisis-hotline/

Accomplishments/activities to date (March 2013 – present):

- NBSPP Co-Sponsored a meeting of the State Suicide Prevention Network Project in Santa Rosa on May 7, 2013
- Awarded CalMHSA subcontract amendment funds with Sonoma County Indian Health Project (SCIHP) to expand our suicide prevention efforts with Native Americans in the North Bay region
- Initiated 4 new local suicide prevention committees in Lake, Mendocino, Napa and Solano counties
- Developed suicide prevention action plans in Lake, Mendocino, Napa and Solano counties
- Completed NBSPP needs assessment survey design and translated into Spanish for Lake, Mendocino and Napa Counties, implementing with targeted groups.
- Launched the North Bay Suicide Prevention Hotline in Napa, Lake, and Mendocino counties.

Brief Descriptions of Key Program Activities enhancing local PEI efforts and addressing unique needs of counties and/or regions:

The NBSPP works with the following PEI Partners to address the unique needs of the North Bay Region and/or Counties:

- **Marin County Office of Education (MCOE):** NBSPP and MCOE are co-sponsoring the event: "The Truth about Suicide With Kevin Hines" with Dominican University in San Rafael on September 30, 2013
- **Santa Rosa Junior College (SRJC):** NBSPP will be participating in the "Send Silence Packing" event with SRJC on October 15, 2013
- **Sonoma County Indian Health Project (SCIHP):** FSA of Marin has subcontracted with SCHIP to increase suicide prevention outreach activities to Native Americans in the North Bay region. SCHIP hosted a Youth GONA (Gathering of Native Americans) on August 30-September 2nd 2013



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- **Mendocino County Office of Education (MCOE):** MCOE participates in the monthly Mendocino County Suicide Prevention Committee meetings and is helping to disseminate suicide prevention information to middle and high schools.
- **Educational Development Center (EDC):** NBSPP and the Lake, Napa and Solano County Suicide Prevention Committee members are working with EDC to implement the Know the Signs statewide suicide prevention campaign.

Quantitative and Qualitative Data of Programs' Impact to Date:

Suicide Prevention Trainings in the North Bay Area since September 2012

- Marin County- 17 trainings, 265 individuals
- Napa County-5 trainings, 70 individuals
- Sonoma County- 8 trainings, 313 individuals
- Lake County- 2 Training, 21 individuals
- Mendocino County- 2 trainings for 23 people

Total Number of Individuals Trained: 692

Targeted Trainings: Youth, Older Adults, Military, Mental Health Providers

***North Bay Suicide Prevention Hotline and Lifeline Total Calls
FY 2012-2013***

- Sonoma: 1870
- Napa: 349
- Lake: 147
- Mendocino: 152
- Total Calls: 2518

*Please note: North Bay FY 11-12 data collected from January to June 2012

*Marin County local Hotline calls and Lifeline calls: average per year approx. 12,000 calls

Impacts of Crisis Center Hotline Service in the North Bay Region

- 32% increase in number of Hotline callers in FY 11-12 as compared to FY 12-13
- 78% of Hotline callers report improved emotional state as result of call (FY 12-13)

Program Partner: Institute on Aging

Initiative and Program Name: Program 2: Regional and Local Capacity Building

Regions served: Superior and Central Region Counties - Sacramento, El Dorado, Placer, Yolo, Sutter/Yuba, Amador, Butte, Colusa, Glenn, Trinity, Humboldt, Siskiyou and Modoc

Contact information: Patrick Arbore, Ed.D., parbore@ioaging.org; (415) 750-4133

Website: www.ioaging.org



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Accomplishments/activities to date (March 2013 – present):

- Between March 20, 2013 and September 19, 2013 a total of 43 presentations/in-services/meetings were conducted in 22 counties including Butte, Calaveras, Contra Costa, Del Norte, El Dorado, Fresno, Humboldt, Lassen, Lake, Modoc, Napa, Sacramento, San Francisco, San Mateo, Shasta, Siskiyou, Sonoma, Stanislaus, Tehama, Tuolumne, Tulare, Yolo.
- Friendship Line Volunteer Training was conducted during this time period with approximately 50 volunteer trainees. With these more comprehensive trainings, we have been able to decrease the number of *unknown* counties by 45.8%, so we are more able to correctly identify where a caller is calling from and which counties are being represented.
- Institute on Aging has hired a Friendship Line Manager and 2 Lead Crisis Line staff
- Institute on Aging/Friendship Line mentioned in Times Eureka, Trinity Journal, Tuolumne, Amado and Calaveras local Newspapers; articles by a reporter for Reuters appeared in several national newspapers including Chicago Tribune, Washington Post.
- A New York Times Blog on Suicides among Baby Boomers cited Patrick Arbore and Friendship Line. Additionally, Patrick Arbore's article on Aging will appear in the September 2013 edition of Friends and Neighbors, Tuolumne County with a readership of approximately 20,000.
- During Q4 April 1, 2013 – June 30, 2013, Friendship Line calls for counties in the Superior Region showed a 12.8% increase from last quarter. Total call volume for Friendship Line was 18,860, an increase of 4.37%.
- During Q4 April 1, 2013 – June 30, 2013, WellSpace Health calls for counties in the Superior Region showed a 30.06% increase from last quarter. Total call volume for WellSpace Health was 8,498, an increase of 24%.
- WellSpace Health conducts ongoing suicide prevention trainings throughout the Central and Superior Regions.
- WellSpace Health made Crisis CHAT and Crisis TEXT services available for youth and adults.

Brief Descriptions of Key Program Activities enhancing local PEI efforts and addressing unique needs of counties and/or regions:

- Because of the rural nature of the counties in the Superior Region, Friendship Line is ideally suited as a partner in local PEI efforts due to our hotline and warmline capacity. Friendship Line staff/volunteers make thousands of monthly outreach calls to older adults who may live in isolated parts of these counties. Friendship Line refers these individuals to county resources when appropriate. The isolation and loneliness of many of these older adults can be decreased as a result of consistent Friendship Line contact.
- Trainings conducted in the counties specifically target the issues, concerns and needs of a growing older adult population and the impact of ageism. Special subgroups are highlighted such as the cultural/racial, disabled, LGBT and/or self-neglecting groups.

Quantitative and Qualitative Data of Programs' Impact to Date:

- As identified in Question 1, call volume has increased both for Friendship Line as well as our subcontractor WellSpace Health.
- An example of a reduced financial impact on a county is an older resident, referred to the Friendship Line for regular call outs has almost extinguished her weekly emergency room visits.



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Program Partner: Kings View

Initiative and Program Name: Program 2: Regional and Local Capacity Building: Central Valley Suicide Prevention Hotline

Regions served: Fresno, Madera, Merced, Stanislaus, and Mariposa Counties

Contact information: Jeff Gorski, jgorski@kingsview.org, Barbara Breen, bbreen@kingsview.org

Accomplishments/activities to date (March 2013 – present):

- Trained over 30 volunteers: 2 day ASIST Program, 18 hours of internal training and at least 16 hours of shadowing and role playing with hotline responders.
- Went from a 12 hour/5 days a week call response in March to 24/7 as of July 1st. There is now a staff person for every shift during the day with evening and weekend shifts augmented with volunteers.
- Penetrated the Fresno TV Media market with specific ads for announcing the hotline as well as broadcasting several TV spots aimed at recruiting more volunteers. See link for CVSPH spots on Channel 26 <http://www.kmph.com/category/259921/kings-view-behavioral-health-system>

Brief Descriptions of Key Program Activities enhancing local PEI efforts and addressing unique needs of counties and/or regions:

- Implementing the first 24/7 suicide prevention hotline in the central valley has created a resource for local residents that they haven't had before.
- With the Central Valley Suicide Prevention Hotline now a presence in the central valley, we have been able to network with the 5 county partners around their particular suicide prevention needs and offer them a specific resource to help their consumers.
- Hotline staff and volunteers have attended a variety of local events throughout the valley in which they have discussed the hotline, how to access it and what the participants can do to encourage those in need to call. We have used "know your signs" materials to help the participants learn ways to talk about the early warning signs of suicide. We have focused our prevention activities on two key groups in particular; LGBTQ youth and older adults.
- The implementation of the hotline along with the other local suicide prevention CalMHSA projects has re-energized other programs in the Fresno community to collaborate more regularly on addressing the needs of those who are suicidal and those who have lost loved ones to suicide. This has resulted in a monthly meeting.

Quantitative and Qualitative Data of Programs' Impact to Date:

- We have received over 3,600 calls since taking our first calls in January 2013. The number of active rescues is now 39 as of Aug. 14th. We received over 1,000 calls in July.
- Over 30+ volunteers have been trained to assist staff with answering calls.
- The establishment of the hotline in addition to the other local CALMHSA suicide prevention project has helped stimulate more awareness locally for the need to address



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suicide more collaboratively and actively. As a result, programs involved in various ways with suicide are more willing to engage each other and work together on activities.

- Now that CVSPH is 24/7 the data we are collecting on the calls can be used to analyze trends across the various demographic data fields and develop targeted interventions unique to cities and counties served by CVSPH.

Program Partner: San Francisco Suicide Prevention

Initiative and Program Name: Program 2: Regional and Local Capacity Building: Bay Area Suicide Prevention

Regions served: San Francisco, Contra Costa, San Mateo and Santa Clara counties

Contact information: David Paisley, (415) 984-1900, DavidP@SFSuicide.org

Website: www.SFSuicide.org

Accomplishments/activities to date (March 2013 – present):

- The 4 counties answered 23,929 hotline calls and 830 crisis chats
- The 4 counties completed 67 adult suicide prevention trainings reaching 1,234 people and 57 youth trainings reaching 1,245 adolescents.
- Services were provided to 1,800 people in a language other than English.
- San Francisco started its LGBTQ Outreach Program, participating in Pride celebrations across the Bay Area as well as LGBTQ specific trainings and outreach.
- The four Bay Area counties started Linea de Crisis, a combined Spanish language hotline, which rotates from agency to agency, serving all four counties.
- San Francisco started the San Francisco Warmline Network and plans to have a conference for staff of all types of hotlines in Winter 2014 to meet and share approaches.

Quantitative and Qualitative Data of Programs' Impact to Date:

San Francisco completed a client satisfaction process with our hotline callers. 91% of the callers rated the service as Excellent or Good. In addition, 61% called because they felt depressed, 57% felt anxious, 55% felt stressed, 35% felt lonely and 26% felt suicidal. 86% stated that calling the hotline help reduce their immediate negative feelings.

San Francisco completed an evaluation of our youth presentations with 718 youth participants. Over 85% indicated they learned new and valuable information about suicide prevention, were better able to notice the warning signs in a friend and felt more confident they could help a friend in crisis.



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Program Partner: Transitions-Mental Health Association

Initiative and Program Name: Program 2: Regional and Local Capacity Building

Regions served: Kern, San Luis Obispo, Santa Barbara

Contact information: Barry Johnson, bjohnson@t-mha.org, (805) 540-6540

Website: www.t-mha.org, www.slothestigma.org

Accomplishments/activities to date (March 2013 – present):

Accreditation

SLO Hotline completed preparation for the AAS site review and participated in a two-day review in late May, 2013. The program met most requirements; findings were noted regarding off-site call response and lack of documented test calls. Staff is researching off-site call response systems that would allow for active interventions by a supervisor or emergency response; a plan of action will be submitted to AAS by August, 2013. Test calls have been instated and documented. Kern County accreditation review was completed 7/16/13 and a report with recommendations and suggestions, along with formal notice of accreditation award, is anticipated in the coming weeks.

Warmlines

The North Santa Barbara County warmline continues to operate 7 days a week, 4 hours a day with the operating hours of 5:30pm-9:30pm. There are 3 peer employees. For the past quarter there have been 164 calls. Spanish bi-lingual support is offered on Friday, Saturday, and Sunday. Warmline staff meet bi-weekly to discuss calls, successes and challenges and how we can improve our services.

The South Santa Barbara County Warmline continues to operate 5 days a week, 3 hours a day with the operating hours of 5:30pm-8:30pm. There are 2 employees, one of whom speaks Spanish. For the past quarter there have been 64 calls.

Marketing

TMHA has contracted with 20/20, a SLO County based advertising agency, to develop and implement increased marketing of the Hotlines in SLO and Kern County, the National Lifeline in Santa Barbara County, and the Know the Signs (KTS) resources and campaign. 20/20 has worked with KTS to customize TV ads, radio ads, and bus signage, in both English and Spanish. 100 interior cards and 6 outdoor vinyl bus signs, in Spanish and English, were purchased and will run in Kern County buses from July 2013 to June 2014. 85 buses will carry the interior cards and the 6 outdoor signs will rotate between buses. SLO and Santa Barbara television and radio ads, in both Spanish and English, began airing in July 2013. Billboard ads combining the KTS campaign and the new SLO Hotline logo and phone number are now in place and on



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rotation within SLO County. County liaisons for all three counties have been actively involved and informed throughout this process.

Spanish Bi-lingual Outreach and Volunteer Recruitment

Both Kern and SLO Counties are in the process of hiring full-time Spanish bi-lingual, bi-cultural staff to bolster bi-lingual volunteer recruitment, outreach to the Latino community, and cultural training to Hotline staff and volunteers. These positions are expected to be filled by late August.

Brief Descriptions of Key Program Activities enhancing local PEI efforts and addressing unique needs of counties and/or regions:

In addition to completing an ASIST training in this time period, with 17 attendees, SLO Hotline staff provided suicide intervention training to 224 people at a variety of sites, including Cal Poly University, TMHA, and the SLO Women's Shelter. SLO Hotline and TMHA PEI programs are involved in planning for the annual Suicide Prevention Forum to take place in October 2013. San Luis Obispo will also host the California Suicide Prevention Network regional meeting in September. An additional ASIST class will take place in SLO the fall of 2013 and planning is underway for the 2014 Journey of Hope, a mental health awareness and suicide prevention forum to be held in Pismo Beach. SLO Hotline has also been involved in helping to bring Mental Health First Aid Train the Trainer to San Luis Obispo County, in collaboration with SLO County Behavioral Health, Cal Poly, Cuesta Community College and the local Office of Education. The training is slated for the week of January 6, 2014, with a target of training 30 MHFA trainers.

The Kern County Hotline team continues to work successfully with the local college and university to recruit Hotline volunteers and to provide on-campus education about local mental health and suicide prevention resources. In addition, Kern has opened up suicide prevention trainings and provided them on campuses, at public facilities, and at our own training facilities at no cost to participants. The Kern team provided Question, Persuade, Refer (QPR) a suicide prevention gatekeeper training to the Cal State peer mentors. In this quarter the Kern team trained over 80 participants in ASIST and over 200 participants in QPR. They have also begun to train in partnership with ASIST trainers from the local university. The Kern team also provided brief educational talks about suicide prevention to over 200 community members through our new partnerships with local school organizations.

Quantitative and Qualitative Data of Programs' Impact to Date:

SLO Hotline continues to see a dramatic increase in the number of calls received, doubling from an average of 200 calls a month when the statewide initiative began, to over 400 calls currently. In the past quarter, SLO Hotline received 1,263 calls. Suicide intervention training was provided to 241 people in the last quarter (see above). SLO Hotline has also developed a Continuous Quality Improvement (CQI) team that has met twice since inception. The SLO Hotline CQI team, includes representatives from TMHA's administration, SLO Hotline management, staff, and/or volunteers, TMHA Quality Assurance and Evaluations Officer, and PAAT (Peer Advisory and Advocacy Team), and meets quarterly to identify at least one area of service (i.e. service delivery, target populations, unmet needs, consumer feedback) to address. The team will follow 10 procedural steps based on RAND's Getting to Outcomes (GTO) guidelines. Members of the SLO Hotline CQI team meet weekly with administration and/or management to monitor progress and ensure continuous evaluation. The team has selected Test Calls as its first area to analyze and improve.

Kern County Mental Health Crisis Line Call Totals: April: 2,279, May: 2,305, June: 2,019.



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Although Kern did not start tracking language data until June, anecdotally staff have reported an increase in calls from Spanish speaking individuals beginning early in the summer. We believe this is a result of the English/Spanish Know the Signs ad campaign that is running on 84 local buses with our Hotline number. In addition, over the past 6 months Kern Spanish speaking volunteers have increased in number from 3 to 7 and we have doubled the number of bilingual staff that work full time, increasing the Spanish call coverage from 64 hours per week to 136 hours per week.

Santa Barbara Warmlines collectively received 228 calls in the past quarter.

Program Partner: AdEase

Initiative and Program Name: Suicide Prevention Social Marketing

Regions served: Statewide

Contact information: Richelle Brown, Richelle@adease.com

Website: www.suicideispreventable.org, www.elsuicidiodoesprevenible.org

Accomplishments/activities to date (March 2013 – present):

Directing Change Award Ceremony

A total of 371 submissions were received from high school students, representing 35 counties, 142 schools and over 900 students. Student winners participated in a Capitol visit and award ceremony on May 23 at the Crest Theater in Sacramento. A student impact report and judge impact report were provided to CalMHSA. The winning videos were compiled on a DVD and provided to county liaisons and program partners, along with a tip sheet. Films are also available for download at www.directingchange.org

Materials for Crisis Centers

Two posters with customizable tear-off pads (in English and Spanish) were developed to assist crisis centers with promoting their services. These materials are available for download at www.yourvoicecounts.org (in the resource center/poster and brochure filter).

Development of Targeted Materials for Cultural Groups

The campaign team has started the development of targeted campaign material in different languages and targeted for specific cultural groups. Workgroups have been formed to assist in the

- African American
- API Youth
- Cantonese/Mandarin
- Hmong
- Khmer
- Korean
- Lao
- LGBTQ Youth
- Spanish language outreach materials (low literacy)



Key Activities and Accomplishments submitted by CalMHSA Program Partners: August 2013



- Tagalog
- Vietnamese

Mobile App

The Know the Signs Campaign, in partnership with the National Suicide Prevention Lifeline, is developing *My3*, a mobile application that will connect users who are at-risk for suicide directly to their support network and a crisis hotline if they are experiencing a suicidal crisis. Secondary features include a safety plan and a resource page. It is currently under development with a projected release date of November 2013. *My3* will be marketed primarily to crisis centers, survivor support groups, school counselors, and healthcare providers so that they can inform clients and patients at risk for suicide about *My3*. An associated website is being created to promote *My3*. Ownership and national rollout of the *My3* will be given to the National Suicide Prevention Lifeline by June 2014.

Ongoing TA and Mini Marketing

Campaign staff provide webinars, monthly campaign updates and support to all 58 counties to implement the campaign locally. In addition, the campaign team is working closely with those rural/small counties that expressed an interest to assist them in promoting suicide prevention locally and implementing “mini marketing campaigns” in their counties. During the past year, we offered 8 webinars for these counties, covering topics such as creating task forces, finding and using local data, outreach to men, restricting access to lethal means, advocating with the media, and how they can make better use of the Know the Signs campaign and the various stigma reduction programs funded by CalMHSA.

- Printed and mailed a total of 22,500 posters and 57,800 brochures to 35 counties.
- Pathways to Purpose and Hope manual was released and posted to Your Voice Counts
- In response to county requests, created outreach tent card in Spanish.
- Your Voice Counts: The forum was maintained with ongoing posts and site enhancements. As of 6/30/2012 there were 588 members representing 53 counties.

Brief Descriptions of Key Program Activities enhancing local PEI efforts and addressing unique needs of counties and/or regions:

The Know the Signs campaign is designed to help Californians intervene early with individuals who may be having suicidal thoughts and feelings, and assist in preventing deaths and injuries. Campaign staff also offer customized technical assistance to small counties to help them in their suicide prevention-related PEI activities. Assistance is designed to meet local needs and varies with each county. Staff also conduct activities at the regional level, presenting at regional network meetings and working with counties that collaborate on an ongoing basis.

Quantitative and Qualitative Data of Programs' Impact to Date:

Media Campaign Outcomes:

The media campaign (TV, print ads, billboards and digital ads) was implemented between November 2012 and February 2013.

- **Engagement**
 - **471,925** website hits within the state of California during four month period
 - English 398,468 & Spanish 73,457
 - 25% of all website traffic came via mobile
 - **23.5 million** total completed views for online video ads
- **Coverage**
 - **720,378,821** impressions were served in CA (22% over-delivery)
 - Reached 52,468,000 people



Key Activities and Accomplishments
submitted by CalMHSA Program Partners: August 2013



- Impressions were evenly divided throughout each county resulting in 8+ frequency during flight (**Average Frequency 12**)
- **68%** value added that equals to about **\$2,176,000** in media spend

Directing Change Outcomes:

- Received 371 submissions, representing 35 counties, 142 schools and over 900 students.
- A total of 199 students and 55 faculty provided responses to an online questionnaire distributed after the contest.
 - 92.9% of the students agreed that the contest inspired them to change the way they think about mental health and suicide prevention; and
 - 89.9% agreed that it inspired them to get involved in suicide prevention, mental health or stigma busting activities.
 - 93.4% pledged to reach out to others who are experiencing tough times
 - 85.9% pledged to stand up for youth who are different and picked on as a result.
 - 85.4% pledged to not keep it a secret if a friend tells me he or she is thinking about suicide.
 - 42.4% pledged to be a leader for suicide prevention and mental health programs at my school.
 - 98.2% of advisor participants indicated that the contest stimulated discussion among students about mental health, stigma and suicide prevention.
 - 100% indicated the contest increased students' understanding towards those who are experiencing tough times.
- One objective of Directing Change was to increase awareness of safe messaging for suicide prevention guidelines among judges. A total of 135 Directing Change judges responded to an online survey following their judging experience:
 - Following participation in the Directing Change contest, 100% of judges responded they were aware of safe messaging guidelines for content related to suicide or suicide prevention.
 - After judging contest videos, 95% of judges either “strongly agreed” or “agreed” that the judging process increased their knowledge of safe messaging for suicide prevention.
 - When creating content related to suicide or suicide prevention in the future, 95% of judges are either “very likely” or “likely” to reference safe messaging guidelines.

Program Partner: LivingWorks Education

Initiative and Program Name: Suicide Prevention Training Workforce Enhancement Program (SPTWEP)

Regions served: Statewide

Contact information: Jerry Swanner, jerry.swanner@livingworks.net

Website: www.livingworks.net



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Key Activities and Accomplishments
submitted by CalMHSA Program Partners: August 2013



Accomplishments/activities to date (March 2013 – present):

1. Training for Trainers (T4T).

We conducted three safeTALK T4Ts since the last SCW. The listing of all completed CalMHSA ASIST and safeTALK T4Ts is below.

Completed ASIST T4Ts

ASIST T4T	Dates	Location	Host	Trainers Certified
1	7-11 Nov 2011	Contra Costa	CCCC	24 Trainers
2	23-27 Jan 2012	Los Angeles	Didi Hirsch	20 Trainers
3	30 Jan – 3 Feb 2012	Sacramento	The Effort	24 Trainers
4	26-30 Mar 2012	Contra Costa	CCCC	23 Trainers
5	25-29 June 2012	Sacramento	The Effort	24 Trainers
6	22-26 Oct 2012	Los Angeles	Didi Hirsch	25 Trainers
7	3-7 Dec 2012	Ontario	Didi Hirsch	24 Trainers
8	14-18 Jan 2013	Long Beach	CSU	25 Trainers

Completed safeTALK T4Ts

safeTALK T4T	Dates	Location	Host	Trainers Certified
1	2-3 Jun 2012	Sacramento	The Effort	10 Trainers
2	20-21 Jun 2012	Walnut Creek	CCCC	8 Trainers
3	7-8 Nov 2012	Riverside	Didi Hirsch	10 Trainers
4	22-23 Feb 2013	Sacramento	Well Space Health	10 Trainers
5	4-5 April 2013	Walnut Creek	CCCC	10 Trainers
6	11-12 July 2013	Orange	Didi Hirsch	9 Trainers
7	22-23 Aug 2013	Humboldt	WellSpace	10 Trainers

2. ASIST & SafeTALK Workshops.

From March 20 to August 10, 2013, our CalMHSA ASIST Trainers have conducted 12 ASIST Workshops certifying 218 in suicide intervention. During the same period, our CalMHSA safeTALK Trainers conducted 8 workshops training 125 in suicide alertness. Overall, our ASIST Trainers have conducted 96 ASIST Workshops certifying 1,834 in ASIST. For safeTALK, there have been 22 safeTALK workshops training 322 in suicide alertness skills.

3. esuicideTALK.

LWE continues to release individual esuicideTALK user licenses through our three CalMHSA Trainer Coordinators. esuicideTALK is an online 1-2 hour exploration in suicide awareness. For preview and/or user licenses, please contact your regional CalMHSA Trainer Coordinator (list below).

CalMHSA Partner County Trainer Coordinator Assignments

Contra Costa Crisis Center	Didi Hirsch	Well Space Health (formerly The Effort)	
Contra Costa	Fresno	Amador	Modoc
Marin	Imperial	Butte	Placer
Merced	Inyo	Colusa	Sacramento



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Key Activities and Accomplishments
submitted by CalMHSA Program Partners: August 2013



Contra Costa Crisis Center	Didi Hirsch	Well Space Health (formerly The Effort)	
Mono	Kern	El Dorado	Siskiyou
Monterey	Los Angeles	Glenn	Stanislaus
Napa	Orange	Humboldt	Sutter
San Francisco	Riverside	Lake	Trinity
San Mateo	San Bernardino	Lassen	Tuolumne
Santa Clara	San Diego	Madera	Yolo
Santa Cruz	San Luis Obispo	Mendocino	Yuba
Solano	Santa Barbara	Del Norte	
Sonoma	Ventura	Nevada	
City of Berkley	Kings	Shasta	
Mariposa	Tulare	Calaveras	
San Benito	Tri City		
San Joaquin			

Contra Costa Trainer Coordinator: Kathleen Snyder, Kathleens@crisis-center.org

Didi Hirsch Trainer Coordinator: Gina Found, gfound@didihirsch.org

WellSpace Health Trainer Coordinator: Joshua Miller, jmiller@wellspacehealth.org

Program Partner: SDR Consortium

Initiative and Program Name: Program 1: Strategies for a Supportive Environment, Component 1: Stigma and Discrimination Reduction Consortium

Regions served: Statewide

Contact information: Joseph Robinson, Program Manager, Joseph.Robinson@calmhsa.org, (916) 389-2621

Website: www.EachMindMatters.org, www.calmhsa.org/sdr-consortium

Accomplishments/activities to date (March 2013 – present):

- The Consortium office at 3043 Gold Canal Drive, Suite 101 in Rancho Cordova was designed, constructed and furnished (including three lime green chairs).
- Four Consortium staff (Program Manager, associate and two assistants) were hired and began working full time on the project.
- Contracts with consultants were established and signed to assist with the facilitation of Consortium meetings and to provide subject matter expertise to Consortium workgroups.
- Two Consortium In-Person Meetings were conducted on June 25th and July 23rd. These meetings allowed consortium members and new staff the opportunity to discuss past challenges, begin working together and organize the work of the Consortium going forward. Consortium workgroups identified short and long term activities including specific tasks to accomplish outcomes outlined in Strategic Work Plan.



Key Activities and Accomplishments submitted by CalMHSA Program Partners: August 2013



- In conjunction with the Consortium Steering Committee staff began a selective outreach and recruitment process to fulfill identified gaps in Consortium membership in accordance with CalMHSA Service Agreement deliverables in order to have full membership by the end of the next quarter.
- Consortium staff and members outreached numerous community partners including Disability Rights CA, Working Well Together, NAMI-CA, etc. and attended numerous meetings including the Working Well Advisory Committee, OAC Community Forum in Monterey, CA Stakeholder Coalition, etc. promoting the work of the consortium.
- The Consortium assumed responsibility for the ordering, distribution and partially the marketing of Each Mind Matters materials.

Next In-Person Consortium meeting is scheduled for October 22nd in Santa Clara County. Program partners and members of the public are encouraged to attend.

Brief Descriptions of Key Program Activities enhancing local PEI efforts and addressing unique needs of counties and/or regions:

Our key program activities were designed and written by a diverse group of Consortium members to specifically disseminate and expand the reach of all PEI efforts (local and statewide) to local communities and unique groups. This includes assisting counties and regions with the tools and resources to localize and disseminate SDR and other PEI efforts. Consortium members bring statewide and other regions' activities, tools and resources back to their local communities. The Consortium also provides one-stop assistance for all SDR and PEI tools, resources and connection to programs for Counties and other Program Partners.

Quantitative and Qualitative Data of Programs' Impact to Date:

The Consortium has reached out to RAND for assistance identifying quantitative and qualitative data to collect in order to track outcomes. The Consortium has identified a process to collect and track outreach data from consortium members.

Program Partner: Runyon Saltzman & Einhorn, Inc

Initiative and Program Name: Program 1: Strategies for a Supportive Environment,
Component 2: Social Marketing

Regions served: Statewide

Contact information: Nicole Jarred, njarred@RS-E.com

Accomplishments/activities to date (March 2013 – present):

Parent and Caregiver Outreach (children 0-8):

- Promoted “A New State of Mind: Ending the Stigma of Mental Illness” pre-screenings and its statewide air date to parent bloggers.
- Secured new parent bloggers and continued engagement.
- Conducted second round of Latino Family Forums in Riverside and Los Angeles and began planning final forum with San Diego County.



Key Activities and Accomplishments
submitted by CalMHSA Program Partners: August 2013



Inoculation Campaign (adolescents 9-13):

- The WalkInOurShoes.org website, advertising concepts, and school-based performance scripts have been developed.
- Prep work was done to secure performances in 11 CCESSA regions and that at least one of the media platforms (TV, digital and radio) will run in every California county.

ReachOutHere Campaign (TAY 14-24):

- A media plan was built and began in June.
- New assets were developed and existing pieces updated.
- Outreach to counties for campaign materials occurred.
- Peer Supporters were recruited and trained; recruitment and planning for the two-way texting program began.

Decision-Maker Outreach (adults 25+):

- Conducted and promoted “A New State of Mind: Ending the Stigma of Mental Illness” pre-screenings in Costa Mesa, San Bernardino, Redding, Sacramento and Eureka and its statewide air date.
- SpeakOurMinds.org, the speakers bureau microsite, was launched.
- Each Mind Matters blog and social media were launched and related toolkit and promotional materials were developed; “A New State of Mind” was posted to EachMindMatters.org.
- The concept of "Mental Health" was introduced to Hmong, Lao and Cambodian communities.
- Applications for both the Small County Community Dialogue grant program and the second round of speakers bureau grants were received.

Technical Assistance:

- *An American Journal of Public Health Video* was completed and submitted and an op-ed follow up on the National Conference on Mental Health was drafted.
- Presented SDR campaign programs to rural counties and participated in monthly PR calls.

Strategic Planning & Evaluation:

- RS&E and subcontractors worked with PEI partners to coordinate SDR activities and corresponding evaluation with RAND.
- Strategic planning for Each Mind Matters began.

Brief Descriptions of Key Program Activities enhancing local PEI efforts and addressing unique needs of counties and/or regions:

Utilizing the lifespan approach to address specific needs that exist within the following age groups, each California county was reached or will be reached via the specific programs listed below.

Parent and Caregiver Outreach (children 0-8):

- Latino Family Forums
- Parent Blogger

Inoculation Campaign (adolescents 9-13):

- School-based performances
- Media: Cable TV, English and Spanish radio, Digital
- Hard Copy Materials
- WalkInOurShoes.org

Mobilization Campaign (TAY 14-24):

- Media: Print, Radio, Digital



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Key Activities and Accomplishments submitted by CalMHSAs Program Partners: August 2013



- Hard Copy Materials and related Toolkit
- ReachOutHere.com and BuscaApoyo.org
- Webinars to Community Colleges
- Active Minds partnership
- CSU Campuses have received hard copy materials
- ReachOut peer leaders
- LA Youth Articles

Decision-Maker Outreach (adults 25+):

- Mini-grant programs
- Community dialogue grant program
- Community Dialogue events
- Documentary screenings
- Speakers Bureau website
- EachMindMatters.org and related Educational Resource Materials
- API Storytelling, radio series, community forums and video series
- Native American program
- African-American Faith-Based program
- Anti-Stigma Arts Network

Quantitative and Qualitative Data of Programs' Impact to Date:

- The entirety of the SDR Social Marketing campaign is conceived in evidence-based methodology, primarily contact strategy. We are also taking every opportunity to engage communities and individuals to craft both the content and in some cases, the structure of the programs that will serve their audiences.
- An example of the SDR Social Marketing campaign's use of evidence-based practices includes the ReachOut project's alignment with the U.S. Surgeon General's Action Alliance Strategy Objective 2.3 to: Increase communication efforts conducted online that promotes positive messages and support safe crisis intervention strategies. (U.S. Department of Health and Human Services (HHS) Office of the Surgeon General and National Action Alliance for Suicide Prevention.) The validity of the ReachOut forums and text messaging service was reinforced by an article published in Research News from Ohio State University on June 24, 2013 (<http://researchnews.osu.edu/archive/socsuicide.htm>). Evidence from a survey conducted with 1,084 participants between 18-24 shows that those with depression or suicidal thoughts were more inclined to use technology – text messaging, instant messaging and social networking to reach out for help and searches on the internet for information on sensitive topics.



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Key Activities and Accomplishments
submitted by CalMHSA Program Partners: August 2013



Program Partner: United Advocates for Children and Families (UACF)

Initiative and Program Name: Program 1: Strategies for a Supportive Environment,
Component 3: Capacity Building

Regions served: Statewide

Contact information: Sireyia Ratliff, sratliff@uacf4hope.org

Website: www.uacf4hope.org

Accomplishments/activities to date (March 2013 – present):

Community Roundtables:

The purpose of local Community Roundtables is to reduce stigma and discrimination, increase access to mental health services, and build capacity to connect, support, and empower consumers, families, parents, caregivers, youth, and children.

Community Roundtable Goals: 1) develop and implement contact strategies to reduce stigma and discrimination in their County; 2) coordinate a statewide public awareness campaign with CalMHSA and its partners; and 3) engage 12 CalMHSA Counties to enhance existing efforts, share best practices and successes and to reduce mental health stigma and discrimination through this statewide effort.

Community Roundtables were held in the following locations:

- LOS ANGELES:
 - Community Roundtable Event on May 29, 2013
 - 44 Attendees: Local Leadership, Educators, Human Resources, Health Providers, Juvenile Justice, Media, Landlord, Policymaker, Community Organizations, Parent Advocates, Consumers
- SAN DIEGO:
 - Community Roundtable Event on June 11, 2013
 - 49 Attendees: Educators, Human Resources, Mental Health Providers, Law Enforcement, Media, Landlord, Policymaker, Community Organizations

Behavioral Health Symposium

The purpose of the San Bernardino Symposium was to enlighten participants with a greater understanding of just how common and widespread mental illness and substance abuse are within the general public. Participants had the opportunity to learn about treatment and recovery programs, gain skills and inspiration to broaden their current knowledge base of mental illness and substance abuse issues and be linked to an array of available community services and resources.

- SAN BERNARDINO:
 - Behavioral Health Symposium Enlightened and Equipped: Knowledge Changes Lives on May 28, 2013 200 Attendees: Community Participants, Consumers, Service Providers and County Officials

Multi-Cultural Mental Health Education Event

The purpose of this event is to engage culturally diverse populations targeting people with lived experience, their family members and caregivers, provide mental health education to family members and individuals whose lives have been affected by mental illness, targeting un-served and underserved communities in Santa Clara County, and provide additional multi-cultural mental health education to other CBOs who provide mental health services in Santa Clara County.



Key Activities and Accomplishments submitted by CalMHSA Program Partners: August 2013



- **SANTA CLARA:**
 - Multi-Cultural Mental Health Education Event scheduled for October 12, 2013
 - Santa Clara County MH Director, Ethnic and Cultural Communities Advisory Committee of the MH Department (ECCAC), NAMI Santa Clara and UACF began planning and coordination.

Leadership Trainings

UACF with local Community Based Organizations provided community trainings. The purpose for the instructor/training curriculum is to empower consumers, families, and youth to tell their stories in a manner that impacts systems change, community response, and neutralizes the stigma and discrimination often associated with mental health challenges.

- **LOS ANGELES, SAN DIEGO, SAN BERNARDINO:**
 - May - June 2013: Telling Your Story Training
 - 80 Attendees (T4T, Training): Instructors, Consumers, Family Members, Educators, TAY, LGBTQ, Veterans, Spanish Speaking, Mental Health Providers

Brief Descriptions of Key Program Activities enhancing local PEI efforts and addressing unique needs of counties and/or regions:

Sustainability of the UACF SDR Capacity Building Initiative within the local level has been a core component of the roundtable planning discussions. We have found that every county we have engaged thus far have, to a greater or lesser degree, currently has a stigma/discrimination effort underway. Our efforts have either enhanced existing efforts or created opportunities for new ones to emerge. Partnerships between the County, interested stakeholders and CBOs continue planning efforts as a direct result of the CalMHSA/UACF SDR initiative, in turn will insure the sustainability of stigma reduction efforts. The following are UACF community engagement activities enhancing local efforts:

- Disseminated CalMHSA's Public Awareness Campaign, "Each Mind Matters" flyers, pins, and material during community roundtables, symposiums, and local events.
- A panelist during the 3-day Mock Press Conference for the PBS Mental Health Documentary "A New State of Mind: Ending the Stigma of Mental Illness" with 150 students in attendance from 40 community colleges.
- "Directing Change" video: Outreached to Youth and TAY programs to participate (vote)
- Mental Health First Aid Instructor Trainings in 5- County Regions: 1. Developed a draft assessment for the 5-Regional WET Coordinators to identify gaps and county needs, leverage existing investments, then fill gaps with what is currently provided to support instructors and avoid duplication of efforts. 2. Next steps: regional trainings, create and maintain a database, final summary report.
- UACF continues collaboration with Runyon Saltzman & Einhorn community speakers' bureau mini-grant awardees; and sharing information regarding upcoming public-facing website.

Quantitative and Qualitative Data of Programs' Impact to Date:

UACF has begun to gather documentation of county impact through a county leader survey and training evaluations.



Key Activities and Accomplishments
submitted by CalMHSA Program Partners: August 2013



Program Partner: Mental Health Association of San Francisco

Initiatives and Program Names:

- Program 2: Practices and Policies Program (VPPP), Component 1: Resource Development
- Program 3: Promising Practices Program (PPP)

Regions served: Statewide

Contact information: Luba Botcheva, Ph.D., (415) 421-2928 X320, luba@mentalhealthsf.org; Daniel Esparza, Daniel@mentalhealthsf.org

Website: www.mentalhealthsf.org; www.dignityandrecoverycenter.org

Accomplishments/activities to date (March 2013 – present):

Promising Practices

- Continued meeting with Community Development Partners and implementing the empowerment/engagement process with program staff. Meeting included an information portion in which a dialogue between both agencies was held, additional step and relationship/rapport building occurred. Additionally, next steps in the relationship building/engagement process were taken. Those steps included observing and also participating in agency activities, including attending culturally specific events such as “Dia De Los Muertos” activities.
- Continued communication with Ethnic Services Managers statewide via phone, in-person and email. Met with Northern/Bay Area ESMs via monthly meeting to establish relationship. Also set up visits with Riverside, Orange, San Diego and San Bernardino slated for April. Launched the new Center website: dignityandrecoverycenter.org, including the launch of the statewide registry (clearinghouse database of stigma-reducing practices and culturally responsive practices).
- Worked with PPP staff to provide list of all programs in database that were appropriate for Promising Practices and uploaded and made “live” on the Center website.
- Continued working with Project Coordinators in creating promising practices data parameters for database inclusion.
- Worked with academic partners at Columbia University to discuss Promising Practices Program and completed first draft of literature review analysis of promising practices including updating information and suggestions from CalMHSA. Also continued research and evaluation with Columbia University during weekly on-going teleconference calls regarding PPP.
- Continued ongoing meetings with Research Consultant and Research Coordinator to define parameters and update definitions of PP for inclusion in our database registry and maintain an updated registry.
- Worked with Project Coordinators in locating promising practices programs statewide.
- Participated in Bi-weekly Training & Technical Assistance call with Project Coordinators, including working with them to cross-share information on exemplar programs, as well as



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review various agencies to assist in determining whether program is promising or anti-stigma focused.

- Meet with PEI program partners for quarterly in-person meeting with CalMHSA.
- Prepared and held statewide conference focused on stigma reduction and culturally considerations in stigma reduction.

Resource Development

- Accelerated assessment and engagement processes with SDR training programs, including facilitating increased collaboration and support between SDR programs. In collaboration with regional Project Coordinators we have engaged with SDR programs in Alameda, San Mateo, San Francisco, Contra Costa, Monterey, Placer, Sonoma, Los Angeles, Humboldt, Shasta, San Diego, and Tulare counties. We have also initiated TA support and capacity building to launch SDR efforts in counties without any existing SDR programs including Riverside and Fresno.
- We have strengthened our TAY outreach processes and engaged with multiple SDR programs with a significant TAY focus including Tulare, Los Angeles, and Riverside counties, along with more developed supports in Alameda and San Francisco counties.
- Continued updating and improving Center's website, featuring Center's work, including RD program activities, training tools and resources and on-line program registry of SDR programs across California including outreach to all California counties for SDR program participation in the Center's registry and offer TA supports.
- Disseminated Training Toolkit on the website and with SDR partners that incorporates seventeen initial training tools and resources for SDR programs to be disseminated through Center's Website. Ongoing development and branding will be completed in the next quarter.
- Participated in CalMHSA-sponsored, face-to-face meetings to present information about RD program and engage in discussions with other SDR partner entities; also participated in required CalMHSA TA conference calls.
- Continued to meet with representative of Citizen Paine to discuss activities related Technical Assistance for SDR programs and collaboration priorities and strategies to avoid duplication of effort related to the SDR database/clearinghouse. Center staff have also coordinated with staff from Citizen Paine on a regular basis to send Resource Development Tools (highlighted on their website) and outline of Technical Assistance supports to mini-grants recipients.
- Continued meetings and conference calls with RAND Corp. to help evaluate operations of the RD program, including completing all RAND survey requests and sending them 17 training and TA tools and key documents and presentation/ training materials that have been added to RAND's database, entered data about purpose and reach of key documents and presentations/trainings into RAND's online tracking tools survey, as well as submitted our conference evaluation process and findings to RAND for evaluation. We have continued to send meeting agendas and minutes from collaboration/ network activities being led by MHASF.
- Participated in Bi-weekly Training & Technical Assistance calls with Project Coordinators, including working with them to cross-train and share information between RD and Promising Practices Program
- After successful new hires within Resource Development and with new partner hires, the Center Training and TA Director, in partnership with the National Consortium on Stigma and Empowerment, held a two-day training for Project Coordinators on best practices for



Key Activities and Accomplishments
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assessment, engagement, and evaluation of SDR Programs. Center staff also continued to work with Project Coordinators in identifying and engaging SDR programs statewide that can benefit from RD technical assistance and training supports

- Meet with PEI program partners for in-person meetings with CalMHSA.
- Worked with Project Coordinators to attend RD CDP meetings and continue partner collaboration with community agencies.

Brief Descriptions of Key Program Activities enhancing local PEI efforts and addressing unique needs of counties and/or regions:

The Promising Practices Program continues to focus on highlighting promising practices within cultural/racial/ethnic communities across California's counties to cooperatively work in moving those programs towards a best practices model of Stigma and Discrimination Reduction. Our program continues to work with several California CDPs and identifying additional ones, in focusing on highlighting SDR promising practices within cultural/racial/ethnic communities utilizing a co-learning process in which we will engage with the CDPs in a dialogue that allows us to simultaneously learn from each other in the process. Together we will work towards identifying the organizations' strengths, as well as ways they can address SDR (or enhance existing culturally specific ways to address SDR) and highlight the important cultural/racial/ethnic practices or activities that have been taking place in the community.

Included are those programs that focus on first person narrative, that are local, targeted, continuous and credible in the community. Examples include Beats, Life and Rhymes which targets TAY youth of color in stigma reduction; Promotoras program in Modesto focusing on not only access to services for the Latino population, but also services focused on community enhancement and collaboration.

In addition, we continue to collaborate with each CalMHSA California county ethnic services manager to assist in creating relationships with those organizations they identify as:

- Potential promising practice programs for inclusion in our database registry;
- Engaging in the promising practices program to highlight and building those relationships to help in reducing stigma and discrimination within cultural/ethnic/racial communities.

Program Partner: Entertainment Industries Council, Inc.

Initiative and Program Name: Partnering With the Media and Entertainment Industry

Regions served: Statewide

Contact information: Scott Dorman, Project Manager, Sdorman@eiconline.org

Website: www.eiconline.org/teamup

Accomplishments/activities to date (March 2013 – present):

- EIC provided resources to the Associated Press to help them develop a new entry in the AP Stylebook on "Mental Illness." The entry is immediately available in the online



Key Activities and Accomplishments submitted by CalMHSA Program Partners: August 2013



version and has been published in the 2013 print and mobile editions of the Stylebook. In addition, the new Spanish version of the AP Stylebook will include the entry.

- The full TEAM Up website was completed and launched, including all of the resources developed to date. See <http://eiconline.org/teamup>. We also launched a Twitter feed (@MediaTEAMUp) on to provide timely and regular updates to media professionals and others interested in mental health in the media.
- Published mental health depiction suggestions for entertainment media professionals.
- Translated the style guide, tool kit and depiction suggestions into Spanish.
- EIC president/CEO Brian Dyak spoke at a Congressional briefing on mental health in Washington DC on 1/21/13 about the mental health reporting style guide and the work of the TEAM Up project. TEAM Up materials were distributed to members and staff.
- EIC used the White House Mental Health Conference on 6/3/13 to kick-off the announcement of its partnership with the National Association of Broadcasters (NAB) and promote the availability of its TEAM Up website and media resources in English and Spanish at a national level.
- The Picture This: Mental Health in the San Francisco Bay Area forum was held at KTVU in Oakland on 7/18/13.
- The “Understanding Mental Health Recovery for Storytellers” First Draft creative briefing was held on 8/8/13 at Universal Studios Hollywood for entertainment writers, producers, director, performers and studio/network executives. We collaborated with Citizen Relations to present a panel of individuals who were highlighted in the “New State of Mind” documentary.
- Formalized partnership with the National Association of Broadcasters (NAB) and the Radio Television Digital News Association (RTDNA), which will bring the TEAM Up resources to television and radio newsrooms in California and across the country.
- Presented workshops and trainings to journalists, journalism students and faculty and stakeholders at various conferences.
- Completed development of Muestra Esto publications in both English and Spanish and made them available on the website for distribution.
- Collaborated with Julio Cesar Ortiz of Univision in development of Spanish language media resources and in helping to spread adoption of the project’s Spanish style guide and toolkit to the LA Univision newsroom, as well as others in California and across the country.
- Secured commitment from and coordinated the participation of Glenn Close to narrate the California public television documentary, in coordination with Runyon, Saltzman and Einhorn.
- Sent TEAM Up branded mental health-focused email newsletters to media lists and depiction resource materials to EIC’s entertainment industry database.
- A TEAM Up Tip Sheet designed to promote the style guide and newsroom briefings was sent to every publisher and editor in the state by the California Newspaper Publishers Association.
- Facilitated creation of a Hmong mental health segment for Crossings TV.
- Integrated TEAM Up and the Each Mind Matters movement into the April PRISM Awards ceremony and the PRISM Showcase TV special to air beginning in September on FX and other outlets.
- Approximately 50% of this year’s PRISM Awards submissions addressed mental health issues.



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submitted by CalMHSA Program Partners: August 2013



Brief Descriptions of Key Program Activities enhancing local PEI efforts and addressing unique needs of counties and/or regions:

- EIC's key program activities support local PEI efforts by making the environment in which they are operating more conducive to individuals being willing to seek help when needed. Accurate reporting and stigma-free depictions in the media of people living with mental health challenges impact social norms and help people recognize potential symptoms and available services and supports that they can access.
- EIC addresses the unique needs of counties and regions through its activities throughout the state. Our *Picture This/Muestra Esto* events are focused on specific counties/regions and consist of a structured dialogue between local news media representatives and mental health stakeholders in their communities. *Muestra Esto* was an event held in conjunction with Univision 34 Los Angeles in Spanish, focusing on the mental health needs of the Spanish-speaking population in Southern California. *Picture This: Mental Health in the San Francisco Bay Area* was a partnership with KTVU Oakland-San Francisco-San Jose, focused on mental health priorities of all of the counties in the Bay Area. EIC will be conducting a similar forum in San Diego to address that county's unique needs.
- The TEAM Up project's outreach into newsrooms around California and presentations at conferences helps journalists recognize compelling stories they can tell about the successes of local PEI efforts in their community. At the same time, we are working with stakeholders and people with lived experience to help them tell their stories effectively and to work with the media in a way that will result in coverage that highlights PEI successes in specific communities. This extends into underserved communities as well as college campuses around the state.

Quantitative and Qualitative Data of Programs' Impact to Date:

- Worked with Associated Press to add new entry on "mental illness" into the 2013 edition of the *AP Stylebook*, which includes many of our recommendations on content and language. The *AP Stylebook* is used by just about every journalist in every newsroom in the US and beyond, and will institutionalize the guidelines for years to come.
- Trained over 300 journalists in over a dozen newsrooms in California on how to report accurately and without perpetuating stigma regarding mental health.
- Partnerships with the National Association of Broadcasters (NAB) and Radio Television Digital News Association (RTDNA) are allowing us to distribute TEAM Up resources and technical assistance to their member news outlets all over California and beyond.
- Through two creative briefings held for entertainment writers and other professionals (~80 attendees), as well as one-on-one technical assistance through our *First Draft* program (~25 writers/executives) and regular email newsletters (sent to 2,740 industry contacts), we have engaged the entertainment industry around accurate depictions of mental health issues.
- The *Muestra Esto* event, which brought together 6 Spanish language journalists with 45 mental health stakeholders, was the beginning of a relationship with Univision executive and news staff that is expanding across the state and beyond.
- *Picture This: Mental Health in the San Francisco Bay Area* highlighted 5 local reporters and brought them in dialogue with approximately 65 mental health stakeholders.
- For the second year, approximately 50% of the over 400 submissions to the annual *PRISM Awards* focused on mental health issues. In addition, half of this year's *PRISM Showcase TV* special addresses mental health issues.



Key Activities and Accomplishments
submitted by CalMHSA Program Partners: August 2013



- Nearly 400 members of the entertainment industry attended the *PRISM Awards* ceremony this year which integrated the *Each Mind Matters* movement and *TEAM Up* initiative.

Program Partner: Community Clinics Initiative – Integrated Behavioral Health Project

Initiative and Program Name: Promoting Integrated Health

Regions served: Statewide

Contact information: Karen Linkins, PhD, 480-299-5900,
Karen@desertvistaconsulting.com

Website: www.ibhp.org

Accomplishments/activities to date (March 2013 – present):

Statewide Summit on Integrated Care – May 22 – 23, 2013

In collaboration with CiMH, the CalMHSA IBHP held the ***California Innovations Summit: The Triple Aim as a Framework for Improving the Health of Individuals with Complex Mental Health, Substance Use, and Physical Health Conditions***. Additional co-sponsors included the California Primary Care Association, Kaiser Permanente, the County Alcohol and Drug Program Administrators of California, the California Mental Health Directors Association, and the Alcohol and Drug Policy Institute.

The goal of the Summit was to support achievement of the Triple Aim for complex clients with mental health, substance use, and co-occurring medical conditions by sharing innovative care coordination and integration models currently being implemented in California. The Summit included action and strategy development through facilitated dialogues focused on core requirements for system redesign on such topics as:

- Promoting Health Literacy, Healthy Behaviors, and Self-Management
- Incentivizing Integrated Care, Payment Reform, and Quality Improvement
- Designing Prevention and Health Promotion to Improve Population Health

Over 240 participants attended, representing the range of stakeholders interested in integrated care and health reform, including county departments of mental health and public health, mental health and substance use agencies and providers, primary care clinics, health plans, consumers and family members, peer specialists, and social service agencies. Numerous counties -- San Francisco, Napa, Glenn, San Mateo, Los Angeles, Alameda, and Riverside -- presented on key practice strategies and systems changes that can be replicated in other counties and programs. The CalMHSA Integrated Behavioral Health Project, in collaboration with CiMH, will publish conference proceedings documenting recommendations and action plans to inform State and local policy and practice. These findings will be disseminated on the IBHP website (www.ibhp.org) and the CiMH website, and presented at briefings to DHCS, California Health Foundations, and others interested in Summit outcomes.

Conducted Webinars on Integration Topics

In March, we kicked off our monthly webinar series, which is a collaboration between CalMHSA IBHP, the AHRQ Academy for Integrating Health and Primary Care, and the Collaborative Family Healthcare Association. The following are the topics covered through June:

- March 22: Integrating Your Practice: Key Building Blocks, Dr. Parinda Khatri



Key Activities and Accomplishments submitted by CalMHSA Program Partners: August 2013



- April 24: A Workforce for Integration, Dr. Alexander Blount
- May 28: The State of Health Care Policy, Dr. Kavita Patel
- June 21: Measuring Integration: The Integration Quality Measures Atlas, Dr. Neil Korsen
- July 26: Alternative Payment Models for Sustaining Integration, Dr. Roger Kathol
- August 23: State Level Policy Enablers for Integrated Care, Dr. Michael Hogan

Recordings of the webinars are available on You Tube through a link from the IBHP.org website (www.youtube.com/user/CUDFMPolicyChannel).

Toolkit Overhaul and Dissemination

We finalized and disseminated the latest version of the IBHP Toolkit: Partners In Health: Primary Care/County Mental Health Collaboration Toolkit. Dissemination strategies included: direct email to over 1400 individuals on our contact list, announcement on the Center for Integrated Health Solutions listserv (over 900 participants), announcements on listservs and newsletters of partnering organizations (e.g. CMHDA website and newsletter, CalMHSA newsletter), and the IBHP website. Several organizations have posted our Kit and/or a link to it on their own websites, including SAMHSA, CPCA, CiMH, and the UCLA Integrated Substance Abuse Programs.

Brief Descriptions of Key Program Activities enhancing local PEI efforts and addressing unique needs of counties and/or regions:

To date, we have worked collaboratively with CiMH through their learning collaboratives to reach more than 25 counties involved in activities related to transforming systems of care to integrated health and behavioral health services. We have also provided direct technical assistance to over 20 counties (of all sizes, e.g., Los Angeles, Inyo, Kern, Kings, Lake, Marin, Merced, Monterey, Riverside, Placer, Sonoma, and Tulare), addressing specific needs on all aspects of integrated care. Technical assistance has included coaching, referrals to experts, connection to specific references, resources, and materials, notification of trainings, and more. By providing this direct technical assistance, we are able to customize our work to the results. In response to specific requests for assistance in network and collaboration building, over the next year, we will be organizing local and regional summits to bring stakeholders from health, mental health, substance use, hospitals, consumers and family members, and community organizations to develop local strategies for addressing health disparities for persons with mental illness and substance use disorder. This will include the development of action plans for advancing cross-system care integration locally.

Our toolkit – Partners in Health – is designed to provide practical information to support counties in carrying out their PEI goals as they relate to improving access to preventative and wellness care. We are also in the process, in collaboration with CASRA, of developing a peer provider tool kit as a companion document. This will provide counties important information on the range of models and strategies for using peer providers to enhance access to primary and preventative care, and engage consumers in wellness activities.

Quantitative and Qualitative Data of Programs' Impact to Date:

Innovations Summit: On a scale of 1 – 5, 1= Do Not Agree at All, 5 = Strongly Agree:

Learned a great deal	4.4 average score
Recommend this conference to a colleague	4.3 average score
Likely attend next year	4.3 average score

IBHP Website:

- Over 33,000 annual visits, approximately a third from California
- Revised Toolkit downloads since April 2013 = 400



Key Activities and Accomplishments
submitted by CalMHSA Program Partners: August 2013



Program Partner: Mental Health America of California

Initiative and Program Name: Promoting Mental Health in the Workplace

Regions served: Statewide

Contact information: Zima Creason, (916) 557-1167, zcreason@mhac.org

Website: www.mhac.org

Accomplishments/activities to date (March 2013 – present):

MHAC now has developed 592 target employers to engage in the Wellness Works! program. 444 of these targets have been contacted. 18 businesses have agreed to participate in the program and will receive two to five trainings each. 14 Wellness Works! trainings have been delivered.

Brief Descriptions of Key Program Activities enhancing local PEI efforts and addressing unique needs of counties and/or regions:

Through corporate training, Wellness Works! seeks to reduce mental health stigma and discrimination through delivering management trainings. By reducing mental health stigma and discrimination in the workplace, psychologically healthy and safe workplaces will be developed and employees will feel comfortable and empowered to demonstrate help seeking behaviors before there is a crisis.

Quantitative and Qualitative Data of Programs' Impact to Date:

Internal evaluation data is not in at as we just began delivering training this past quarter. We will have more outcome data soon.

Program Partner: NAMI California

Initiative and Program Name: Reducing Stigma and Discrimination in Mental Health and System Partners

Regions served: Statewide

Contact information: Beth Larkins, beth.larkins@namicalifornia.org

Website: www.namicalifornia.org

Accomplishments/activities to date (March 2013 – present):

- NAMI California supported the Directing Change event by donating an Ending the Silence presentation to each of the participating schools at the event in April.
- On April 10th, 2013, NAMI California partnered with the California Community Colleges Student Mental Health Program (CCC SMHP) and Center for Applied Research Solutions (CARS) to offer a webinar presentation on NAMI California's campus-based programs, specifically highlighting the NAMI on Campus program. The audience



Key Activities and Accomplishments submitted by CalMHSA Program Partners: August 2013



consisted of community college faculty and staff who were interested in bring mental health programs to their campuses across the state.

- On April 25th, 2013, Holly Davison and Beth Larkins from NAMI California attended the California Community Colleges Student Mental Health Program Community Based Grant Conference (CBG) in Sacramento. NAMI California tailored an In Our Own Voice presentation to be specific to the college faculty audience and presented IOOV with two college students as the speakers
- On May 28th, 2013, NAMI California was invited to present a similar IOOV presentation to the one conducted at the CBG Conference for the California Community College Chancellor's office.
- NAMI California continued to partner with the California Department of Education to provide Ending the Silence presentations to the CDE and Placer County Office of Education's Eliminating Barriers to Learning trainings.
- On June 1st, 2013, Holly Davison and Beth Larkins conducted an in-person Ending the Silence presenter training at the Inspire USA ReachOut.com Youth Summit. Nine youth mentors were trained as ETS presenters.
- On August 8th, 2013, NAMI California delivered the first Faculty & Staff as Allies presentation to the Solano Community College for flex units.
- Six Provider Education teacher trainings were held regionally.
- 908 participants have been reached through In Our Own Voice presentations; 106 participants have been reached through Ending the Silence; and 16 have been reached through Parents & teachers as Allies.
- NAMI California's SDR Cultural Competency Team distributed the Cultural and Linguistic Competence Organizational Assessment (CLCOA) to NAMI Affiliates and had a successful 75% completion rate.
- NAMI California participated in the following in-person Cultural Competency Steering Committee meetings: 1.) 5/2/13 in Sacramento, CA (in-person) 2.) 7/11/13 in Los Angeles, CA (in-person) and telephone conference meetings: 1.) 4/8/13 2.) 6/6/13
- NAMI California's SDR Cultural Competency Team and Cultural Responsiveness Training Team completed the following final Regional Affiliate site visits to plan for their cultural competency trainings: 1.) 4/9/13 in Sacramento, CA 2.) 4/22/13 in Los Angeles, CA 3.) 6/8/13 in Kern, CA.
- NAMI California's SDR Cultural Competency Team and Cultural Responsiveness Training Team together led the following cultural competency training retreats titled, *Everyone Has a Voice* for NAMI Affiliate staff members and volunteers during this reporting period: 1.) 5/8/13 in Chico, CA 2.) 5/14/13 Modesto, CA 3.) 5/22/13 in Escondido, CA 4.) 6/12/13 in Ukiah, CA 5.) 6/13/13 in Mountain View, CA 6.) 6/14/13 in San Francisco 7.) 6/18/13 in Santa Barbara.

Brief Descriptions of Key Program Activities enhancing local PEI efforts and addressing unique needs of counties and/or regions:

- NAMI California's key program activities include Ending the Silence presentations; In Our Own Voice presentations; Parents & Teachers as Allies presentations and Provider Education educational classes. Through personal testimony and education in each of these programs, Prevention and Early Intervention (PEI) efforts are addressed.
 - Ending the Silence is presented to high school audiences and educates the students on signs of mental health conditions. The presentation also includes



Key Activities and Accomplishments submitted by CalMHSA Program Partners: August 2013



resources and how to get help for yourself or a friend if you recognize symptoms. The presentation concludes with a young adult sharing his or her story of recovery with the audience, effectively breaking down stigma.

- Parents & Teachers as Allies is presented to K-12 school staff and teachers. Audiences are educated on signs on mental illness in children and adolescents, so that appropriate services can be sought out by the family.
- NAMI California has held trainings across the state to train presenters on these programs so they can successfully implement the programs in their local communities.
- NAMI California's Community Engagement Team meets monthly with their SDR Cultural Competency Steering Committee which is comprised of Cultural SPW Representatives for the following California Reducing Disparities Project (CRDP) Communities: Native American, Latino, African American, LGBTQ, Older Adult, Veterans, Rural Workers, Muslim, Spirituality, Asian and Pacific Islander (API), and Transitional Age Youth (TAY), to enhance cultural competence within the organization and better reach the needs of diverse communities.
- NAMI California's Community Engagement Team attended the California Rural Indian Health Board Inc. (CRIHB) Wellness Conference on April 23, 2013 – April 24, 2013 in Santa Rosa, CA. This provided an opportunity for NAMI to conduct outreach, build collaboration, and introduce other organizations to NAMI and share resources.
- On June 11, 2013 NAMI California's Cultural Competency Steering Committee SPW Representative and Native American Cultural Consultant for the IOOV Cultural Adaptation Project, hosted their first Native American Focus Group in Humboldt, CA.
- On July 17, 2013 NAMI California's Cultural Competency Steering Committee SPW Representative and Native American Cultural Consultant for the IOOV Cultural Adaptation Project hosted their second Native American Focus Group in Auburn, CA.

Quantitative and Qualitative Data of Programs' Impact to Date:

To date, NAMI California's SDR programs have had the following impact:

- **In Our Own Voice**
 - **1** Training of Trainers conducted adding **9** new State Trainers
 - **16** Regional Presenter Trainings conducted adding **221** new Presenters
 - **663** Presentations conducted statewide reaching **12,034** audience members
- **Ending the Silence**
 - **1** Training of Trainers conducted adding **21** new State Trainers
 - **17** Webinar Presenter Trainings conducted adding **226** new Presenters
 - **1** In-Person Presenter Training conducted adding **8** new Presenters
 - **193** Presentations conducted statewide reaching **5,956** audience members
- **Parents and Teachers as Allies**
 - **1** Training of Trainers conducted adding **19** new State Trainers
 - **11** Regional Presenter Trainings conducted adding **170** new Presenters
 - **38** Presentations conducted statewide reaching **798** audience members
- **Provider Education: 6** Regional Trainings held
- **Cultural Competency/Responsiveness Training Retreats**
 - **10** NAMI Regional Trainings held, **145** NAMI Affiliate staff and volunteers directly trained/educated
- **IOOV Cultural Adaptation Project: 2** Native American Specific Focus Groups held, **18** Focus group participants (combined total)



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Key Activities and Accomplishments
submitted by CalMHSA Program Partners: August 2013



Program Partner: Disability Rights California

Initiative and Program Name: Advancing Policy to Eliminate Discrimination

Regions served: Statewide

Contact information: Margaret Johnson, Esq. Advocacy Director, Phone: (916) 504-5800, Toll Free: (800) 776-5746, Direct: (916) 504-5937, TTY: (800) 719-5798
margaret.jakobson@disabilityrightsca.org

Website: www.disabilityrightsca.org, www.disabilityrightsca.org/espanol

Accomplishments/activities to date (March 2013 – present):

Material Development

Since the project began we have developed a number of materials, including “You Have the Power to Empower” poster, “Definitions of Stigma and Discrimination,” “Stereotypes that Harm People with Mental Health Challenges,” “Tips Towards Plain Language” and “People First Language in Mental Health,” as well as fact sheets on employment and housing rights, reducing restraints, peer support services, spirituality, and interpreter and translation rights. Our materials are translated into different languages, posted on our website and distributed through training and outreach. Materials can be found here:

<http://www.disabilityrightsca.org/CalMHSA/CalMHSAfactsheets.html>

Training

We provide training on a variety of issues. Generally our training is geared towards gatekeepers, including mental health providers, professionals, the business community and others who interact with people with mental health disabilities. Examples of training we provide include, employment rights of people with mental health disabilities and how to reduce stigma and discrimination in a work setting, reducing stigma and discrimination in the provision of mental health services, ethical obligations of attorneys representing people with mental health disabilities, and rights under the Lanterman Petris Short Act. This past quarter we developed trainings on rights of tenants with mental health disabilities/landlord and tenant obligations, hostile learning environment in school settings and challenges for youth with mental health disabilities transitioning from high school to college. See here for training materials:

<http://www.disabilityrightsca.org/CalMHSA/CalMHSAtrainings.html>

Policy Papers

We worked on issues we have identified for policy papers: recovery focused hospital diversion and aftercare, NIMBY and supportive housing, first responders, hostile education environment, people in jails who are incompetent to stand trial, youth with mental health disabilities as they transition to post-secondary school, and youth with mental health challenges in the juvenile justice system.

Brief Descriptions of Key Program Activities enhancing local PEI efforts and addressing unique needs of counties and/or regions:

Fact Sheets & Training

Many people are unfamiliar with the laws that protect people with mental health challenges. Better understanding of rights will result in better outcomes for people with mental health challenges. Our fact sheets identify antidiscrimination laws, regulations, policies and practices



Key Activities and Accomplishments submitted by CalMHSA Program Partners: August 2013



that reduce stigma and discrimination and encourage provision of community based services (both traditional and non-traditional). Our training is geared towards gatekeepers, including mental health providers, professionals, the business community and others who interact with people with mental health disabilities. Through training and fact sheet distribution we are educating the community about anti-discrimination laws and the impact of discrimination on people with mental health disabilities. We expect that discrimination will be reduced so people with mental health disabilities can lead productive, quality lives in their communities. As counties work on PEI activities, our materials and training will enhance education, provide opportunities for further discussion within the community about the issues raised in them or provide opportunities for further training about unfamiliar areas in order to reduce stigma and discrimination. Ultimately people with mental health disabilities will benefit since the people they interact with will not treat them in discriminatory or stigmatizing ways.

Policy Papers

A large component of our CalMHSA Stigma and Discrimination Reduction Project is identifying and analyzing existing anti-discrimination laws and policies that are not adequately enforced and those that may contribute to stigma and discrimination. Of the ones we identify we are drafting in-depth policy papers outlining our findings and recommendations. The policy papers will identify where further enforcement or change is needed to reduce stigma and discrimination and make recommendations about next steps. This will benefit county PEI efforts by helping for example, to make recommendations that will lead to more affordable supported housing or identify best practices in first responder training. This will ultimately lead to decreased stigma and discrimination and ensure people with disabilities can lead productive, quality lives in communities of their choice.

Quantitative and Qualitative Data of Programs' Impact to Date:

Ours and subcontractor's Advisory Groups review materials and advise on content and readability. They provide oversight and guidance on outreach, training and policy papers.

Fact Sheets & Training- Since the beginning of the project:

- We developed 21 fact sheets & subcontractor (MHAS) developed 10
- We translated 21 fact sheets into various languages, including Arabic, Armenian, Cambodian, Chinese, Hmong, Korean, Russian, Spanish, Tagalog, and Vietnamese
- A total of 74 outreaches have been completed
- We have completed 8 training materials on the following topics: stigma and discrimination in employment; hostile education environment; Lanterman Petris Short Act for public defenders; discrimination in school against students with mental health needs; educationally related mental health services; protecting the fair housing rights of tenants with disabilities; stigma and discrimination against people with mental health disabilities for Napa State Hospital staff; and, mental health parity, the Affordable Care Act and Californians with mental health challenges
- We have done a total of 38 trainings and reached 1,430 people

Policy Papers- The CalMHSA Consortium is working with us on draft policy papers.

Internal Review

DRC and its subcontractors use training and fact sheet evaluation forms. The data collected is used to improve trainings and fact sheets. As a result of comments received we have included more examples, personal stories, and improved our PowerPoints (e.g., we removed content heavy information from PowerPoints and provide it as supplemental handouts instead). Since we started trainings, we have received 400 training surveys, of those more than 90% of respondents found materials helpful and more than 75% found the trainings increased their understanding of stigma and discrimination issues.



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Key Activities and Accomplishments
submitted by CalMHSA Program Partners: August 2013



Program Partner: California Department of Education (CDE)

Initiative and Program Name: Kindergarten through Twelfth Grade Student Mental Health Program

Regions served: Statewide

Contact information: Monica Nepomuceno, Education Programs Consultant, California Department of Education, mnepomuceno@cde.ca.gov, (916) 323-2212

Website: Mental Health: www.cde.ca.gov/ls/cg/mh/
Student Mental Health Policy Workgroup: www.cde.ca.gov/ls/cg/mh/smhpworkgroup.asp

Accomplishments/activities to date (March 2013 – present):

Training Educators through Recognition and Identification Strategies

- One goal of the Statewide Kindergarten through Twelfth Grade (K–12) Mental Health Program is to increase the capacity for school and district staff to identify students who are experiencing mental health issues early on with the outcome of promoting school and student wellness and academic achievement.
- CDE has subcontracted with the Placer County Office of Education (PCOE) to deliver 11 Training Educators through Recognition and Identification Strategies (TETRIS) workshops, using a Training of Trainers (TOT) model, each year. At this time, 22 trainings have been completed. These trainings were conducted to increase awareness and the ability to recognize and address the needs of students who are impacted by mental health issues.
- Individuals interested in participating in the TETRIS TOT (Level 1) were required to submit a short application, as part of a school or district team, to the PCOE. The application included a plan for the team in delivering the trainings in their school, district, county, or region (Level 2), and clearly stated the commitments expected as a trainer.

Student Mental Health Policy Workgroup Projects

- The Student Mental Health Policy Workgroup (SMHPW) now has held five quarterly public meetings to develop annual policy recommendations to the State Superintendent of Public Instruction (SSPI) and the California State Legislature. These recommendations will promote improved quality and greater access to mental health services for California's students.
- One recommendation expected to have major implications for student mental health is one that now is being considered by the California Commission on Teacher Credentialing (CTC) and has been supported by the SSPI. The recommendation, Credentialing Preparation to Meet Students' Mental Health Needs, calls for credentialing programs (starting with multiple/single-subject and administrative services credentials) to include mental health and wellness curricula with information about mental health conditions and how they manifest at school.
- In addition, the recommendation states that the curriculum should enable educators to identify, reach, and teach students affected by mental health conditions and promote school environments and strategies that improve school climate and positive discipline.



Key Activities and Accomplishments submitted by CalMHSA Program Partners: August 2013



- The next major recommendation being studied by the SMHPW, Comprehensive Partnerships and Collaborative Teams to Support Student Health, encourages schools and districts to build collaborative partnerships with families and communities that address the mental health needs of students as a key strategy in the continuous improvement process.
- This recommendation calls for the augmentation of School Safety Plans to include anti-stigma mental health and youth suicide prevention strategies, and the development of school crisis teams and mental health experts to handle student crises at school sites. The SMHPW currently is reviewing several other additional elements of this recommendation with input from mental health experts.
- At upcoming meetings on August 23, 2013, and December 17, 2013, the SMHPW will continue to address additional recommendations to further advance mental health issues to the forefront of discussions regarding mental health awareness and preparation in California schools.

Brief Descriptions of Key Program Activities enhancing local PEI efforts and addressing unique needs of counties and/or regions:

The SMHPW's key accomplishment to date is one that may have a lasting impact on student mental health in California schools in the future. The recommendation to add mental health curriculum to school administrator and school teacher credentialing programs has the potential to greatly increase the knowledge and training with which teachers and administrators approach mental health issues in the schools. If teachers and school administrators are better trained to meet students' mental health needs, this would enhance local Prevention and Early Intervention efforts as well as address the unique needs of students throughout the state.

Quantitative and Qualitative Data of Programs' Impact to Date:

- There is no data available at this time on the impacts of advancing the mental health knowledge of teachers and administrators. However, the SMHPW's recommendations are certain to have a major impact on the quality of teacher training and classroom environments in the future if implemented. While the CTC has yet to make a final decision on the SMHPW's recommendations, the prospects for a positive outcome are promising.
- The SSPI has written to Mary Vixie Sandy, Executive Director of the CTC, asking the commissioners to approve credential program standards that include mental health training, as recommended by the SMHPW. Numerous letters of support for this recommendation have been submitted to the CTC by key members of the mental health community. An opinion piece by Wayne Clark, CalMHSA Board President, in support of the SMHPW's recommendation also has appeared in the Sacramento Bee in July 2013.



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Key Activities and Accomplishments submitted by CalMHSA Program Partners: August 2013



Program Partner: California County Superintendents Educational Services Association (CCSESA)

Initiative and Program Name: Regional K-12 Student Mental Health Initiative

Regions served: Statewide

Contact information: E. Gaye Smoot, Assistant Executive Director, gsmoot@ccsesa.org

Website: www.ccsesa.org, www.regionalk12smhi.org

Accomplishments/activities to date (March 2013 – present):

Cross-System Collaboration

- Regional leads and their county level counterparts met with local consortia in 49 counties during the 3-month reporting period, representing more than 2,700 local partners and stakeholder contacts at identified meetings.
- 659 contacts from 50 counties participated in the 2013 Annual Cross-System Collaboration Survey, which was administered April 1 to June 15, 2013. The 2013 response rate was 48.46%. (On average, online surveys receive a response rate of 26%.)

School-Based Demonstration Programs

- Demonstration programs have been established and are in operation in all 11 CCSESA regions. Some regions plan to continue adding new sites throughout the project period. During this quarter, regions reported the Demonstration Programs reached 40, 846 students and 4,657 adult participants.
- The Regional K-12 Student Mental Health Initiative clearinghouse (<http://www.regionalk12smhi.org/>) added 30 resources to the website bringing the total number of resources to 193. The website had 6,318 resource summaries viewed during the quarter, 1,079 new visitors and 2,222 total visits to the site during the quarter. Users can establish a Profile at the site and receive monthly updates about resources added to the clearinghouse.

Education and Training

- Regional leads and their county partners conducted 170 trainings/events during the quarter, serving 6,527 participants.
- An event/training schedule for the next 6 months (August – January 2014) is available and reflects 71 events and trainings planned or scheduled to date in each of the regions. Additional events/trainings will be added when districts/schools are in session for 2013-14. Some events and trainings are suitable for county and program partners.

Technical Assistance

- Regional leads and their county partners reported provided technical assistance to school and community stakeholders during the quarter, serving 8,250 individuals.

Brief Descriptions of Key Program Activities enhancing local PEI efforts and addressing unique needs of counties and/or regions:

The goals of the CCSESA Regional K-12 Student Mental Health Initiative are:

- To build the capacity of schools and communities to implement prevention and early identification strategies that promote student mental health, build relationships among local agencies to develop effective use of resources and improve communication and information sharing, and build capacity in the county offices of education and school



Key Activities and Accomplishments submitted by CalMHSA Program Partners: August 2013



districts to provide education and training of school staff and technical assistance to schools for program development and implementation.

- The following goal areas include objectives and progress measures for: Cross-system Collaboration, School-based Demonstration Programs, Education and Training, Technical Assistance to Districts/Schools
- Key Activities of the project include:
 - Develop regional plans for each region
 - Build capacity to provide technical assistance for school-based mental health program development and implementation
 - Facilitate policy and protocol changes across systems for prevention and early identification
 - Build capacity to provide education and training of school and district personnel, parents/caregivers and community partners
 - Implement school-based demonstration programs
 - Create an online statewide clearinghouse of resources and best practices
 - Create an online data collection system

The Regional K-12 SMHI is designed so that each region has the same four goal areas, but each region addresses those goals in ways that address the unique needs of their local counties. Each region has developed a plan addressing the four goal areas listed above. The regional leads collaborated with local stakeholders to identify priority needs and focus areas that address local concerns. Regional leads and their county partners regularly meet with mental health liaisons and other mental health representatives to coordinate activities and ensure programs enhance local PEI efforts.

Quantitative and Qualitative Data of Programs' Impact to Date: **Preliminary data analysis for Regional K-12 Student Mental Health Initiative** **January 2012 through June 2013:**

- **Cross-System Collaboration:**
 - County Consortium Meetings held: 432
 - Number of participants: 8,718
- **Education and Training**
 - Number of trainings conducted: 481
 - Number of participants: 22,177
- **Demonstration Programs**
 - Students Participating: 90,790
 - Adults Participating: 10,817
- **Technical Assistance**
 - Number Served: 42,493
- **Communication/Meetings with County Mental Health Liaisons: 288**



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Key Activities and Accomplishments
submitted by CalMHSA Program Partners: August 2013



Snapshot of Regional Activities

Region	Demonstration Programs – Focus Areas	Education & Training	Trainers/Speakers/Expertise
Region 1	Awareness of MH/Wellness Bullying Prevention School Climate/Culture Parent Education	Awareness of MH/Wellness Bullying Prevention School Climate/Culture	Awareness of MH/Wellness Mendocino COE web page development Sonoma COE Chronic Absenteeism
Region 2	Awareness of MH/Wellness – Prevention & Early Identification	Awareness of MH/Wellness Bullying Prevention Suicide Prevention School Climate/Culture Parent Education	Awareness of MH/Wellness Bullying Prevention Suicide Prevention School Climate/Culture Parent Education
Region 3	Bullying Prevention School Climate/Culture	Awareness of MH/Wellness Bullying Prevention School Climate/Culture	Bullying Prevention Suicide Prevention School Climate/Culture
Region 4	Awareness of MH/Wellness Bullying Prevention School Climate/Culture Parent Education	Awareness of MH/Wellness Bullying Prevention Suicide Prevention School Climate/Culture Parent Education School Safety/Violence Prev. Cyber safety/Digital Citizenship	Bullying Prevention Suicide Prevention School Climate/Culture Cyber safety/Digital Citizenship No Bully School Safety Bullying Prevention Toolkit
Region 5	Bullying Prevention School Climate/Culture	Awareness of MH/Wellness Bullying Prevention Suicide Prevention School Climate/Culture Parent Education Teen Dating Violence Prevention Trauma Informed Care LGBTQ Gang Prevention	Awareness of MH/Wellness Bullying Prevention Suicide Prevention School Climate/Culture Parent Education Teen Dating Violence Prevention Trauma Informed Care LGBTQ Gang Prevention
Region 6	Bullying Prevention School Climate/Culture	Awareness of MH/Wellness Bullying Prevention Suicide Prevention School Climate/Culture Parent Education	Bullying Prevention and TOT Suicide Prevention School Climate/Culture Parent Education School-wide PBS/PBIS Mental Health First Aid QPR Suicide Prevention



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Key Activities and Accomplishments
submitted by CalMHSAs Program Partners: August 2013



Region	Demonstration Programs – Focus Areas	Education & Training	Trainers/Speakers/Expertise
Region 7	Awareness of MH/Wellness Bullying Prevention Suicide Prevention School Climate/Culture	Awareness of MH/Wellness Bullying Prevention Suicide Prevention School Climate/Culture	Awareness of MH/Wellness Bullying Prevention Suicide Prevention School Climate/Culture Parent Education
Region 8	Awareness of MH/Wellness Bullying Prevention Suicide Prevention School Climate/Culture Parent Education	Awareness of MH/Wellness Bullying Prevention Suicide Prevention School Climate/Culture Parent Education	Awareness of MH/Wellness Bullying Prevention Suicide Prevention School Climate/Culture Parent Education
Region 9	School Climate/Culture Positive Action Resilient Mindful Learners	Awareness of MH/Wellness Bullying Prevention Suicide Prevention School Climate/Culture Parent Education	Bullying Prevention Suicide Prevention School Climate/Culture Parent Education Compassion Fatigue Trauma Informed Military Audiences
Region 10	Awareness of MH/Wellness Bullying Prevention Suicide Prevention School Climate/Culture Parent Education Peer Leadership & Advocacy	Awareness of MH/Wellness Bullying Prevention Suicide Prevention School Climate/Culture Parent Education	Awareness of MH/Wellness Bullying Prevention School Climate/Culture Coordinated School Health
Region 11	Awareness of MH/Wellness Bullying Prevention Suicide Prevention School Climate/Culture Parent Education	Awareness of MH/Wellness Bullying Prevention Suicide Prevention School Climate/Culture Parent Education Depression/Self-injury Prevention Crisis Intervention Media Guidelines	Awareness of MH/Wellness Bullying Prevention Suicide Prevention School Climate/Culture Parent Education Depression/Self-injury Prevention Hotline Operator curriculum Building a Culture of Kindness in Schools



Key Activities and Accomplishments
submitted by CalMHSA Program Partners: August 2013



Program Partner: California Community Colleges Chancellor's Office (CCCCO) and the Foundation for California Community Colleges (FCCC)

Regions served: Statewide

Contact information:

Chancellor's Office: Betsy Sheldon, bsheldon@cccoco.edu or (916) 322-4004

Foundation: Colleen Ammerman, cammerman@foundationccc.org or (916) 325-8572

Website: www.cccoco.edu/mentalhealth and www.cccstudentmentalhealth.org

Overview

The goal of the CCC SMHP is to develop and implement a statewide mental health prevention and early intervention project that impacts the entire California community college system of 112 campuses, 72 districts, and 2.6 million students. The project includes activities that address the three strategic directions of faculty and staff training, peer-to-peer support, and suicide prevention. In addition, the CCC SMHP will include an evaluation component to address the grant requirements, as well as unmet needs, related to California community college student mental health data and research.

Accomplishments/activities to date (March 2013 – present):

Campus Based Grants

- The CCC SMHP hosted a two-day Campus Based Grant Meeting in Sacramento April 24-25. Key note speaker Dr. Michael Klein from the National College Depression Partnership (NCDP) shared strategies to develop effective depression screening systems on community college campuses.
- Breakout sessions focused on grantee's sharing best practices and strategies for making connections with county mental health, peer-to-peer training approaches, strategies for reaching underserved student populations and establishing and maintaining intervention teams.

Status in Implementing Grant Goals and Objectives

- Suicide Prevention Trainings – 509 Faculty and Staff, 1,675 students, and 352 student veterans trained total.
- Peer to Peer Events: 25 events held with 145 active mentors and 1009 active mentees.
- Regional Strategizing Forums: 10 Events
- Faculty & Staff Training Events: 156 trained

Significant Campus Highlights

- *LA Harbor Consortia*
 - Completed 2 Regional Strategizing Forums in partnership with CSU Dominguez Hills within the LA Community College District. The focus was to establish referral systems within each of the consortia campuses. LA County Department of Mental Health (including department Chiefs) and Community organizations attended the forum resulting in the creation of action work groups and referral lists established for each college.
 - The Los Angeles Community College District is working to establish Behavior Intervention Teams (BIT) within each college. The district initiative will support the



Key Activities and Accomplishments submitted by CalMHSA Program Partners: August 2013



- development of formalized policies and procedures to address behavior intervention. Trainings for the entire district will be conducted in the fall of 2013.
- *College of the Canyons*
 - Hosted a two-day Suicide Prevention exhibit, “Shine a Light on Suicide Prevention”, in collaboration with the campus’ LET’s Club (Let’s Eliminate Stigma). The exhibit featured a demonstration of 1,100 white chairs displayed on campus to spread awareness of the 1,100 students that die by suicide annually. Event was open to students, staff and community. 100 faculty and staff, 600 students reached.
 - Established a Behavioral Intervention Team (BIT) and are offering monthly flex workshops and presentations to campus departments regarding identification and referral processes to BIT.
 - *Santa Rosa Junior College*
 - Peer Support Coalition continues to play an integral role in the development of peer-to-peer opportunities, attracting at least 40 students on a regular basis. Similarly, peer leaders continue to facilitate depression outreach alliance (DORA) discussions.
 - Co-sponsored a suicide prevention event with county mental health services department and continues to maintain a strong relationship through the campus’ Peer Support Coalition.
 - *Riverside City College*
 - A total of 20 peer-to-peer events took place this quarter including trainings, presentations and outreach to more than 1200 students.
 - Student Mental Health Ambassadors have completed extensive outreach to students on campus and have reported 76 one-on-one conversations with students on coping and importance of mental health. Ambassadors were presented with a certificate of achievement from the college President in recognition of their service.
 - *Santiago Canyon College*
 - Collaborated with the Multi-cultural Leaders Committee to promote LGBTQ workshop series during the spring health fair and held the second LGBTQ workshop series from The Center OC. This workshop topic included LGBTQ Equality & Awareness on Campus.

Events

- *Welcome Home: Veterans on Campus Training*

The CCC SMHP in partnership with CARS is now offering the Welcome Home: Veterans on Campus training at no cost. This training provides increased awareness about the signs and symptoms of post-traumatic stress disorder (PTSD), traumatic brain injury (TBI), and depression so that faculty and staff can better understand how these conditions might impact student success in the classroom and on campus. The training is beneficial for faculty, staff, administrators, and students and will cover topics including military cultural competence, PTSD, TBI, MSV and other transitional challenges specific to student vets and a panel of student vets from each campus. Dates can be located on the activities calendar in CalMatrix and will be available at the resource table during the Statewide Coordination Workgroup Meeting.
- *Send Silence Packing*

The CCC SMHP is working collaboratively with Active Minds and a number of colleges to raise awareness about student mental health through the hosting of a Send Silence Packing demonstration. Send Silence Packing is a powerful traveling public education display of 1,100 backpacks representing the 1,100 college students who die by suicide each year. Many of the backpacks have been donated in honor of loved ones who have



Key Activities and Accomplishments submitted by CalMHSA Program Partners: August 2013



died by suicide. As an acclaimed program of Active Minds, Inc., Send Silence Packing aims to promote a positive dialogue about mental health on college campuses and raise awareness about the incidence and impact of student suicide. Dates can be at the resource tablet during the Statewide Coordinator's Meeting.

Suicide Prevention Training (Contractor: Kognito Interactive)

- To date, a total of 81 colleges have completed assessment and readiness calls with Kognito, each campus has been provided with a TA Plan created in conjunction with the Center for Applied Research Solutions (CARS) recommending best strategies from launching trainings on campus.
- To date, a total of 59 colleges have been on-boarded and activated Kognito Interactive, 11 colleges are in process to begin fall 2013, bringing the total to 70 colleges.
- Three new modules will be rolled out next quarter and made available to all 112 colleges: Veteran's on campus for faculty and staff, LGTBQ for faculty & staff, LGTBQ for student leaders. Webinar's are scheduled to introduce new modules to all 112 colleges.
- At-Risk for Student Leaders module hit a record high since Kognito's launch into the CCC system, training 1675 students this quarter.
- 1993 participants completed the pre-survey, with 1225 participants completing the post-survey.
- 509 Faculty and Staff, 1,675 students, and 352 student veterans trained.

Program Evaluation (Contractor: PIRE)

- The CCC SMHP evaluation plan is being aligned with statewide efforts in consultation with RAND, CARS and the CCCCO. Key discussion areas involve alignment with the CARS training surveys, campus training evaluation surveys, regional strategizing forum surveys and the student/faculty/staff training surveys. A PIRE and RAND data sharing plan has been developed to leverage resources and avoid duplication of efforts.
- A review and assessment of existing data sources has been completed. This included mental health related data from the UC and CSU systems, as well as HSACCC/MHWA. PIRE will also review data from UC and CSU provided to RAND.
- The Capacity Survey of Mental Health Services Baseline Report has been completed and approved for distribution online. A total of 77 of 107 (72%) campuses responded to initial survey to garner baseline data on the mental health services capacity of the CCC system.
- The CCC and CBG cross-site evaluation plans have been finalized in collaboration with the CCCCO, PIRE, and RAND.
- Implementation of the CBG evaluation plan, multi-site data collection system and monitoring of campus reporting requirements compliance is currently in progress.

Statewide Training and Technical Assistance (TTA) – Contractor: Center for Applied Research Solutions (CARS)

- Collaborative and partnering efforts continue between CARS and relevant organizations that may be of training benefit to the colleges. In June, CARS conferred with the Trevor Project, Question/Persuade/Refer (QPR), Applied Suicide Intervention Skills Training (ASIST), and Trauma Informed Care to explore the opportunity to provide these trainings to interested colleges.
- The Online Searchable Database is under internal CARS development pending submission to the CCC SMHP for final approval. The tool is designed to provide a sustainable method for colleges to share programs, policies and practice, and to easily ascertain which colleges are implementing certain student mental health strategies.



Key Activities and Accomplishments submitted by CalMHSA Program Partners: August 2013



- Intended to be housed on the CCC SMHP website, the database will be accessible to administrators, faculty, student health personnel, campus security, student/peer supporters, and others with a potential involvement with student mental health issues.
- Through the end of June, CARS has reported a total of 1097 TTA days that are either open (service delivery in progress) or closed (service completed). This represents 70% of the 1,500 TTA days required to be delivered during the term of the contract.
 - A total of 79 College Readiness and Assessment calls (CBG and non-grantee colleges) have been completed. This represents 70.5% of the entire CCC system. 95 of the 112 colleges (85%) have participated in some form of TTA through webinars, trainings, or regional forums.
 - 19 webinars have been completed, with two projects involving the Trevor Project in development for this fall. Webinars are being archived as a no-cost resource to the colleges. As of June 30th, there have been a total of 98 viewings of archived webinars.
 - 25 regional trainings have been completed surpassing the goal of 18 or 139% of requirement.
 - 15 have been CBG Regional Strategizing Forums.
 - 5 Threat Assessment Trainings coordinated with SIGMA (with an additional 3 in progress).
 - 3 Welcome Home: Veterans on Campus Trainings (6 trainings currently scheduled).
 - 2 Peer-to-Peer Support Trainings with BACCHUS.
 - Product Development
 - The following products are currently in development:
 - Webinar “Responding to Difficult or Distressed Online Students: Mental Health Assessment and Referrals”
 - Resource, Policy, and Practice Sharing Tool: An Online Searchable Database
 - The following products are currently under external review:
 - Factsheet: “Supporting LGBTQ Students
 - Factsheet: “Supporting Foster Youth”
 - Factsheet: “Supporting Student Veterans”
 - Mental Health 101 curriculum
 - Suicide Prevention Gatekeeper Matrix
 - The following products are under review by the CCC SMHP:
 - MOU Template and Planning Guide
 - Sample Policy Working with Distressed and Disruptive Students

Brief Descriptions of Key Program Activities enhancing local PEI efforts and addressing unique needs of counties and/or regions:

This Campus Based Grant component of the CCC SMHP seeks to achieve its PEI efforts through three strategic directions: peer-to-peer support, suicide prevention and faculty and staff training. CCC campuses have hosted events, offered trainings and have launched peer-to-peer networks championing these strategies and have demonstrated effective partnerships with their local county mental health and community agencies in addressing the unique needs of their counties. CCC efforts in achieving these efforts are unique to each campus, but have impacted the community and its needs through the development of referral networks and strong partnerships with its respective local county. Below are campuses that have demonstrated success in these capacities:

- Regional Strategizing Forums: 25 events held



Key Activities and Accomplishments submitted by CalMHSA Program Partners: August 2013



- In the last quarter 66% of participants at the Regional Strategizing Forums reported the event had a large impact on fostering relationships with County Mental Health agencies and providers.
- During the Campus Based Grant Meeting April 24-25, grant coordinators participated in the following breakout training sessions:
 1. *Making the Connection: County Mental Health, Community Providers, and Other Campuses*: participants learned about effective strategies in identifying potential partners, making the connections, and establishing formal relationships.
 2. *Acknowledging Strategies for Reaching Underserved Populations*: participants engaged in discussion to identify successful strategies and practices for reaching underserved populations, strategized around common barriers and challenges, and identified opportunities through peer support.
- 19 Campuses have reported “making lots of progress” or “nearly or fully complete” in fostering relationships with County Mental Health Agencies and Providers.
- 15 Campuses have reported “making lots of progress” or “nearly or fully complete” in establishing identification and referral programs.
- 13 Campuses have reported “making lots of progress” or “nearly or fully complete” in fostering collaboration with other campuses.

Regional Highlights

Southern-Los Angeles Region

- **Los Angeles Consortia** consisting of 6 campuses collaborated with CSU Dominguez Hills and hosted 2 Regional Strategizing Forums. The goal was to establish identification and referral programs within all the campuses. Over 250 individuals participated in the forums including the Los Angeles County Department of Mental Health and other community partners attended. The forums resulted in the creation of action work groups to continue establishing these referral systems, in addition referral lists have been developed for each of the campuses. Relationships have been established with each of the County’s Department of Mental Health Service areas, the consortia campuses cover 7 of the service areas. Action plans within each of the service areas will be developed and completed at the 3rd Regional Strategizing Forum in the fall 2013.
- **Santa Monica College** with the support of technical assistance from CARS has begun developing an active referral process with local community health agencies. As a result of the shooting tragedy on campus, many community and private mental health providers have offered great support in providing crisis care to students, faculty and staff. This further strengthened relationships with contacts and partners.
- **College of the Desert (COD)** participated in CSU San Bernardino’s Mental Health Summit in which partners were challenged to partner with other organizations to promote prevention and early intervention. The summit prompted COD to plan a LGBTQ focus group to assess current campus strategies in outreaching to this community and prompted verbal agreements with CSUSB to house social work interns at College of the Desert. As a result of the Regional Strategizing Forum, COD has established a partnership with the Desert Health District who has been instrumental in facilitating a relationship with county mental health programs. This has yielded immediate results securing for students new county health insurance which provides physical and mental health services.



Key Activities and Accomplishments submitted by CalMHSAs Program Partners: August 2013



Bay Area Region

- **West Valley College** has been working to streamline the referral pathway of students to Santa Clara County Mental Health through meetings with the county's Eligibility Specialist and with the development of a Patient Care Summary form. West Valley also hosted a regional strategizing forum as a means to foster collaboration and partnerships with county mental health, local community colleges and universities. It also featured a speaker from the Santa Clara County Mental Health Department to facilitate an avenue of access to services. In addition to establishing a referral network with county mental health, West Valley has been active in enhancing PEI efforts on campus and within the community by hosting a "Send Silence Packing" event to be exhibited October to enhance awareness of mental health among students. This highly acclaimed event is intended to curb the taboo behind mental health and serve to impact preventative efforts.
- **Santa Rosa Junior College** maintains a strong peer-to-peer network as one of the vehicles in delivering PEI efforts. The campus's Peer Support Coalition facilitates DORA discussions to raise awareness as well as serve as part of their suicide prevention outreach. The campus also has an Active Minds chapter in place to change the conversation around mental health, promote awareness through outreach and also through the "Send Silence Packing" exhibit to take place on campus October 15th. Santa Rosa Junior College has also offered QPR Trainings as part of its PEI efforts, while also co-sponsoring a suicide prevention event with the Sonoma County Mental Health Department, with whom they have an MOU.

Central-Superior Region

- **Butte College's** events to enhance PEI efforts have been executed in partnership with Butte & Glenn County Behavioral Health. This year Butte College has hosted events collaboratively with Butte & Glenn County Behavioral Health, including a Suicide Prevention Summit and a two-day ASIST to students, faculty and staff. The Suicide Prevention Summit was very well-attended and featured workshops on substance abuse, veterans, suicide & mental health stigma, youth 13 to 17, coping with adult stress, and bullying. Additionally, to better serve the community, Butte College has developed a mutual referral protocol internally and with community agencies including local law enforcement and Butte County Behavioral Health.
- **Fresno-Reedley Consortium** has undertaken multiple events and efforts to address the needs of its student veteran population on campus and within the community. As part of its larger PEI efforts, Fresno City College worked with the College Veteran Association to successfully lobby for the establishment of a Veteran Center on campus to open in the fall 2013. Additionally, Fresno City College hosted the very well-received "Welcome Home: Veterans on Campus Training" in April, featured with topics including military cultural competence, PTSD, TBI, and other transitional challenges specific to student veterans to better serve their needs.
- **Modesto Junior College** has continued to leverage its partnership with Stanislaus Behavioral Health & Recovery Services (SBHRS) through the offering of trainings as part of its larger PEI efforts. Among some of the trainings collaboratively organized and offered include Mental Health First Aid (MHFA) Training and Question, Persuade, Refer (QPR) Training to faculty and staff as methods in addressing PEI. Modesto Junior College has also co-hosted a regional strategizing forum with Columbia College and CSU Stanislaus to connect faculty and staff on a dialogue around stigma and discrimination as well as culturally responsive methods and best practices as it pertains to mental health on campus.



Key Activities and Accomplishments
submitted by CalMHSAs Program Partners: August 2013



Quantitative and Qualitative Data of Programs' Impact to Date:

- An estimated **49,600** faculty, staff, students, student veterans, community & county partners have been trained or reached through the CCC SMHP.
 - Individuals who are in a position/role to have a PEI impact on others who were directly trained/educated (i.e., attended your meeting, training session, or conference). **CCC SMHP Total number of individuals directly trained/educated 14,064.**
 - Targeted individuals reached (e.g., they participated in a meeting, presentation, or screening). **CCC SMHP Total # of targeted individuals reached 35,536.**
 - **2,901** Faculty and Staff completed Kognito's Suicide Prevention training.
 - **7,229** students and student veterans completed Kognito's Suicide Prevention training.
- A total of **81 of 112** colleges have completed assessment and readiness calls with Kognito, each campus has been provided with a TA Plan created in conjunction with CARS recommending best strategies from launching trainings on campus.
- A total of **59** colleges have been on-boarded and activated Kognito Interactive, 11 colleges are in process to begin Fall 2013, bringing the total to 70 colleges
- Through the end of June, CARS has reported a total of 1097 TTA days that are either open (service delivery in progress) or closed (service completed). This represents 70% of the 1,500 TTA days required to be delivered during the term of the contract.
- CARS has completed 79 college Readiness and Assessment calls (CBG and non-grantee colleges). This represents 70.5% of the entire CCC system. CARS also reports that 95 of the 112 colleges (85%) have participated in some form of TTA through webinars, trainings, or regional forums.
- CARS has presented 19 webinars, with two projects involving the Trevor Project in development for this fall. Webinars are being archived as a no-cost resource to the colleges. As of June 30th, there have been a total of 98 viewings of archived webinars.
- CARS has completed 25 regional trainings (18 are required by the terms of the contract), or 139% of requirement. Of this number, 15 have been CBG Regional Strategizing Forums, 5 Threat Assessment Trainings coordinated with SIGMA (with an additional 3 in progress), 3 Welcome Home: Veterans on Campus Trainings (with an additional 6 trainings currently scheduled), and 2 Peer-to-Peer Support Trainings with BACCHUS.
- PIRE and RAND have finalized content and administration process of the CCC student and faculty/staff surveys. PIRE has assumed the lead role in administering the surveys. An initial roll out of the surveys in May was implemented for the purpose of testing logistics and identifying problems prior to conducting the second survey in the fall (four campuses responded).



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Key Activities and Accomplishments submitted by CalMHSAs Program Partners: August 2013



Program Partner: California State University

Regions served: Statewide

Contact information: Ana Aguayo-Bryant, Program Manager, aaguayo@calstate.edu or (562) 951-4729

Overview

The Student Mental Health Initiative (SMHI) focuses on prevention strategies, which address the mental health needs of students within the California State University (CSU) system and advances collaboration between educational settings and county services. Three strategic deliverables have been prioritized: 1) faculty and staff training, 2) peer-to-peer support, and 3) suicide prevention.

Accomplishments/activities to date (March 2013 – present):

Program achievements to date:

- The CSU Student Mental Health Initiative completed its first year of program implementation. Through campus efforts it has reached 83,429 students, faculty, staff and community members through a wide variety of workshops, activities, events and trainings between October 2012 and June 2013.
- As of June 2013, 4,663 students, faculty, staff and community members have received training in the following: Mental Health First Aid (MHFA); Applied Suicide Intervention Skills Training (ASIST); Question, Persuade and Refer (QPR); and Kognito.
- A Grant Profile booklet describing all CSU programs was distributed to all CalMHSAs County representatives.
- On June 13, 2013, the CSU Office of the Chancellor hosted its first Peer-to-Peer Meeting. Thirteen campuses had representatives attend this meeting. The purpose of this meeting was to share, generate, and brainstorm ideas that could be implemented at every campus. Also, participants assessed the impact of programs and problem-solved challenges that they faced.
- On June 14, 2013, the CSU Office of the Chancellor held its second CalMHSAs Coordinator's Meeting. All 23 campuses were represented at this meeting. Campus coordinators shared their best practice for 2012-2013 academic year.

The CSU campuses have developed and strengthened their peer programs due to the CalMHSAs grant initiative. Examples are provided:

- CSU Dominguez Hills designated a physical space for peer education, groups and trainings.
- CSU San Jose Mental Health Ambassadors have continued to doing outreach to the campus and the community (reported to have intervened in 3 active suicides and helped two faculty members to deal with students in distress).
- CSU Maritime hired their first Peer Educator in its history of the campus. She holds weekly meetings to train and coordinate efforts for Peer Health Educators.



Key Activities and Accomplishments
submitted by CalMHSA Program Partners: August 2013



Brief Descriptions of Key Program Activities enhancing local PEI efforts and addressing unique needs of counties and/or regions:

Each CSU campus is strongly encouraged to collaborate with their local County Mental Health Office in order to significantly enhance the local resources. By leveraging key resources campus and county staff can coordinate trainings, workshops, and provide collaborative interventions. Each campus submitted a quarterly report that highlights how each campus has partnered with their local county and have leveraged local resources. Campuses have strengthened their partnership and collaboration efforts as a result of CalMHSA Initiative. Examples of collaboration efforts are below:

- CSU Stanislaus has an ongoing partnership with Stanislaus County PEI. They are providing 3 to 5 Mental Health Aid Trainings a year.
- CSU Los Angeles offered Mental Health Trainings to Los Angeles Department of Mental Health staff.
- CSU San Marcos and San Diego continue to participate in Suicide Prevention Council meetings held every month.
- CSU Dominguez Hills hosted a Student Mental Health Regional Strategizing Forum on May 30, 2013. 120 participants from county, higher educational partners, campus safety, faculty and students participated in this event.

Quantitative and Qualitative Data of Programs' Impact to Date:

The CSU Office of the Chancellor is working with representatives from Harder+Company Community Research and RAND to collaborate on evaluation efforts. In addition, each campus is utilizing existing campus data in order to demonstrate specific needs and issues related to student mental health as they pertain to each campus. They are currently implementing one or all of the activity tracks in a manner tailored to its student body, faculty and staff, and organizational needs. Data is being reviewed and compiled by the evaluators.

Based on campus quarterly reports and the Student Health 101 Report the CSU Student Mental Health Initiative has had an impact in the following ways:

- 83,429 students, faculty and staff have been reached.
- 71,830 students have accessed Student Health 101.
- 4,663 students, faculty, staff and community-based partners received training.



Key Activities and Accomplishments
submitted by CalMHSA Program Partners: August 2013



Program Partner: University of California Office of the President

Regions served: Statewide

Contact information:

Dr. Taisha Caldwell, Taisha.Caldwell@ucop.edu, (510) 987-9353

Accomplishments/activities to date (March 2013 – present):

- UC hosted a Student Mental Health Summit (March 28, 2013). The Summit was attended by almost 100 invited representatives from the UC Office of the President, ten UC campuses, California State University and California Community College systems, CalMHSA, and County Departments of Mental Health. The Summit provided the opportunity for participants to share emerging issues and concerns, as well as promising practices on their campuses or in their organizations.
- UC released two PSA's to educate the community on mental health topics. PSA's can be downloaded by program partners and customized with partner specific contact information (noncommercial use only). Videos can be found here <https://vimeo.com/user18792010>
 - Veteran's Mental Health Awareness
 - Suicide Awareness
- UC initiated the release of quarterly campus fact sheets to update County partners on the latest mental health happenings at their local UC campus. Two sets of fact sheets have been released to date.
- UC psychologists presented at multiple national conferences discussing the impact of the CalMHSA initiatives and best practices related to student mental health.
 - UC Risk Summit (June 5 – 7, 2013) – this is an annual gathering of UC professionals that provides an opportunity to connect with colleagues and share perspectives, best practices, challenges and solutions that can be used to improve efficiency and manage risk in the workplace.
 - Presentation Title: *Online suicide and Depression Screenings*
 - American Psychological Association (APA) annual conference (July 31 – August 4, 2013) - The convention attracts 14,000 or more attendees from all areas of specialization in psychology and from research, practice, education and policy.
 - Presentation Title: *Suicide Prevention and Barrier Reduction Outreach for College Students: Utilizing a Web-Based Mental Health Screening Program*
 - Presentation Title: *More From Less: Universities Collaborate to Address the Growing Demand for Counseling Services*
 - NAMI California Conference (August 16 – 17, 2013). NAMI California is a grass roots organization of families and individuals whose lives have been affected by serious mental illness.
 - Presentation Title: *Forging New Partnerships: Working with California's Colleges and Universities*
- UC system management team hosted the 2nd UC SMHI staff retreat to facilitate campus collaboration, discuss sustainability of specific initiatives, and plan for the final year of the CalMHSA contract.
- UC is scheduled to launch a website which will serve as a resource repository for student mental health best and promising practices (September 2013).



Key Activities and Accomplishments
submitted by CalMHSA Program Partners: August 2013



Brief Descriptions of Key Program Activities enhancing local PEI efforts and addressing unique needs of counties and/or regions:

Collectively, UC psychologists have screened over 48,000 students for depression and suicidal ideation since initiating the CalMHSA contract. This accounts for over 20% of the UC student population. Students identified as “at-risk” are treated appropriately and are better equipped to be productive members of our California counties. Some additional campus specific contributions to PEI efforts are noted below:

- **UC Berkeley** psychologists attended a crisis intervention training hosted by local law enforcement to better understand mental health issues in the community. This was a collaborative effort with Alameda County’s Behavioral Health Care program and the Oakland Police Department to discuss how the local law enforcement can become involved in future training on mental health issues.
- **UC Davis** has screened over 7,000 students for depression and suicidal ideation since 2012, accounting for 25% of their student population.
- A **UC Irvine** psychologist is an active board member of the Orange County Equality Coalition Youth Initiative Organization. This quarter, the Coalition worked directly on issues pertaining to LGBTQ students, compliance with California safe schools laws (AB 9 or Seth’s Law, AB 1156, Title IX and implementation of SB 48, The FAIR Ed Act); and collaborated with the Youth Empowered to Act (YETA) group, Equality In Education In Orange County (EIEIOC) and the American Civil Liberties Union of Southern California (ACLU-SC). Working with these organizations allowed the Orange County schools to report hostile school campuses and respond to specific instances of bullying of LGBTQ students.
- Eight **UC Los Angeles** psychologists assisted Santa Monica College with crisis counseling following their school shooting on campus in June 2013 demonstrating the strength of the higher education collaborations within counties.
- A **UC Merced** psychologist assisted Merced High School with mental health assessment event. This event consisted of a one-on-one meeting with high school seniors to review exit interviews. The feedback provided to students from this event will help them to be successful in their academic and career lives after high school.
- **UC Riverside’s** Active Minds chapter offered students a night of short films created by young people living with mental illness. After the films, a professional panel including a UCR psychologist, a representative from the Riverside County Mental Health Department, and a representative from the MHSOAC shared their experiences with mental illness with students.
- **UC San Diego** SMHI psychologists collaborated and published an article in the California Psychologist titled, “Effective Suicide Prevention in Higher Education.”
- **UC San Francisco** Human Resources provided data to the counseling center on possible gaps in the diversity of their staff. Vacant professional positions were posted on websites or in journals where diverse staff were likely to seek career opportunities. Examples included Higher Education Recruitment Consortium (HERC) and the California Latino Psychologist Association.
- **UC Santa Barbara** psychologists attended their county Mental Health Advisory Board meeting to coordinate efforts and share resources with the Santa Barbara mental health community. The discussion focused on the hospitalization protocol, availability of psychiatric services, involuntary hospitalization, and the mental health fair.



Key Activities and Accomplishments submitted by CalMHSAs Program Partners: August 2013



- **UC Santa Cruz's** Dean of Students and CARE Team created an emergency fund for students experiencing acute financial hardships. The fund will help qualified students pay for various needs when financial aid or other resources have been exhausted. For example, students may receive assistance paying for groceries, off-campus mental health visits, insurance co-payments, school supplies or medical bills.

Quantitative/Qualitative Data of Programs' Impact to Date:

Summaries of two recent evaluation efforts of PEI programs are noted below:

- **UC Student Mental Health Risk Summit (March 28, 2013)** - All participants were invited to complete a ten minute survey documenting their experience at the summit. A total of 51 people (52%) completed the survey. Highlights are below:
 - Satisfaction with the summit content: The average rate for all questions related to summit content was between 4.1 and 4.6 (rating scale 1 – 5), indicating that most participants agreed or strongly agreed that they were satisfied with the materials and overall format.
 - Satisfaction with the Meeting Logistics: The average rate for all questions related to logistics was between 3.76 and 4.69 (rating scale 1 – 5), indicating that most participants agreed or strongly agreed that they were satisfied with the logistics. The lowest rate of 3.76 suggests that some participants did not think one day for the summit was sufficient. This is further supported by the open-ended feedback.
 - Additionally, the data suggest that the summit met the expectations of the participants. 99% of the respondents expressed willingness to attend another summit of this type.
 - Over 90% of participants reported that the best thing about the summit was the opportunity to collaborate with various professionals across disciplines and systems of higher education. Participants reported that this level of collaboration facilitated a sense of solidarity and alleviated fears that they were alone in their struggles to address the growing demand for mental health services.
 - When asked for critiques, many participants were in favor of more time for the discussion groups as well as for the summit in general. Participants felt that this event should be held annually and should be more than a one day event.
- **Online Depression Screening Program (ISP)** - Two campuses (UC San Diego and UC Santa Cruz) evaluated the effectiveness of two methods for implementing the American Foundation for Suicide Prevention's (AFSP) interactive online depression screening program (ISP). AFSP developed a standardized screening, identification, and referral procedure recommended to participants. One critique of this program has been the low response rates (about 8%). In this study, one UC campus followed the recommended procedure while the other UC campus developed a unique strategy to attract respondents. In the results, the revised strategy yielded a higher response rate (14% vs. 6%). The study concludes that ensuring anonymity, department support, and tailoring e-mail solicitation increases student response rates. Collaboration with department informants and the strategic email solicitation appeared to positive effect the overall response rate to the questionnaire. Additionally, including a lead email and explicating reminding prospective participants of the anonymous and optional nature of the questionnaire may reduce barriers to utilizing this outreach method. While AFSP's outreach method has been previously identified as a promising practice to identify at-risk students, the strategic intervention described seeks to improve its utility for targeting at-risk populations improving student participation in mental health treatment.