

Mental Health Services Act Prevention and Early Intervention Statewide Projects

**Tulare County Health and Human Services Agency
&
Kings County Behavioral Health**

Fiscal Year 2010-2011

**Enclosure A
COUNTY CERTIFICATION
PEI STATEWIDE PROGRAM FUNDING REQUEST**


County Name: Tulare County

County Mental Health Director	Program Lead
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I hereby certify that I am the official responsible for the administration of public community mental health services in and for said County and that the County has complied with all pertinent regulations, laws and statutes for this update to the Three-Year Program and Expenditure Plan. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code Section 5891 and California Code of Regulations (CCR), Title 9, Section 3410, Non-Supplant.

This Plan or update has been developed with the participation of stakeholders, in accordance with CCR, Title 9, Sections 3300, 3310(d) and 3315. The draft Program and Expenditure Plan or update was circulated for 30 days to stakeholders for review and comment. If this is the county's first submission of a PEI component, the local mental health board or commission has held a public hearing on the Plan. All input has been considered with adjustments made, as appropriate.

All documents in the attached Program and Expenditure Plan or Update are true and correct.



Signature
Local MH Director/Designee

03.29.11
Date



Title DIRECTOR - TULARE COUNTY
MENTAL HEALTH

Enclosure A
COUNTY CERTIFICATION
PEI STATEWIDE PROGRAM FUNDING REQUEST

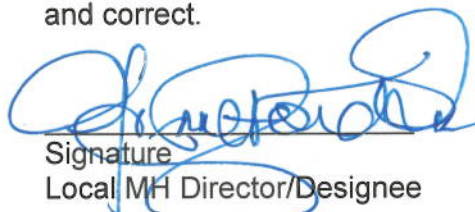
County Name: Kings County

County Mental Health Director	Program Lead
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All documents in the attached Program and Expenditure Plan or Update are true and correct.


3/29/11
Director, Behavioral Health

Signature _____ Date _____ Title _____
 Local MH Director/Designee

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

County Name(s): Tulare County and Kings County

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

The draft plan was formulated by Tulare County Health & Human Services Agency, Department of Mental Health and Kings County Behavioral Health. Early collaboration between the two counties began on June 16, 2010, and was followed with months of contact and cooperation. Both counties reviewed data and community feedback obtained during each county's separate PEI planning processes. Both counties identified overlapping needs and areas of concern that complied with PEI Statewide Plan guidelines.

Input regarding establishing a multi-county collaborative was first discussed publically at the Tulare County Suicide Prevention Task Force (SPTF) meeting on November 18, 2010.

The SPTF membership represented at the November 18, 2010 meeting included:

- Tulare Youth Service Bureau
- Turning Point of Central California
- Visalia Unified School District
- PFLAG Tulare & Kings Counties
- Tulare County Health & Human Services Agency
 - Health Department
 - Mental Health Department
 - Human Services Departments
 - Alcohol & Other Drug Programs
 - Child Welfare Services
- Kings County Behavioral Health
- Family HealthCare Network
- Tulare County Medical Society
- Visalia Medical Clinic
- Kaweah Delta Hospital District
- NAMII (National Alliance on Mental Illness) Tulare County
- Tulare County Alcohol and Drugs Programs
- Visalia Times-Delta (area news outlet)
- Tulare County Sheriff, Coroner's Department
- Kings/Tulare Area Agency on Aging (KTAAA)
- College of the Sequoias (local junior college)

SPTF members discussed the possible benefits and drawbacks of establishing a relationship with Kings County, and working cooperatively to address suicide. Representatives discussed possible programs, efforts, and early drafted plans. A motion was approved to begin collaboration, with final action pending state approval.

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

The draft plan was reviewed by the Tulare County Mental Health Board on January 04, 2011. Board members requested the term “community gatekeeper” be changed to “community champion” within the plan. The draft plan was approved at that meeting.

Draft plan was reviewed by the Tulare County Suicide Prevention Task Force on January 20, 2011. Members were notified that pending the approval of the Kings County Behavioral Health Advisory Board the draft plan would open for public comment.

Draft plan was reviewed by the Kings County Behavioral Health Advisory Board on January 31, 2011. The plan was approved as written.

The draft plan was posted for public comment on February 03, 2011 and circulated to community stakeholders, posted on both Tulare County Health & Human Services Agency’s MHSA website as well as the Kings County Behavioral Health MHSA website. Notice of the circulation was posted in the following publications: Valley Voice Newspaper, Visalia Times-Delta, Tulare Advance Register, Porterville Recorder, and the Hanford Sentinel.

Three requests from the public were received for copies of the draft plan, which were then supplied.

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

Communication was made with College of the Sequoias, West Hills Community College, Porterville Community College, Tulare County Office of Education, and Visalia Unified School District. Each organization expressed interest in participating in the proposed programs specific to schools as listed in the draft plan. Additional contact with superintendents of school districts in Kings County was made. No changes to the draft were requested.

No further comment from the public was received.

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

The only changes requested to the draft plan occurred during the Tulare County Mental Health Board meeting on January 04, 2011. Changes were made at that time. No further revisions were requested or made.

Enclosure D
PEI Statewide Program Funding Request
Implementation of Statewide and/or Replicable Programs Through Multi-County Collaborative

County Name: Tulare County and Kings County

1. Amount of Funds Requested

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

**Due to the reissuance of guidelines DMH info notice (10-13) by MHSOAC, the three-year period for reversion of funds made available for FY 08/09, FY 09/10 and FY 10/11 will now begin on July 1, 2010 and end on June 30, 2013. The three-year period for funds made available for FY 11/12 will begin on July 1, 2011 and end on June 30, 2014.*

From FY
08-09: \$575,850

For FY
10-11: \$575,850

Tulare County FY 08/09 Allocation Requested: \$482,100
(\$120,525-Suicide; \$180, 787.5-Stigma/Discrimination; \$180,787.5-SMHI)

Kings County FY 08-09 Allocation Requested: \$93,850
(\$37,500-Suicide; \$56,250-Stigma/Discrimination; \$0-SMHI**)

***Kings County will provide staff time in-kind for all SMHI funded programs*

2. Identify the specific “recommended actions” identified from the State Strategic Plans to be implemented either as “statewide” and/or “replicable” programs by title and number.

Suicide Prevention Statewide Plan

Number	Recommended Action	Programs Incorporating Recommended Action
1.8	In each county, appoint a liaison to the state office of suicide prevention, and build upon an existing body or convene a new suicide prevention advisory council to collectively address local suicide prevention issues. Membership should reflect a broad range of local stakeholders with expertise and experience with diverse at-risk groups.	SPTF
2.4	Establish annual targets for suicide prevention training	SPTF

	that identify the number of individuals and occupations that will receive training, and the models, including peer support, which will be used for training. Using an inclusive process in input, develop and implement training plans that meet these targets.	
3.6	Build grassroots outreach and engagement efforts to coordinate with and tailor the statewide suicide prevention education campaign and activities to best meet community needs.	SPTF
3.7	Create opportunities to promote greater understanding of the risks and protective factors related to suicide and how to get help by engaging and educating local media about their role in promoting suicide prevention and adhering to suicide reporting guidelines.	SPTF
3.8	Educate family members, caregivers, and friends of those who have attempted suicide, individuals who have attempted suicide, and community helpers to recognize, appropriately respond to, and refer people demonstrating acute warning signs.	SPTF
3.9	Promote and provide suicide prevention education for community gatekeepers	SPTF, The Trevor Project

Stigma and Discrimination Reduction Statewide Plan

Number	Recommended Action	Programs Implementing Recommended Action
1.1	Create widespread understanding and recognition within the public and across all systems that people at different points in their lives experience different degrees of mental health from wellness to crisis; and persons living with mental health challenges have resilience and the capacity for recovery	RESTATE
1.2	Prevent the development of mental health stigma, stereotyping, and discrimination	RESTATE, SPTF
1.3	Create opportunities and forums for strengthening relationships and understanding between consumers, family members and the larger community.	SMHN, SPTF
1.6	Address the multiple stigmas of persons living with mental health challenges who are also faced with discrimination based on their race, ethnicity, age, sex, sexual orientation, gender identity, physical disability, or other societal biases	The Trevor Project
2.3	Ensure that mental health services are offered in non-traditional, non-stigmatizing community and school sites.	DRAW

2.10	Promote and enhance initiatives, programs and curricula to change school cultures and increase social inclusion and social acceptance.	SOS
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Student Mental Health Initiative

Number	Recommended Action	Programs Implementing Recommended Action
1.2	Convene a group, or use an existing body, to foster collaboration between county mental health and schools.	SMHN, The Trevor Project, RESTATE, SPTF
1.3	Create a school-linked Prevention and Early Intervention project to address children at risk for school failure.	SOS
1.4	Create a campus-linked Prevention and Early Intervention project to address First Onset of a psychiatric illness that involves collaboration with institutions of higher education in your county.	DRAW

3. Program description

1. Tulare & Kings Counties Suicide Prevention Task Force

SPTF is a universal prevention effort designed to address the needs and priorities that were identified in the community planning process by increasing awareness, developing resources and training and prevention strategies for the community, health care professionals, educators, law enforcement, and un/underserved populations regarding suicide prevention in Tulare County. Through a multi-county collaboration under the Prevention and Early Intervention Statewide Program, the activities of the SPTF model will be replicated in Kings County with SPTF committee membership expanding to include Kings County. The SPTF will enhance and coordinate efforts among government agencies, community-based organizations, interested parties, and community volunteers. The goals of the Suicide Prevention Task Force are linked to the subcommittees of the Task Force:

- Promote public awareness of prevention issues
- Improve and expand surveillance (reporting of suicide completion) systems
- Promote effective clinical and professional practices
- Develop and implement suicide prevention programs

The SPTF will have the responsibility of administering and overseeing the activities of this project. The collaborative model embraces the core visions of MHSA by creating and maintaining lasting linkages with input and feedback between segments of the community. The task force will link statewide suicide prevention efforts and local efforts. The Tulare County Health and Human Services Agency will be the lead agency, and will oversee the staff assigned to the Suicide Prevention Task Force. Program activities include:

- Establishment of a multi-county universal suicide prevention effort
 - *SPTF Committee*
- Community education to reduce stigma and inform of available resources and evidence-based practices for suicide prevention
 - *Festival of Hope*
 - *Community outreach presentations*
 - *promotional materials*
- Enhancement of linkages between agencies, systems and programs
 - *SlickRock*
- Establishment of annual targets for suicide prevention training that identify the number of individuals and occupations that will receive training, and the models, including peer support, which will be used for training
 - *ASIST*
 - *RRSR & RRSR-PC*
 - *The Shaken Tree*
 - *CALM*
- Building a grassroots outreach and engagement effort to coordinate with and tailor the statewide suicide prevention education campaign and activities to best meet community needs
 - *Community outreach presentations*

- *promotional materials*

2. Reduction and Elimination of Stigma Through Art Targeted Education (RESTATE)

RESTATE is a stigma and discrimination reduction program designed to educate local high school students about mental health issues through a specially designed curriculum that uses the media arts as a vehicle to promote awareness and understanding of mental health. Through collaboration with high school districts in Tulare and Kings Counties, RESTATE will provide funding for film equipment/software and the development of the specific curriculum to be implemented in art education/media classes. The RESTATE module will provide an overview of mental health including history, career opportunities, the role of county mental health, local needs and available resources, and common barriers to treatment specific to the Tulare-Kings communities. Students will pick an approved community mental health topic and film public service announcements that will then be used as part of the RESTATE media campaign to promote community awareness. The goals of RESTATE are to:

- Coordinate stigma reduction efforts among government agencies, community-based organizations, and school districts through the use of an existing body
- Prevent the development of mental health stigma, stereotyping and discrimination through a public mental health awareness campaign
- Educate the public about community resources available to assist with mental health related crises
- Promote initiatives, programs and curricula to change school cultures and increase social inclusion and social acceptance
- Deliver mental health education in natural community settings through the creation and implementation of a mental health curriculum
- Empower youth to educate their community about mental health issues

The contracted school districts will have the responsibility of administering and overseeing the RESTATE school-based curriculum activities of this project which include:

- Establishment and integration of a mental health curriculum
- An introduction to visual arts and media which includes equipment and software skills training to support the creation of public service announcements
- Administering metrics to document effectiveness of curriculum

Tulare County Health and Human Services Agency and Kings County Behavioral Health will be the lead agencies promoting the RESTATE media campaign through the following activities:

- Community education to reduce stigma and inform of available mental health resources
- Collaboration with local media outlets (print, radio, internet, television) to promote activities and air student-created public service announcements
- Dissemination of data collected from participants of the RESTATE program

3. The Trevor Project

Trevor is a leading national organization focused on crisis and suicide prevention efforts among Lesbian, gay, bisexual, transgender and questioning (LGBTQ) youth. LGBTQ youth face many social factors that put them at higher risk for self-destructive behaviors, including suicide.

Trevor's mission is to promote acceptance of LGBTQ youth, and to aid in suicide prevention among that group. Trevor advocates for acceptance and helps to prevent teen suicide by promoting mental health and positive self-esteem. The following programs and activities will be available to LGBTQ teens, friends, educators and family members in Tulare and Kings Counties:

- **Online community**

Provides resources and support that increase the accessibility of information to combat stigma associated with help-seeking for mental health issues, and reduce service gaps for this historically underserved population. Peer-to-peer support activities focus on mutual support, promoting acceptance of cultural diversity, disability, empowerment strategies, and reduction of stigma associated with mental illness while effectively addressing issues of trauma, loss, identity, and relationships. The online community enables Trevor to support groups and individuals who are geographically and/or emotionally isolated.

- **Trevor Lifeline**

Nationwide 24/7 call centers provide suicide prevention and intervention services to LGBTQ youth in crisis, and family/friends of LGBTQ youth.

- **Community Outreach**

Trevor will increase the priority of suicide prevention training through grassroots outreach and engagement efforts by participating in various community health fairs and events, and presenting to local interest groups and educators

- **Outreach Materials**

The Trevor Survival Kit is a classroom tool used in conjunction with the short film, *Trevor*, to constructively generate discussion about the myriad of issues surrounding suicide, personal identity and sexual orientation. Through open discussions with all youth about feelings of isolation, feeling "different" from their peers, or being misunderstood, the classroom atmosphere can empower youth to discuss options for troubled youth and help students to watch over each other and increasing social inclusion and social acceptance. Trevor also distributes items containing information about their online community and lifeline in order to inform the community of available resources, combat stigma, and broaden the spectrum of partners involved in a comprehensive system of suicide prevention.

- **Lifeguard Training**

The Trevor Project's Lifeguard Workshop Program promotes suicide prevention education for community champions through the use of a structured, age-appropriate curriculum with trained facilitators to address topics including sexual orientation and gender identity, the impacts of language and behavior on LGBTQ youth and suicide prevention skills in schools. Training aims to improve recognition and responses to students experiencing mental distress, to reduce stigma and discrimination against students who become identified with mental illness,

and to promote a campus environment that enhances student success providing hope, supporting resiliency, and creating a healthy learning community.

4. Depression Reduction Achieving Wellness (DRAW)

DRAW is a campus-linked Prevention and Early Intervention project to that addresses the first onset of a psychiatric illness in students through collaboration with an institution of higher education.

- **Prevention Education**

All students will be provided with education regarding the identification of symptoms should they manifest in the future as well as tips for mental wellness.

- **Selective Prevention**

A depression screening tool (e.g., Beck Depression Inventory-II) will be distributed to students in order to identify the early onset of depression

- **Early intervention**

Students experiencing symptoms will be provided with short-term, low-intensity intervention services.

- **Linkage**

Students in need of extended or more intense services will receive a referral to a community-based agency that can accommodate their specific need.

- **Training**

College staff will be provided with training and education in recognizing the signs and symptoms of depression and how to refer a student for services.

- **Suicide Prevention**

Research has consistently shown a strong link between suicide and depression, with 90% of the people who die by suicide having an existing mental illness or substance abuse problem at the time of their death. Depressive illnesses can distort thinking such that a person can't think clearly or rationally. The illness can cause thoughts of hopelessness and helplessness, which may lead to suicidal thoughts. Education about the symptoms of depression and the warning signs of suicide help people understand that depression and related depressive illnesses are both preventable and treatable.

Goals of DRAW:

- Offer mental health services in a natural community setting
- Reduce mental health stigma so that students will feel more comfortable accessing mental health services.
- Reduce the number of untreated cases of depression that may ultimately require a higher level of care, and decrease the instance of suicide.

5. Signs of Suicide (SOS)

Signs of Suicide (SOS) is a 2-day secondary school-based intervention that includes screening and education. Students are screened for depression and suicide risk and referred for professional help as indicated. Students also view a video that teaches them to recognize signs of depression and suicide in others. They are taught that the appropriate response to these signs is to acknowledge them, let the person know you care, and tell a responsible adult (either with the person or on that person's behalf). Students also participate in guided classroom discussions about suicide and depression. The intervention attempts to prevent suicide attempts, increase knowledge about suicide and depression, develop desirable attitudes toward suicide and depression, and increase help-seeking behavior.

The Signs of Suicide High School program teaches students that depression is a treatable illness, and incorporates peer intervention as part of its implementation strategy. Through the use of an educational DVD and discussion guide, students are taught that suicide is not a normal response to stress, but rather a preventable tragedy that often occurs as a result of untreated depression. By training students to recognize the signs of depression, self-injury, and suicidality and empowering them to intervene when confronted with a friend who is exhibiting these symptoms, SOS capitalizes on an important social/emotional aspect of this developmental period. Students are given specific action steps, encouraged to engage in a discussion about these issues with their parents as well as utilize the peer-to-peer help-seeking model.

The SOS program kit consists of the following components:

- Implementation Guide: Step-by-step instructions including training materials, educational resources, lesson plans and templates (English and Spanish)
- Educational DVD and Instructional Guide: The *Friends for Life Preventing Teen Suicide* DVD describes the signs and symptoms of depression and suicide and how to intervene
- Brief Screen for Adolescent Depression: A seven question screening tool for depression (parent and student versions)
- High School Student Newsletter: Helpful articles, facts, tips, and resources
- Additional Resources: Wallet cards, posters, and postvention guidelines

SOS addresses three recommended actions from the student mental health and stigma and discrimination reduction plans:

- Create a school-linked Prevention and Early Intervention project to address children at risk for school failure
- Prevent the development of mental health stigma, stereotyping, and discrimination
- Promote and enhance initiatives, programs and curricula to change school cultures and increase social inclusion and social acceptance.

6. Student Mental Health Network (SMHN)

SMHN is a collaborative effort designed to address the needs and priorities to be identified in the student mental health system by evaluating current services, developing recommendations for improvement, and consulting on student mental health related issues in the community.

Comprised of student consumers, parents, educators, and mental health professionals, this group will create opportunities and forums for strengthening relationships and understanding between student consumers, family members, educators, county mental health and the larger community.

The goals of the collaborative are to:

- Conduct a comprehensive assessment of current student mental health services including emergent needs
- Promote public awareness of student mental health issues
- Encourage the implementation of effective prevention and early intervention strategies
- Establish an efficient working relationship between county mental health and schools

4. Budget detail by program

SEE ENCLOSURES F, F-1, and F-2

5. Evaluation

a. Replicable Programs

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

1. Suicide Prevention Task Force (SPTF): ASIST training participants will complete metrics both before and after training to track changes and program impact. Demographics of participants who complete the 2-day training will be collected and housed in a database to measure dissemination throughout the community.

2. Reduction and Elimination of Stigma Through Art Targeted Education (RESTATE): Students will complete metrics at the beginning of the program and every four months thereafter that will assess knowledge of mental health and stigma, and measure changes.

3. The Trevor Project: Trevor Project staff will record all program activities, and outcomes which will be reported semi-annually.

4. Depression Reduction Achieving Wellness (DRAW): Participating institutions will report on the number of students who complete depression screenings, are identified with symptoms, are referred and successfully linked with mental health services. Staff trained to recognize signs and symptoms will complete metrics before and after training to measure changes in knowledge and confidence in identifying and referring students at-risk for depression.

5. Signs of Suicide (SOS): Participating schools will report on the number of students who take part in the training including the number screened, referred and successfully linked with mental health services.

6. Student Mental Health Network (SMHN): The workgroup will report on program activities as well as the results of the needs assessment conducted.

Findings for all statewide programs will be included in the Tulare & Kings Counties PEI Statewide Program Annual Report and distributed statewide.

6. Collaboration

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

Kings County will implement the recommended actions identified and programs described in this request through a strategic partnership with Tulare County.

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

Tulare County and Kings County will pool funds for Suicide Prevention and Stigma/Discrimination efforts. Kings County will provide staff time in-kind for Student Mental Health Initiative Programs.

PEI STATEWIDE PROGRAM FUNDING REQUEST
Enclosure F-1
Budget Narrative

Program: 1. Tulare/Kings Suicide Prevention Task Force (SPTF)

Expenditures

1. Personnel Expenditures- One program coordinator (0.5 FTE)
2. Operating Expenditures- Conference expenses, cellular phone, and travel to coordinate outreach efforts
3. Non-Recurring Expenditures- Train-the-trainer ASIST and *Shaken Tree* programs for Kings County representatives. Equipping the program coordinator with all technology necessary to perform MHSA duties (e.g., laptop, cellular phone)
4. Subcontracts/Professional Services- Speaker to promote suicide prevention at outreach events
5. Evaluation- Data collection and analysis service to be provided by an external evaluator
6. Other- Outreach materials, sponsorships, booth fees and events held in Tulare and Kings Counties that address the recommended actions for suicide prevention efforts.

MHSA PEI Statewide Program Funding Requested for 10/11: \$183,100

Enclosure F

**PEI STATEWIDE PROGRAM FUNDING REQUEST
Budget Form**

County: Tulare/Kings

FY 10/11

PEI Statewide Funds Program Name and #: 1. Tulare/Kings Suicide Prevention Task Force

PEI STATEWIDE PROGRAM	Total
A. EXPENDITURES	
1. Personnel	33,000.00
2. Operating Expenditures	7,000.00
3. Non-Recurring Expenditures	15,000.00
4. Subcontracts/Professional Services	3,000.00
5. Evaluation	5,000.00
6. Other	120,100.00
7. Total Proposed Expenditures	183,100.00
B. REVENUES	
8. Medi-Cal (FFP only)	0.00
9. State General Funds	0.00
10. Other Revenue	0.00
11. Total Revenues	0.00
C. TOTAL MHSA PEI STATEWIDE PROGRAM FUNDING REQUESTED	183,100.00

PEI STATEWIDE PROGRAM FUNDING REQUEST
Enclosure F-1
Budget Narrative

Program: 2. RESTATE

Expenditures

1. Personnel Expenditures- Two teachers (one for each school site) will each be funded at 0.15 FTE
2. Operating Expenditures- Miscellaneous film and office supplies, and printing fees utilized by teachers and students
3. Non-Recurring Expenditures- Computer equipment, cameras, sound equipment, and film editing software used by students
4. Subcontracts/Professional Services- Training provided to teachers on how to use film editing software
5. Evaluation- Data collection and analysis service to be provided by an external evaluator
6. Other- Advertising efforts to promote the videos created by students

MHSA PEI Statewide Program Funding Requested for 10/11: \$147,000

Enclosure F

**PEI STATEWIDE PROGRAM FUNDING REQUEST
Budget Form**

County: Tulare/Kings

FY 10/11

PEI Statewide Funds Program Name and #: 2. RESTATE

PEI STATEWIDE PROGRAM	Total
A. EXPENDITURES	
1. Personnel	21,000.00
2. Operating Expenditures	7,000.00
3. Non-Recurring Expenditures	77,000.00
4. Subcontracts/Professional Services	4,000.00
5. Evaluation	5,000.00
6. Other	30,000.00
7. Total Proposed Expenditures	144,000.00
B. REVENUES	
8. Medi-Cal (FFP only)	0.00
9. State General Funds	0.00
10. Other Revenue	0.00
11. Total Revenues	0.00
C. TOTAL MHSA PEI STATEWIDE PROGRAM FUNDING REQUESTED	144,000.00

PEI STATEWIDE PROGRAM FUNDING REQUEST
Enclosure F-1
Budget Narrative

Program: 3. The Trevor Project

Expenditures

1. Personnel Expenditures- N/A
2. Operating Expenditures- N/A
3. Non-Recurring Expenditures- N/A
4. Subcontracts/Professional Services- Funding provided to the Trevor Project for program activities to be extended into Kings County including community outreach, training and education for teachers and gatekeepers.
5. Evaluation- N/A
6. Other- N/A

MHSA PEI Statewide Program Funding Requested for 10/11: \$25,000

Enclosure F

**PEI STATEWIDE PROGRAM FUNDING REQUEST
Budget Form**

County: Tulare/Kings

FY 10/11

PEI Statewide Funds Program Name and #: 3. The Trevor Project

PEI STATEWIDE PROGRAM	Total
A. EXPENDITURES	
1. Personnel	0.00
2. Operating Expenditures	0.00
3. Non-Recurring Expenditures	0.00
4. Subcontracts/Professional Services	25,000.00
5. Evaluation	0.00
6. Other	0.00
7. Total Proposed Expenditures	25,000.00
B. REVENUES	
8. Medi-Cal (FFP only)	0.00
9. State General Funds	0.00
10. Other Revenue	0.00
11. Total Revenues	0.00
C. TOTAL MHSA PEI STATEWIDE PROGRAM FUNDING REQUESTED	25,000.00

PEI STATEWIDE PROGRAM FUNDING REQUEST
Enclosure F-1
Budget Narrative

Program: 4. DRAW

Expenditures

1. Personnel Expenditures- LCSW funded at 0.5 FTE to provide short term intervention and linkage services to students
2. Operating Expenditures- Cellular phone for LCSW
3. Non-Recurring Expenditures- Equipping the LCSW with all technology necessary to perform MHSA duties (e.g., laptop, cellular phone)
4. Subcontracts/Professional Services- Training provided to teachers staff regarding recognizing signs and symptoms and how to refer at-risk students
5. Evaluation- Data collection and analysis service to be provided by an external evaluator
6. Other- N/A

MHSA PEI Statewide Program Funding Requested for 10/11: \$49,900

Enclosure F

**PEI STATEWIDE PROGRAM FUNDING REQUEST
Budget Form**

County: Tulare/Kings

FY 10/11

PEI Statewide Funds Program Name and #: 4. Depression Reduction
Achieving Wellness (DRAW)

PEI STATEWIDE PROGRAM	Total
A. EXPENDITURES	
1. Personnel	40,000.00
2. Operating Expenditures	2,900.00
3. Non-Recurring Expenditures	2,000.00
4. Subcontracts/Professional Services	2,000.00
5. Evaluation	3,000.00
6. Other	
7. Total Proposed Expenditures	49,900.00
B. REVENUES	
8. Medi-Cal (FFP only)	0.00
9. State General Funds	0.00
10. Other Revenue	0.00
11. Total Revenues	0.00
C. TOTAL MHSA PEI STATEWIDE PROGRAM FUNDING REQUESTED	49,900.00

PEI STATEWIDE PROGRAM FUNDING REQUEST
Enclosure F-1
Budget Narrative

Program: 5. SOS

Expenditures

1. Personnel Expenditures- Program Coordinator funded at 0.5 FTE
2. Operating Expenditures- Miscellaneous technology and travel fees as well as office supplies necessary to perform MHSA duties
3. Non-Recurring Expenditures- Equipping the program coordinator with all technology necessary to perform MHSA duties (e.g., laptop, cellular phone), On-site trainer for each school campus providing instruction and materials needed for program dissemination at each of the 10 school sites
4. Subcontracts/Professional Services- N/A
5. Evaluation- Data collection and analysis service to be provided by an external evaluator
6. Other- N/A

MHSA PEI Statewide Program Funding Requested for 10/11: \$64,500

Enclosure F

**PEI STATEWIDE PROGRAM FUNDING REQUEST
Budget Form**

County: Tulare/Kings

FY 10/11

PEI Statewide Funds Program Name and #: 5. Signs of Suicide (SOS)

PEI STATEWIDE PROGRAM	Total
A. EXPENDITURES	
1. Personnel	33,000.00
2. Operating Expenditures	1,500.00
3. Non-Recurring Expenditures	25,000.00
4. Subcontracts/Professional Services	0.00
5. Evaluation	5,000.00
6. Other	0.00
7. Total Proposed Expenditures	64,500.00
B. REVENUES	
8. Medi-Cal (FFP only)	0.00
9. State General Funds	0.00
10. Other Revenue	0.00
11. Total Revenues	0.00
C. TOTAL MHSA PEI STATEWIDE PROGRAM FUNDING REQUESTED	64,500.00

PEI STATEWIDE PROGRAM FUNDING REQUEST
Enclosure F-1
Budget Narrative

Program: 6. SMHN

Expenditures

1. Personnel Expenditures- N/A
2. Operating Expenditures- N/A
3. Non-Recurring Expenditures- Cost of conducting a comprehensive needs assessment.
4. Subcontracts/Professional Services- N/A
5. Evaluation- Data collection and analysis service to be provided by an external evaluator
6. Other- N/A

MHSA PEI Statewide Program Funding Requested for 10/11: \$20,000

Enclosure F

**PEI STATEWIDE PROGRAM FUNDING REQUEST
Budget Form**

County: Tulare/Kings

FY 10/11

PEI Statewide Funds Program Name and #: 6. Student Mental Health Network (SMHN)

PEI STATEWIDE PROGRAM	Total
A. EXPENDITURES	
1. Personnel	0.00
2. Operating Expenditures	0.00
3. Non-Recurring Expenditures	15,000.00
4. Subcontracts/Professional Services	0.00
5. Evaluation	5,000.00
6. Other	0.00
7. Total Proposed Expenditures	20,000.00
B. REVENUES	
8. Medi-Cal (FFP only)	0.00
9. State General Funds	0.00
10. Other Revenue	0.00
11. Total Revenues	0.00
C. TOTAL MHSA PEI STATEWIDE PROGRAM FUNDING REQUESTED	20,000.00

Enclosure F-2

PEI STATEWIDE PROGRAM SUMMARY FUNDING REQUEST

County: Tulare/Kings

Date: 12/20/10

Program Name	MHSA Funding Request	Suicide Prevention			Stigma and Discrimination Reduction			Student Mental Health Initiative		
		Statewide	Replicable	Total	Statewide	Replicable	Total	Statewide	Replicable	Total
1 Suicide Prevention Task Force (SPTF)	183,100	0	102,375	102,375	0	70,753	70,753	0	9,972	9,972
2 RESTATE	147,000	0	0	0	0	70,000	70,000	0	77,000	77,000
3 The Trevor Project	25,000	0	10,000	10,000	0	5,810	5,810	0	9,190	9,190
4 DRAW	49,900	0	0	0	0	17,000	17,000	0	32,900	32,900
5 SOS	64,500	0	10,000	10,000	0	10,000	10,000	0	44,500	44,500
6 SMHN	20,000	0	0	0	0	10,000	10,000	0	10,000	10,000
Subtotal: Programs	489,500									
Plus up to 15% County Administration	86,350									
Plus up to 10% Operating Reserve	0									
Total: PEI Statewide Program Funds	575,850									

Calculation of Proportionality	Sub-Total	% of Total
Suicide Prevention	122,375	21%
Stigma and Discrimination Reduction	183,563	32%
Student Mental Health Initiative	183,562	32%
County Administration	86,350	15%
Total: PEI Statewide Program Funds	575,850	100%