PART II
STUDENT MENTAL HEALTH INITIAVE (SMHI)
Of the Mental Health Services Oversight and Accountability Commission
(Changes Proposed to Initial Document, May 2010)

I. MHSA Prevention Program to Assist Students in Higher Education

Design and administer programs that will focus on three key strategic directions: training, peer support activities and suicide prevention. Any college, district, multicampus collaborative, or system within one of the three California public higher educations systems would be eligible. Successful programs will be based on demonstrated need and will emphasize culturally relevant and appropriate approaches, linkages to local community MHSA Prevention and Early Intervention plans and/or Community Services and Supports plans, and collaboration with mental health and substance abuse prevention partners. It is the intent of the MHSOAC that programs will be established in each of the three public higher education systems.

System-wide programs will be developed to address student mental health needs statewide. Campus based programs may be developed as replicable projects. Programs across systems and/or campuses may be combined. Administrative costs associated with these programs would be limited to 15% for any entity implementing the program. These funds shall not be used to supplant any existing mental health services, funds or programs. Programs are encouraged to leverage other resources. The term leveraging is used broadly and may be accomplished in numerous ways such as:

- Cash match
- Federal reimbursements in the health system
- "Readiness" to implement PEI programs by training staff and covering release time, creating supportive policies, etc.
- Use of facilities and other resources
- Coordinating existing prevention programs with new PEI-funded early intervention programs

There must be an evaluation of each program. The evaluation will cover both performance and outcome measures. Performance reviews will evaluate how much of the program was delivered. Outcome reviews may be guided by the DMH "Potential Outcomes of PEI Strategies" resource document or evaluate increased knowledge of suicide or its risk indicators, reduced incidents of suicide or suicide attempts, reduced stigma and discrimination related to mental health, increased assess to services, increased linkages with community resources, reduced disparities in access to services, and students' own satisfaction with access and care.

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Key Strategic Directions of MHSA SMHI Programs for Higher Education:

Eligible programs should cover the following strategic directions. Though every strategic direction need not be in each program, the programs must address one or more components from the following list.

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

2. Peer-to-Peer Support
These activities would focus on mutual support, promoting acceptance of cultural diversity, disability, empowerment strategies, and reduction of the stigma associated with mental illness. Peer-to-peer services instill hope while teaching successful coping strategies and relaying information about how to navigate health and mental health systems. Such programs could also effectively address issues of trauma, loss, identity, relationships, homesickness, and achievement pressure and would provide mental health and emotional support that are defined useful by students themselves.

3. Suicide Prevention
These programs would be designed utilizing the resources and best-practices of the MHSA suicide prevention efforts or knowledge of the assigned workgroup but would focus specifically on addressing the unique needs, vulnerabilities and risk factors of university and college students, and would bring suicide prevention resources directly onto campuses to raise their profile among students and to make them as accessible, relevant and effective as possible.

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Annual Funding for SMHI Higher Education	$8.5 Million
Total Four-Year Funding:	$34 Million

Each county's allocation for the SMHI shall be spent in the same proportion for higher education and K-12 educational programs as the statewide amounts.

II. MHSA Prevention Program to Assist Students in K-12

Design and administer programs that address the systemic challenges in providing a comprehensive approach to addressing student mental health. Successful programs will take the variety of discrete school-based mental health interventions and programs that have been proven effective and combine them into a comprehensive student mental health program.

Replicable programs may focus on a single school, a cluster of schools, or an entire district within its jurisdiction provided that they use SMHI funds to fill in service gaps and establish new systems, policies and education/training to create a comprehensive student mental health program.

Ideally, at least one program would address needs in each of the eleven county superintendent of schools service regions. Administrative costs associated with these programs would be limited to 15% for any entity implementing the program. A county superintendent or his or her designee should be involved in the application. These funds shall not be used to supplant any existing mental health services, funds or programs. Programs are encouraged to leverage other resources. The term leveraging is used broadly and may be accomplished in numerous ways such as:

- Cash match
- Federal reimbursements in the health system
- "Readiness" to implement PEI programs by training staff and covering release time, creating supportive policies, etc.
- Use of facilities and other resources
- Coordinating existing prevention programs with new PEI-funded early intervention programs

Successful programs will be based on demonstrated need, emphasize culturally relevant and appropriate approaches, focus on families who have historically experienced disparities in access to care, link to local community MHSA Prevention and Early Intervention plans and/or Community Services and Support plans, and collaborate with mental health and substance abuse prevention partners.

The following four strategic directions should be incorporated into a comprehensive student mental health program funded by the SMHI:

1. **School-Based Programs**: Schools/districts funded under the SMHI should provide a continuum of prevention and early intervention services including:
    - Efforts that foster supportive school climates including bullying prevention, suicide prevention, stigma reduction, and cultural awareness.
    - Mental health educational programs for students that include a focus on stigma reduction, incorporate age-appropriate suicide prevention training

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for the general student population, and are in alignment with state Health Education Standards.

- Early identification of students with mental health concerns who seek help, including universal voluntary screenings in partnership with families and caregivers.
- Linkages to services, either provided on campus or otherwise, through school health centers, county departments of mental health, special education programs, and community-based organizations.
- Outreach and education for families that are culturally and linguistically responsive and reduce the stigma associated with accessing and using mental health services.
- Consideration for youth from communities that demonstrate a high incidence of mental health problems or where research demonstrates a high risk for specific mental health needs, for example suicide risk among African-American and Caucasian males, Asian-American females, Hispanic males and females, LGBTQ youth and Native American youth.
- Training for those personnel, like teachers, most likely to first identify potential mental health needs, which includes resources for identification, referral, and non-stigmatizing responses.
- Use of appropriate youth peer-to-peer strategies.

2. **Systems and Policy Developments**: Programs funded under the SMHI should implement system and policy changes to sustain the school-based programs described above. Changes may include:

- Coordination and redirection of resources through school, district-wide, regional and/or statewide systems to create a cohesive and comprehensive system from prevention and early intervention to intervention and support for student mental health as opposed to fragmented programs.
- Development of relationships between school system and county mental health departments to ensure effective referral process of students between systems and effective use of resources to avoid duplication and fill gaps.
- Collaboration with community-based providers that enhance student success, for example health services, tutoring, after-school programs, or mentoring.
- Development of policies within the school/district/region/state that make mental health promotion an integral part of school operations and school improvement efforts, for example disciplinary policies that are therapeutic.
- Procedures for on-going assessment of student mental health and continuous improvement of school-based programs.
- Involvement of pupil services personnel, including credentialed school counselors, school psychologists, school social workers, speech-language therapists and audiologists, resource specialists, and school nurses where available, in the planning and executing of systems and policy changes.

- Meet current state curriculum mandates for health and wellness.

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3.**Education and Training**: School/district personnel should receive education and training to support the successful implementation of specific school-based programs as well as the systems and policy changes needed to sustain these programs.

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

SMHI funds are not adequate to support all elements of a comprehensive student mental health program. Successful programs will use this funding to braid existing resources that support student mental health and draw down new resources. Examples of these resources include, for example, MHSA, EPSDT, the Special Education Pupils Program (AB 3632), Safe and Drug Free Schools, Early Mental Health Initiative, Healthy Start, School Health Centers, Primary Intervention Programs, IDEA Early Intervening, and Student Assistance Programs (SAP).

Each program shall be evaluated. The evaluation will cover both performance and outcome measures. Performance reviews will evaluate how much of the program was delivered. Outcome reviews may be guided by the DMH "Potential Outcomes of PEI Strategies" resource document or evaluate increased school success, decreased school drop-out rates, reduced school suspensions and expulsions for behavior problems, increased identification of early signs of mental illness, reduced stigma and discrimination related to mental health, increased access to services, increased linkages with community resources, increase in parent or student awareness of available support resources, and students or families own satisfaction with care.

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ALLOCATION OF FUNDING FOR K-12 EDUCATION PROGRAMS

Annual Funding:	$6.5 Million
Total Four-Year Funding:	$26 Million