

STATE OF CALIFORNIA
Budget Change Proposal - Cover Sheet
 DF-46 (REV 10/20)

Fiscal Year 2021-22	Business Unit 4265	Department Public Health	Priority No. Click or tap here to enter text.
Budget Request Name 4265-226-2021-BCP-A1		Program 40405 – Public and Environmental Health	Subprogram 4045010 – Healthy Communities

Budget Request Description

Establishing the Office of Suicide Prevention within the California Department of Public Health (AB 2112)

Budget Request Summary

The California Department of Public Health (CDPH), Center for Healthy Communities (CHC), Injury and Violence Prevention Branch (IVPB) requests five positions and \$780,235 General Fund appropriation in 2021-22 and ongoing to establish and administer an Office of Suicide Prevention as authorized by AB 2112 (Chapter 142, Statutes of 2020).

Requires Legislation <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Code Section(s) to be Added/Amended/Repealed N/A	
Does this BCP contain information technology (IT) components? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>If yes, departmental Chief Information Officer must sign.</i>	Department CIO N/A	Date Click or tap to enter a date.

For IT requests, specify the project number, the most recent project approval document (FSR, SPR, S1BA, S2AA, S3SD, S4PRA), and the approval date.

Project No. N/A **Project Approval Document:** N/A

Approval Date: Click or tap to enter a date.

If proposal affects another department, does other department concur with proposal? Yes No
Attach comments of affected department, signed and dated by the department director or designee.

Prepared By Monica Morales	Date Click or tap to enter a date.	Reviewed By Phuong La	Date Click or tap to enter a date.
Department Director Brandon Nunes	Date Click or tap to enter a date.	Agency Secretary Julie Souliere	Date Click or tap to enter a date.

Department of Finance Use Only

Additional Review: Capital Outlay ITCU FSCU OSAE Dept. of Technology

PPBA Jack Zwald	Date submitted to the Legislature 4/1/2021
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Analysis of Problem

A. Budget Request Summary

The California Department of Public Health (CDPH), Center for Healthy Communities (CHC), Injury and Violence Prevention Branch (IVPB) requests five positions and \$780,235, General Fund appropriation in 2021-22 and ongoing to establish and administer an Office of Suicide Prevention as authorized by AB 2112 (Chapter 142, Statutes of 2020).

B. Background/History

Suicide, a self-directed form of violence, is a leading cause of premature death and is a major contributor of years of life lost due to its significant impact on young people. Deaths due to suicide leave a tragic loss for decedents' families and society at large.

In 2018, 4,490 Californians died by suicide and of those, 544 were youths (ages 10-24). There were 31,712 non-fatal self-harm related emergency department visits among California residents in 2018 and 16,745 of those visits were among California youth (ages 10-24).

Rates of suicide vary greatly across the state with some counties experiencing rates more than twice the statewide level. Suicide rates peak at multiple stages throughout the lifespan and are highest in young adults, middle age, and ages 85 and above. Suicide is the second leading cause of death among adolescents and young adults ages 15-24 in California and suicide rates are highest among White and American Indian/Alaska Native populations.

Public health utilizes "upstream" approaches to suicide prevention by addressing risk and protective factors for suicide. Promoting positive social norms, access to services, social support, housing, and economic stability creates conditions that prevent suicide but also contributes to other public health goals like increasing physical activity, reducing chronic disease and obesity, promoting healthy eating, and reducing depression. The National Center for Injury Prevention and Control, Centers for Disease Control and Prevention (CDC) has recently released a [Suicide Prevention Strategic Plan](#) that outlines strategic priorities and goals for public health in addition to a technical package of policies, evidence-based programs and practices for suicide prevention.

CDPH has demonstrated a commitment to preventing violence through a public health approach. The [CDPH Injury and Violence Prevention Branch \(IVPB\)](#) is responsible for developing and implementing policies and program interventions and surveillance to prevent deaths and disability from injury, and promotes a public health approach to addressing violence. Using data from CDPH Vital Statistics death files, IVPB is a source of public health surveillance data on intentional injury-related fatalities, including suicide, for the state of California. With a grant from the CDC, IVPB also administers California's National Violent Death Reporting System (CalVDRS) which compiles data on circumstances surrounding violent deaths, including suicides, for Californians.

IVPB also houses CDPH's [Violence Prevention Initiative \(VPI\)](#), which is implemented utilizing in-kind staff from multiple centers within the department to highlight and frame the role of governmental public health in addressing all types of violence, including suicide prevention. This initiative works to elevate violence prevention as a departmental priority, integrate and align efforts across multiple CDPH programs, and build local health department capacity. VPI staff provided data and information to the Mental Health Services Oversight and Accountability Commission in the development of their strategic plan for suicide prevention. Other related activities have included the release of a data brief focusing on homicide and suicide data trends in California in March 2019, entitled [Data Brief 1: Overview of Homicide and Suicide Deaths in California](#). Additionally, VPI hosted a webinar highlighting CDPH suicide-related data briefs, local efforts, and California's new suicide prevention plan.

Recognizing the increased risk for suicide during the COVID-19 pandemic, CDPH collaborated with the Department of Health Care Services and the Office of the California Surgeon General in June 2020, to develop a [new resource letter](#) for providers related to suicide prevention. This letter was designed to help front-line providers quickly learn how to screen for people at risk of suicide utilizing four “Ask Suicide-Screening Questions” developed by the National Institute on Mental Health, and what to do if they find someone at risk. This letter was shared widely in an effort to reach frontline medical and behavioral providers, including partners and stakeholder groups.

On September 8, 2020, IVPB was awarded a Comprehensive Suicide Prevention grant from the federal CDC of \$900,000 annually over a five-year period (September 1, 2020 to August 31, 2025). The grant supports three positions and up to four local health departments will be funded to implement evidence-based suicide prevention strategies, including reducing access to lethal means among people at risk via safe storage practices for both firearms and medications, treatment to prevent reattempts via emergency department brief interventions and active follow-up contact approaches, and providing parenting skills, family relationship programs, and social-emotional learning programs.

In November 2004, voters in California passed Proposition 63, the Mental Health Services Act (MHSA), which established the Mental Health Services Fund (MHSF) to collect revenue generated from a one percent tax on personal income in excess of \$1 million. The MHSA became law in 2005 to provide better coordinated and more comprehensive care to those with serious mental illness, particularly in underserved populations. The MHSA addresses a broad continuum of prevention, early intervention, and service needs.

The Mental Health Services Oversight and Accountability Commission (MHSOAC), an independent state agency, was also created by the MHSA. The MHSOAC was directed by the Legislature to develop a new suicide prevention plan for California and public health's role in addressing suicide is emphasized in the new [California Strategic Plan for Suicide Prevention 2020-2025: Striving for Zero](#). The Commission's goal was to produce an achievable policy agenda and a foundation for suicide prevention based on best practices. Its overarching objective is to equip and empower California communities with the information they need to minimize risk, improve access to care, and prevent suicidal behavior. Despite the challenges, research demonstrates that effective interventions can save lives, and that public health strategies can prevent loss of life on a broad scale. The Public Health Model involves four repeating steps: 1) defining the problem; 2) identifying the factors that increase or lower risk; 3) developing and evaluating prevention interventions; and 4) implementing interventions and disseminating results to increase the use of effective interventions. The Public Health Model is a key feature of the statewide strategic suicide prevention plan.

The 2020-21 budget includes \$2 million for MHSOAC to begin implementation of some priority objectives outlined in the plan. These initial efforts will aim to help local governments, educators, industry, health care providers, community organizations and everyday Californians do a better job detecting and responding to suicide risk.¹ Specifically, the Commission plans to procure and oversee contracts to implement the following:

- Promote local strategic planning and coalition building consistent with the new state strategic plan.
- Reduce access to lethal means through outreach and engagement and promotion of strategies keep homes safe (e.g., safe storage for firearms and medications).
- Building a research agenda that goes beyond data surveillance and tracking.
- Standardizing training for educators and health care professionals for screening those at risk.

¹ <https://calmatters.org/commentary/my-turn/2020/07/here-are-four-priorities-for-states-new-strategic-plan-for-suicide-prevention/>

The California Department of Health Care Services (DHCS) also addresses behavioral health and mental health and has a limited focus suicide prevention. Current activities specific to suicide prevention include:

- Administering a Mental Health Services Act (MHSA) funded contract to a 24/7 Crisis Line and Crisis Chat for individuals who are deaf or hard of hearing; therapy and support locations; and training programs for National Suicide Prevention Lifeline (NSPL) certified providers.
- Collaborating with the California Department of Education (CDE) on the five-year Project Cal Well, which includes a Student Suicide Prevention Policy Workgroup, and participating in the CDE Student Mental Health Policy Workgroup.

AB 2112, recently signed into law by Governor Newsom, authorizes the establishment of an Office of Suicide Prevention within CDPH and proposes the following responsibilities for the office, which aligns with MHSOAC's recommendations from *Striving for Zero: Strategic Plan for Suicide Prevention 2020-2025*:

- Providing information and technical assistance to statewide and regional partners regarding best practices on suicide prevention policies and programs.
- Conducting state level assessment of regional and statewide suicide prevention policies and practices, including those from other states, and including specific metrics and domains as appropriate. Focusing activities on groups with the highest risk, including youth, Native American youth, older adults, veterans, and LGBTQ people.
- Monitoring, tracking (surveillance) and dissemination of data to inform prevention efforts at the state and local levels.
- Convening experts and stakeholders, including, but not limited to, stakeholders representing populations with high rates of suicide, to encourage collaboration and coordination of resources for suicide prevention.
- Reporting on progress to reduce rates of suicide.
- Sharing and receiving data from other state entities relevant to the responsibilities and objectives of the office.
- Consulting with the Mental Health Services Oversight and Accountability Commission to implement suicide prevention efforts consistent with the Mental Health Services Oversight and Accountability Commission's Suicide Prevention Report "Striving for Zero."

Resource History
(Dollars in thousands)

Program Budget	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Authorized Expenditures	NA	NA	NA	NA	NA	\$900
Actual Expenditures	NA	NA	NA	NA	NA	NA
Revenues	NA	NA	NA	NA	NA	NA
Authorized Positions	NA	NA	NA	NA	NA	3
Filled Positions	NA	NA	NA	NA	NA	1.5
Vacancies	NA	NA	NA	NA	NA	1.5

Workload History

Workload Measure	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21
Process CDC Comprehensive Suicide Prevention grant	NA	NA	NA	NA	NA	1.5
Hire Staff	NA	NA	NA	NA	NA	1.5
Finalizing partnership plan, work plan, communication plan and evaluation plan	NA	NA	NA	NA	NA	3
Develop a Request for Applications with funding criteria, eligible counties, and process for providing local assistance funding	NA	NA	NA	NA	NA	1

C. State Level Consideration

The CDPH Strategic Map 2019-2022 sets forth the Department's mission and the strategic direction that departmental programs will be following to achieve the overall vision of healthy communities with thriving families and individuals. Due to the strong alignment with Department strategic goals, violence prevention, which includes suicide prevention, has been established as a department-wide strategic priority. The following are examples of Public Health Strategic Map objectives that align directly with this proposal:

- Promote Health and Wellness - Prevent disease and injury by fostering vibrant, resilient, and prosperous communities.
 - Implement innovative preventions strategies.
 - Improve State health outcomes by advancing protective measures and reducing risk.

- Mobilize partnerships to strengthen collective impact.
- Increase Health Equity - Create equitable opportunities to advance physical and mental health for all Californians by addressing social determinants of health.
 - Engage with multi-sector partners to address policy, systems, and environmental change.
- *Protect the Public's Health* - Strengthen foundational public health and health care infrastructure at the state and local level.

The Let's Get Healthy California (LGHC) State Health Improvement Plan as well as the Office of Health Equity Portrait of Promise Plan, both identify many violence-related indicators and priorities, including violent crime, suicide, child maltreatment, adverse childhood experiences (ACEs), poverty, and community cohesion. These indicators are used to track California's health progress toward preventing multiple forms of violence and trauma, including suicide.

D. Justification

Currently, there is not a designated state office or department responsible for coordinating and aligning statewide suicide prevention efforts. Creating the Office of Suicide Prevention within CDPH will close this gap. CDPH is known to excel in utilizing data to inform best practices and taking appropriate action to prevent disease, addiction and injury.

Prior to the COVID-19 pandemic, suicide rates among all groups had been increasing drastically, and these unprecedented times have intensified the mental health challenges faced by many Californians. Thoughts of suicide affect people from all walks of life, but risk of suicide is especially significant among adolescents, older adults, veterans, and LGBTQ youth and adults. Suicide risk is significant in Native American communities. Native American youth face higher rates of suicide than their peers and addressing the crisis of suicide will require a focus on Native American youth. Those who were at greatest risk are at even greater risk now. The COVID-19 crisis will have significant impacts on community mental health due to anxiety caused by many factors, such as isolation, grief over the loss of friends and family, exacerbated health concerns, increased substance abuse, domestic violence, child abuse, and the weight of economic hardship. More specifically, there are concerns around stay-at home orders and physical distancing that put vulnerable communities at even great risk for suicide. For example, there is evidence² that suicide deaths increased during previous crises, such as the 1918 Spanish flu and 2003 SARS outbreak. The suicide rate in the U.S. also rose sharply in the first few years after the 2008 recession.³ California's new *Striving for Zero: Strategic Plan for Suicide Prevention 2020-2025*, specifically states that next steps should include the creation of the Office of Suicide Prevention (OSP) within the CDPH to serve as the state-level leader and convener of suicide prevention efforts. In addition to coordinating the various suicide prevention efforts that are being carried on throughout the state, the Office will provide strategic guidance, deliver technical assistance, develop and coordinate trainings, monitor data, conduct state-level evaluation and disseminate information to advance statewide progress. The OSP will address current gaps by increasing coordination and integration of suicide prevention resources through planning and collaboration across diverse partners and systems. At the state level, this will include the following:

- Accelerating the development and management of suicide prevention resources in communities across California, and supporting capacity building to use best practices in suicide prevention by disseminating guidance and resources;

² [https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(20\)30171-1/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(20)30171-1/fulltext)

³ <https://www.nytimes.com/2012/11/05/health/us-suicide-rate-rose-during-recession-study-finds.html>

- Identifying opportunities to integrate suicide prevention strategies across systems and programs by promoting communication and information sharing among private and public partners and providing guidance on incorporating suicide prevention messaging into diverse settings, strategies, and public health campaigns; and
- Aligning efforts and investments to address multiple forms of violence that may share risk and protective factors with suicide, including strategies for reducing trauma in early childhood.

The proposed activities of the OSP are intended to build upon the work currently being carried out by the MHSOAC and DHCS. While DHCS will continue to support secondary and tertiary “downstream” efforts to address suicide (e.g., risk screening, crisis and counseling services), these efforts do not focus on primary prevention of suicide. The OSP’s activities will focus on primary prevention, which includes reducing social and environmental stressors (e.g., negative social norms, stigma) and promoting resiliency. The current MHSOAC efforts are intended to address more immediate attention and are scheduled to conclude by June 30, 2023 at the latest. MHSOAC’s expectation is that the OSP will build upon these activities once established. Due to the diverse array of individuals who are impacted by suicide, CDPH agrees that it is not appropriate for one entity or system to house or implement all suicide prevention efforts; rather, suicide prevention can and should be an area of focus within a variety of state departments and systems.

CDPH has met with MHSOAC and DHCS staff to begin further defining the proposed roles and responsibilities of the OSP and will continue to consult with these entities and their contractors on a regular basis to ensure that activities are coordinated, aligned and amplified by the OSP. As proposed in the state suicide prevention plan, the OSP will convene state-level experts and stakeholders to encourage collaboration and coordination of state resources directed at prevention of suicide, and to provide guidance on program planning, implementation and evaluation. The MHSOAC and DHCS will be represented and play a key role in this advisory group, and CDPH will meet with MHSOAC staff on a regular basis to ensure efforts are consistent with the suicide prevention strategic plan.

Establishing the OSP within CDPH will build upon IVPB’s and VPI’s previous work and expertise in suicide prevention. Given the increased pressure on California’s behavioral health systems not only during this crisis but long after, CDPH has a unique opportunity to lead a comprehensive approach to suicide prevention across the state by providing training and technical assistance on use of surveillance data and evidence-informed interventions, and evaluation of these efforts. CDPH took the first step by applying for and receiving a grant from the CDC that will allow for provision of support to a small number of counties that have suicide rates above the state level; this proposal takes the next significant step in addressing the current crisis of suicide by creating a statewide OSP that will address suicide prevention through a public health lens throughout the state. This office will coordinate and leverage state resources dedicated to support both upstream and downstream interventions, marshal expertise, and build on the vital work of stakeholders.

The role and activities proposed for the OSP are substantial and beyond the scope of CDPH’s new CDC grant. The CDC grant requires specific deliverables and does not allow for broader state level efforts. As recipients of this funding, IVPB will be limited to working with up to four counties that meet specific criteria, to implement only three suicide prevention evidence-based strategies over a five-year period, with the goal of reducing suicide rates and self-harm rates in those counties by 10%. CDPH does not have sufficient capacity to expand the workload associated with implementing the OSP, as proposed and suggested by AB 2112 and the state’s suicide prevention plan, and cannot redirect staff, as most are funded by other grants with required workload and deliverables. The ability of CDPH to establish an Office of Suicide Prevention and implement additional statewide activities is dependent on receiving

an allocation from the General Fund, Special Fund, or additional grant funding from federal or foundation sources which are rare, highly competitive and restrictive in use.

CDPH is requesting five positions and associated funding in 2021-22 and ongoing to establish and administer an Office of Suicide Prevention consistent with AB 2112. The positions and duties are as follows:

- Health Program Manager II (1.0 position): To direct, oversee, and supervise project staff; provide direction and oversight to all elements of the Office of Suicide Prevention; interface with the MHSOAC and other primary stakeholders; oversee contract development and procurement processes, proposal reviews, award and negotiation of contracts, contract and project monitoring, and evaluation processes; be responsible for fiscal management; and advise on program and policy implications.
- Health Education Consultant III, Specialist (1.0 position): To develop performance expectations, assist with development, coordination and dissemination of best practices, educational materials, and evaluation efforts related to suicide prevention practices and policies, monitor contracts, provide highly specialized technical assistance; provide leadership and foster collaboration among state agencies and state/local stakeholders and constituencies.
- Staff Services Analyst (1.0 position): To conduct fiscal analyses to assure appropriate program expenditure authority; prepare and process contract documents, including work plans, budgets, and amendments as needed; develop contracts and interagency agreements; act as liaison with Accounting, Budgets, and Contract Management; review and process invoices and monitor reimbursement process; and compile data and assist in preparation of program progress reports.
- Research Scientist III (1.0 position): To serve as the lead Research Scientist for the Office of Suicide Prevention and conceive plans, conduct, organize and direct major, highly specialized program-specific surveillance analyses, and complex epidemiologic and statistical analyses using appropriate techniques and complex data sources.
- Health Program Specialist I or equivalent (1.0 position) – To assist with the provision of technical assistance to local entities, conduct ongoing program assessments, meeting planning and facilitation, and report writing.

E. Outcomes and Accountability

The OSP will develop an evaluation plan with metrics to measure progress towards stated goals. Staff will periodically assess progress, initiate necessary mid-course corrections, and produce an annual report to assess achievement of stated project objectives using a result-based accountability approach. Project evaluation results will be used to further inform statewide public health suicide prevention planning.

The short-term outcomes/process measures include:

1. Increases in state-level staff to administer suicide prevention efforts under the OSP.
2. Increases in coordination and collaboration of resources for suicide prevention among experts and stakeholders.
3. Increases in training and technical assistance activities to support local health department implementation of evidence-informed suicide prevention interventions, consistent with the Mental Health Services Oversight and Accountability Commission's Suicide Prevention Report "Striving for Zero,"
4. Increases in availability, dissemination and use of data to inform and evaluate suicide prevention efforts, establishing a stronger evidence base.

Examples of intermediate outcomes include:

1. Increases in community-level implementation of evidence-based suicide prevention interventions, consistent with the Mental Health Services Oversight and Accountability Commission's Suicide Prevention Report "Striving for Zero." Possible outcomes would include:
 - Increases in the number of households that safely store firearms and medications.
 - Increases in the number of gun violence restraining orders that are implemented.
 - Increases in the number of city and county policies or ordinances implemented on gun safety.
 - Increases in the number of emergency departments providing treatment to prevent reattempts, in the form of brief interventions at the time of the visit and conducting follow-up visits or conducting active follow-up approaches (e.g., postcards, letters).
 - Increases in the implementation of upstream approaches to suicide prevention taking place at the county level, including teaching coping and problem-solving skills (e.g., implementing parenting skill and family relationship programs or social-emotional learning programs.)
 - Increases in utilization of mental health services (e.g. suicide hotlines, family resource centers).

The long-term outcomes include:

1. Reductions in self-harm-related emergency room visits and hospitalizations.
2. Reductions in rates of suicide deaths.

Projected Outcomes

Workload Measure	2021-22	2022-23	2023-24	2024-25	2025-26
Provide training and technical assistance activities (e.g., webinars) to support implementation of evidence-informed suicide prevention interventions.	10	12	12	12	12
Provide monthly report with information and technical assistance to statewide and regional partners regarding best practices on suicide prevention policies and programs.	10	12	12	12	12
Develop a report on state level assessment of regional and statewide suicide prevention policies and practices (in alternating years).	1	0	1	0	1
Develop and disseminate quarterly data reports to inform prevention efforts at the state and local levels.	4	4	4	4	4
Conduct bi-annual meetings to convene experts and stakeholders.	2	2	2	2	2
Develop and disseminate an annual report on progress to reduce rates of suicide	1	1	1	1	1
Meet with the MHSOAC monthly to consult on implementing suicide prevention efforts consistent with their Suicide Prevention Report "Striving for Zero."	12	12	12	12	12
Develop applications for federal, state and foundation grants.	1-3	1-3	1-3	1-3	1-3

F. Analysis of All Feasible Alternatives

Alternative 1. Approve five positions and \$780,235, General Fund, to establish and administer an Office of Suicide Prevention within CDPH as authorized by AB 21 12 (Chapter 142, Statutes of 2020).

Pros:

- Reduces injuries, disabilities, deaths, and negative health consequences and disparities associated with suicide.

- Increases alignment and collaboration between CHHS Agency departments and multiple statewide initiatives addressing suicide.
- Increases coordination and collaboration between state and local public health departments, violence prevention partners, and community members.
- Implements activities consistent with those authorized in law.
- Implements recommendations from the Mental Health Services Oversight and Accountability Commission's Suicide Prevention Report "Striving for Zero."
- Leverages and complements the CDC grant deliverables, while allowing for more activities and a comprehensive statewide scope and impact.

Cons:

- Requires General Fund appropriation.

Alternative 2. Approve a General Fund appropriation of \$515,000 and three positions (Health Program Manager II, Health Education Consultant III, and Research Scientist III) to establish and administer an Office of Suicide Prevention within CDPH.

Pros:

- Reduces injuries, disabilities, deaths, and negative health consequences and disparities associated with suicide.
- Increases alignment and collaboration between CHHS Agency departments and multiple statewide initiatives addressing suicide.
- Implements some activities consistent with those authorized in law.
- Implements some recommendations from the Mental Health Services Oversight and Accountability Commission's Suicide Prevention Report "Striving for Zero."
- Leverages and complements the CDC grant deliverables, providing support for additional activities.
- Requires less General Fund support.

Cons:

- Would eliminate dedicated administrative support for the OSP and require this support be provided by staff that are redirected from other projects and funding sources to do so.
- Would severely reduce the ability to provide highly specialized technical assistance on evidence-based policies and practices to local entities working on suicide prevention throughout California.
- Would significantly reduce the implementation of statewide activities authorized in law.
- Would significantly reduce the ability to implement recommendations from the Mental Health Services Oversight and Accountability Commission's Suicide Prevention Report "Striving for Zero."
- Would not take full advantage of the opportunity to leverage the CDC grant to build a more comprehensive and statewide approach to suicide prevention.
- Requires General Fund appropriation.

Alternative 3. Do not approve this proposal.

Pros:

- No General Fund appropriation.

Cons:

- Eliminates the capacity to carry out the additional workload authorized in law and prioritized in the MHSOAC strategic plan.
- Eliminates the opportunity to leverage the CDC suicide prevention grant to build a comprehensive and statewide approach to suicide prevention.

- Does not create capacity for Public Health, local public health departments, and communities to prevent suicide through a comprehensive and integrated approach.
- State, local, and community-level leadership roles in suicide prevention planning, surveillance, and interventions would remain severely limited.
- Preventable rates and public sector costs for injuries and deaths due to suicide will increase or remain the same.

G. Implementation Plan

Activity	Timeline
Establish positions; recruit and hire new staff; convene state level advisory group of experts and stakeholders; begin conducting state level assessment of regional and statewide suicide prevention policies and practices.	July 1, 2021 – December 30, 2021
Consult with MHSOAC; create a training and technical assistance plan; begin conducting initial training and technical assistance to partners and stakeholders statewide; monitor and disseminate baseline data to inform prevention efforts.	January 1, 2022 – June 30, 2022

H. Supplemental Information

- Attachment A: Workload Analysis
- Attachment B: Current Organizational Chart
- Attachment C: Proposed Organizational Chart

I. Recommendation

Approve Alternative 1: Approve five positions and \$780,235, General Fund, to establish and administer an Office of Suicide Prevention within CDPH as authorized by AB 2112 (Chapter 142, Statutes of 2020).

BCP Fiscal Detail Sheet

BCP Title: Establishing the Office of Suicide Prevention (AB 2112)

BR Name: 4265-226-BCP-2021-A1

Budget Request Summary

Personal Services

Personal Services	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
Positions - Permanent	0.0	5.0	5.0	5.0	5.0	5.0
Total Positions	0.0	5.0	5.0	5.0	5.0	5.0
Salaries and Wages Earnings - Permanent	0	401	401	401	401	401
Total Salaries and Wages	\$0	\$401	\$401	\$401	\$401	\$401
Total Staff Benefits	0	222	222	222	222	222
Total Personal Services	\$0	\$623	\$623	\$623	\$623	\$623

Operating Expenses and Equipment

Operating Expenses and Equipment	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
5301 - General Expense	0	40	40	40	40	40
5304 - Communications	0	10	10	10	10	10
5320 - Travel: In-State	0	40	40	40	40	40
5322 - Training	0	5	5	5	5	5
5324 - Facilities Operation	0	55	55	55	55	55
5344 - Consolidated Data Centers	0	5	5	5	5	5
5346 - Information Technology	0	2	2	2	2	2
Total Operating Expenses and Equipment	\$0	\$157	\$157	\$157	\$157	\$157

Total Budget Request

Total Budget Request	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
Total Budget Request	\$0	\$780	\$780	\$780	\$780	\$780

Fund Summary

Fund Source

Fund Source	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
State Operations - 0001 - General Fund	0	780	780	780	780	780
Total State Operations Expenditures	\$0	\$780	\$780	\$780	\$780	\$780
Total All Funds	\$0	\$780	\$780	\$780	\$780	\$780

Program Summary

Program Funding

Program Funding	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
4045010 - Healthy Communities	0	780	780	780	780	780
Total All Programs	\$0	\$780	\$780	\$780	\$780	\$780

Personal Services Details

Positions

Positions	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
5157 - Staff Svcs Analyst (Gen)	0.0	1.0	1.0	1.0	1.0	1.0
5605 - Research Scientist III	0.0	1.0	1.0	1.0	1.0	1.0
8313 - Hlth Educ Consultant III (Spec)	0.0	1.0	1.0	1.0	1.0	1.0
8338 - Hlth Program Spec I	0.0	1.0	1.0	1.0	1.0	1.0
8428 - Hlth Program Mgr II	0.0	1.0	1.0	1.0	1.0	1.0
Total Positions	0.0	5.0	5.0	5.0	5.0	5.0

Salaries and Wages

Salaries and Wages	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
5157 - Staff Svcs Analyst (Gen)	0	53	53	53	53	53
5605 - Research Scientist III	0	98	98	98	98	98
8313 - Hlth Educ Consultant III (Spec)	0	83	83	83	83	83
8338 - Hlth Program Spec I	0	77	77	77	77	77
8428 - Hlth Program Mgr II	0	90	90	90	90	90
Total Salaries and Wages	\$0	\$401	\$401	\$401	\$401	\$401

Staff Benefits

Staff Benefits	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
5150900 - Staff Benefits - Other	0	222	222	222	222	222
Total Staff Benefits	\$0	\$222	\$222	\$222	\$222	\$222

Total Personal Services

Total Personal Services	FY21 Current Year	FY21 Budget Year	FY21 BY+1	FY21 BY+2	FY21 BY+3	FY21 BY+4
Total Personal Services	\$0	\$623	\$623	\$623	\$623	\$623

Center for Healthy Communities
Injury and Violence Prevention Branch

Health Program Manager II
(1.0 Position)

Activity	Number of Items	Hours per Item	Total Annual Hours
Provide direction and support to staff in designing and implementing policies, projects, and standards for all elements of a comprehensive statewide Office of Suicide Prevention. This includes guidance to staff on strategic planning; conducting suicide prevention-specific projects with targeted strategies to reduce suicide deaths and attempts. The above activities will include continuous consulting with the Mental Health Services Oversight and Accountability Commission (MHSOAC) to implement suicide prevention efforts consistent with the Commission's Suicide Prevention Report "Striving for Zero."	6	70	420
Direct, oversee, and supervise Office of Suicide Prevention staff. Recruit, hire, assign work, set performance standards, establish training requirements, and conduct performance evaluations of program staff.	9	40	360
Formulate Office of Suicide Prevention policies and operational procedures; develop special projects and prepare grant proposals. Responsible for fiscal management of Office programs. Guide Office staff in the analysis of new and proposed legislation and regulations as they affect current, planned, or potential suicide-prevention programming. Advise on program and policy implications of such legislation and regulations, and provide technical assistance to legislators, the Legislative Analyst's Office, Department of Finance and other key offices and individuals; oversee the preparation of correspondence and reports as necessary.	8	45	360
Oversee the development of contracts and lead staff in procurement processes, proposal reviews, award and negotiation of contracts, contract and project monitoring for the Office.	6	60	360
Establish and maintain collaborative relationships with counterparts in federal, state, and local agencies, projects, universities, professional societies, and the diverse disciplines of both private and public agencies, serve as liaison to other state agencies involved in suicide prevention such as the Departments of Health Care Services, Aging, Education; the Emergency Medical Services Authority. Negotiate sensitive and complex issues with public and governmental constituencies.	9	20	180
Direct staff in the development and professional education and training for public health professionals, hospital personal, suicide prevention advocates and others. Oversee staff as they coordinate suicide prevention training activities through statewide and local professional and advocacy organizations.	6	20	120
Total hours for workload projected for this classification			1,800
1,800 hours = 1 Position			
Actual number of Positions requested			1.0

**Center for Healthy Communities
Injury and Violence Prevention Branch**

**Health Education Consultant III, Specialist
(1.0 Position)**

Activity	Number of Items	Hours per Item	Total Annual Hours
Assess statewide needs as well as current policies and practices on suicide prevention. Develop performance expectations, assist with development, coordination and dissemination of best practices, educational materials, and evaluation efforts related to suicide prevention practices and policies.	6	60	360
Under direction of the HPM II, develop and monitor contracts and activities associated with the Office of Suicide Prevention.	2	180	360
Provides highly specialized technical assistance, regarding best practices on suicide prevention policies and programs, to federal and state governmental agencies and interested others in both the public and private sectors. Ensures this same high level of technical assistance and consultation to selected regional and local agencies and local suicide prevention coalitions by providing health education and training on related issues; by assisting in identifying local resources and collaborators; and guiding these entities in the development of appropriate strategies to prevent suicide.	9	70	630
Maintains productive working relationships with other programs within the Department; fosters collaboration among state agencies and among local constituencies that address suicide prevention; leads or facilitates workgroups; presents papers at relevant conferences, workshops and other forums for discussion. Represents the Department and the Director on issues related to suicide prevention, serving on advisory groups and task forces, interfaces with any relevant external organizations such as Mental Health Services Oversight and Accountability Commission and the California Conference of Local Directors of Health Education.	6	45	270
Prepares programmatic reports for internal and external use; prepares or participates in the preparation of scientific papers issuing from the Injury and Violence Prevention Branch; performs technical writing that supports the program, including legislative bill analyses, budget change proposals, internal policies and procedures, controlled correspondence, and other writing, as assigned.	6	30	180
Total hours for workload projected for this classification			1,800
1,800 hours = 1 Position			
Actual number of Positions requested			1.0

**Center for Healthy Communities
Injury and Violence Prevention Branch**

**Research Scientist III
(1.0 Position)**

Activity	Number of Items	Hours per Item	Total Annual Hours
Serve as the lead Research Scientist for the Office of Suicide Prevention and inform the department and stakeholders statewide on the Office's suicide prevention efforts. Includes sharing and receiving data from other state entities relevant to the responsibilities and objectives of the Office.	3	100	300
Build and sustain statistically valid data systems for analyses, linkage, and tracking of suicide-related injuries and fatalities and risk factors, including reducing lethal mechanisms and also community, workplace or school climate. Develop data from sources such as: vital statistics mortality files, state level fatal information captured in the CALVDRS data, and police reports. This will require maintaining communication and coordinating with CDPH's Center for Health Statistics and Informatics (CHSI) to obtain data and integrate the information into any violence-related database. Utilizes software (e.g., Statistical Analysis Software – SAS), programming language, (e.g., Structured Query Language - SQL), geographic information systems, and data linkage software for data management, to conduct data manipulation and statistical analyses. Identify existing suicide prevention-related data sources for state, local and program specific uses, especially for high risk populations. Identify and expand use of suicide prevention-related data indicators for monitoring and evaluating data-informed prevention strategies.	8	100	800
Provide scientific leadership and technical consultation to epidemiologists and other researchers, physicians, health educators, and others on the access, use, and analysis of suicide prevention data sources and other data from evaluation studies and surveillance. Take an active role in advisory groups to enhance the availability, dissemination, and scientific interpretation of suicide prevention data. Ensure the scientific validity of data findings. Disseminate scientific study findings by preparing scientific reports, publications, and presentations of scientific findings on suicide prevention. Make scientific decisions based on evaluation and surveillance data to inform programs and policies.	5	100	500
Provide technical assistance and scientific support, such as writing grant applications/proposals, reviewing applications and proposals, and data analysis and interpretation to satisfy local, state, and federal reporting requirements and requests.	4	50	200
Total hours for workload projected for this classification		1800	1,800

1,800 hours = 1 Position			
Actual number of Positions requested			1.0

**Center for Healthy Communities
Injury and Violence Prevention Branch**

**Health Program Specialist I
(1.0 Positions)**

Activity	Number of Items	Hours per Item	Total Annual Hours
Provides leadership, vision, and highly skilled, specialized, and complex technical assistance and consultation to the department and statewide and regional stakeholders to apply public health principles and approaches to suicide prevention. Assists with planning, implementation, and evaluation of statewide outreach, education, training and technical assistance activities. Analyzes current research and evaluation data; assists with conducting needs assessments and identifying resources; develops educational materials; and conducts teleconferences and webinars.	9	70	630
Develops and evaluates health program standards, guidelines, policies and procedures. Lends public health expertise and facilitation skills to cross-sectional work groups for development, testing, and evaluation of Office materials, trainings, interventions, and policies. Maintains productive working relationships with other programs within the Department; collaborates with other state agencies and among local constituencies that promote suicide prevention. Provides web content and updates to ensure accurate communication of Office goals and activities, resources, and materials.	7	90	630
Maintains successful relationships with key stakeholders and stakeholder groups in state and nationally. Represents CDPH on advisory groups and committees, conferences and professional meetings; facilitates workgroups; presents at relevant conferences, workshops and other forums for discussion.	6	60	360
Assists with the completion of administratively required documentation and reporting. Monitors budgets and performance of subcontractors. Performs technical writing that supports the Office, including legislative bill analyses, budget change proposals, controlled correspondence and other writing, as assigned.	4	45	180
Total hours for workload projected for this classification			1,800
1,800 hours = 1 Position			
Actual number of Positions requested			1.0

**Center for Healthy Communities
Injury and Violence Prevention Branch**

**Staff Services Analyst
(1.0 Position)**

Activity	Number of Items	Hours per Item	Total Annual Hours
Prepares reports and program summaries. Gathers information, analyzes information and provides recommendations to optimize and organize workload, utilizes various charts as needed. Performs technical writing that supports the Office of Suicide Prevention, including controlled correspondence, and responding to internal and external inquiries. Originates correspondence as necessary. Prepares various documents for publication using the appropriate templates in Microsoft Office. Ensures proper packaging and routing for document approval process and adheres to department and center communications policies. Oversees the coordination, logistics, and facilitation of internal and external meetings comprised of CDPH staff, researchers, stakeholders, state and local agencies, and community based-organizations to support suicide prevention. Provides assistance with scheduling, obtaining space, agenda development, meeting facilitation using tools like WebEx and teleconference, and preparation and dissemination of meeting materials.	17	50	850
Prepare and process contract components of Request for Applications, Request for Proposals, Interagency Agreements, Service Orders, and/or Invitations for Bid. Develops contract language, data sharing agreements, budgets, invoice forms, and instructions. Evaluates and negotiates contracts and oversees the preparation of all contract packages and amendments as necessary. Finalizes contract documents, uploading to the Contracts and Purchasing Systems (CAPS), coordinating with Contract Management Unit (CMU) analyst to ensure contracts follow established templates and meet all state contracting policies, and monitors the review and approval process through CMU to ensure timely processing. Monitors the contractors' work progress throughout the contract term, including the review of interim reports and preparation of Analysis Letters. Conducts analysis of contract deliverables to make recommendations for amendments or subsequent contracts.	10	50	500
Prepares Office of Suicide Prevention budget documents. Develops and maintains spreadsheets (e.g. Microsoft Excel) and reports that provide up-to-date totals for contract awards, actual expenditures and unliquidated encumbrances, analyzes information and makes recommendations regarding expenditure patterns and the need for budget adjustments or revisions. Assures that contractor invoices are submitted in a timely manner and in accordance with contract requirements. Processes invoices through Accounting and reconciles with CDPH FISCAL reports. Reviews and analyzes financial status reports and works with the CDPH Budget Section to assure budget expenditure authority.	8	30	240

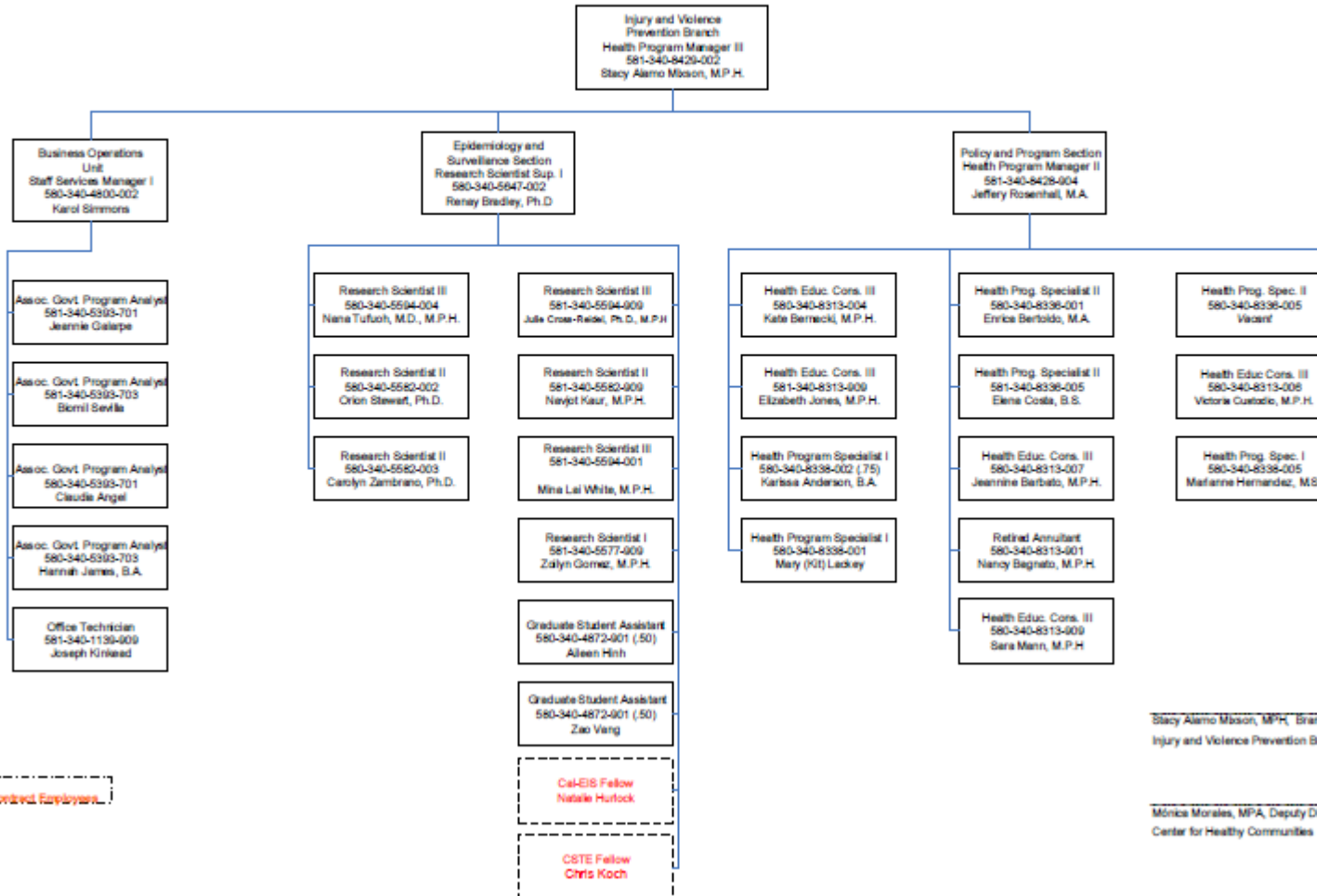
**Attachment A
Workload Analysis**

Provides administrative support to Office of Suicide Prevention staff and supervisor as needed and in other program areas such as accounting, invoicing, procurement, and travel issues. Serves as an information source on administrative policies and procedures to program staff. Gathers information in order to organize workload and develops various charts as needed.	7	30	210
Total hours for workload projected for this classification			1,800
1,800 hours = 1 Position			
Actual number of Positions requested			1.0



**California Department of Public Health
Center for Healthy Communities
Injury and Violence Prevention Branch**

Attachment B Current Org Chart



--- Covered Employees ---

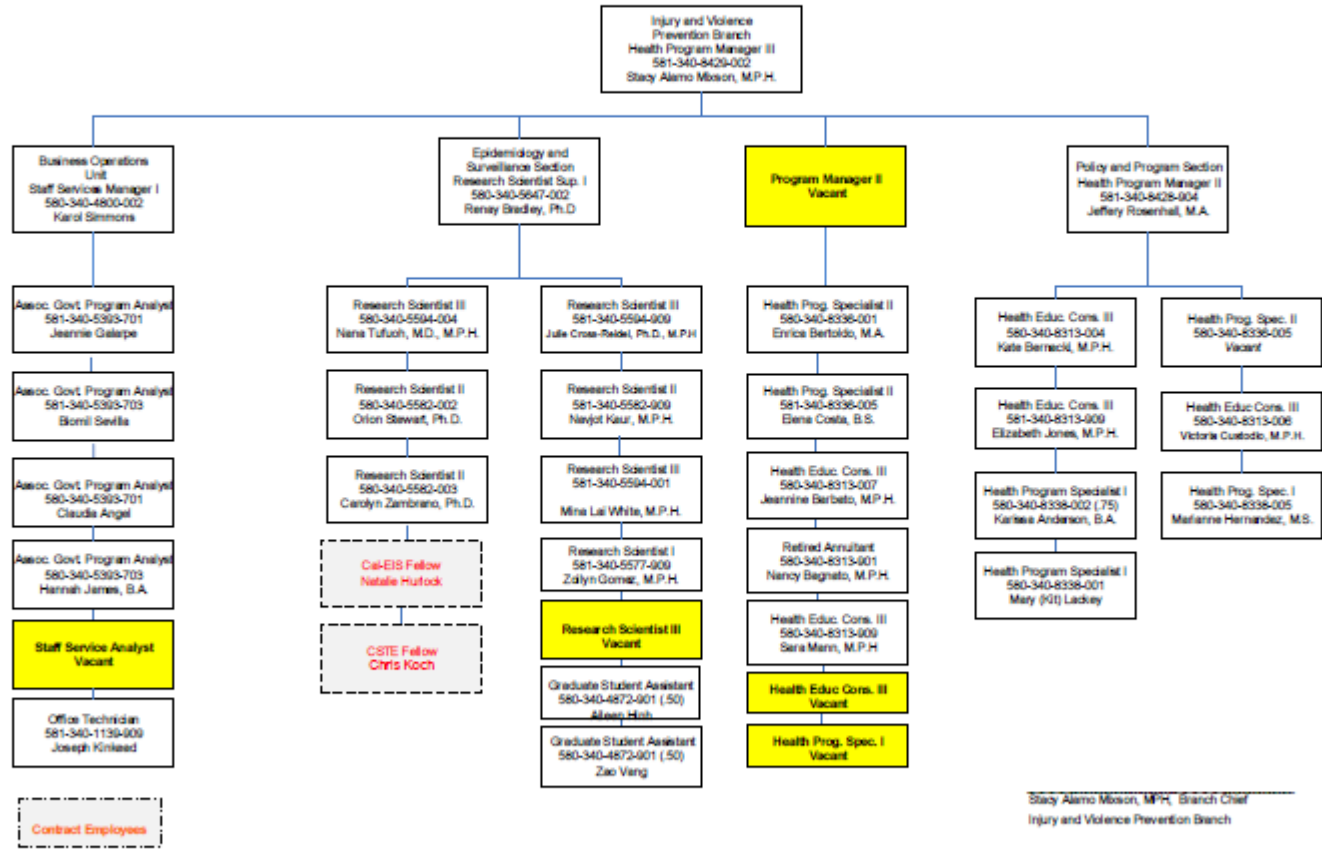
Stacy Alamo Mason, MPH, Branch Chief
Injury and Violence Prevention Branch _____ Date _____

Mónica Morales, MPA, Deputy Director
Center for Healthy Communities _____ Date _____



**California Department of Public Health
Center for Healthy Communities
Injury and Violence Prevention Branch**

Attachment C: Proposed Organizational Chart



Stacy Alamo Misson, M.P.H., Branch Chief _____ Date _____
Injury and Violence Prevention Branch

Mónica Morales, MPA, Deputy Director _____ Date _____
Center for Healthy Communities