

County: Ventura Date Submitted 2/26/2018

Project Name: Suicide Prevention Project –Bartenders as Gatekeepers

## I. Project Overview

### 1) PRIMARY PROBLEM

- *What primary problem or challenge are you trying to address? Please provide a brief narrative summary of the challenge or problem that you have identified and why it is important to solve for your community.*
- *Describe what led to the development of the idea for your INN project and the reasons that you have prioritized this project over alternative challenges identified in your county.*

High profile suicides such as Linkin Park’s Chester Bennington and Soundgarden’s Chris Cornell have highlighted the issue, as well as the rising rates, of suicide in middle age men. Men ages 45-64 experience the highest rates of suicide in America (HHS, 2016), with a 43 percent increase in suicide deaths from 1997 to 2014 (CDC, 2014). Causes have not been substantiated but include a range of topics from high rates of divorce, job loss during the Great Recession and self-harming coping mechanisms such as substance abuse and isolation. Substance misuse significantly increases the risk of suicide, with 22 percent of deaths by suicide in the United States involving alcohol intoxication (CDC, 2014). A diagnosis of alcohol misuse or dependence is associated with a suicide risk that is ten times greater than the suicide risk in the general population, and acute alcohol intoxication is present in approximately 30-40 percent of suicide attempts (Cherpitel, Borges, and Wilcox, 2004).

Local rates of suicide for middle-aged men have echoed national trends, which is why the County has expressed concern about suicide rates for many years. In fact, the Ventura County Suicide Prevention Council has led a variety of efforts to curb suicide completions locally. In the County, there are roughly 90 completed suicides per year, an average of 41 percent these in 2014-2017 were men ages 45-64. These men also compose some of the lowest rates of calls to the local crisis support line, making up only 21 percent of the annual calls. Middle age men are completing suicide at a disproportionate rate and utilizing services in place equally disproportionately in the County.

One of the challenges in preventing suicide in middle-aged men is reaching them through traditional methods like medical facilities or behavioral health clinics. Some counties have worked with their local chapters of the National Rifle Association to provide suicide prevention pamphlets at local gun shops and ranges. Ventura County plans to modify this approach by increasing community collaboration through targeted advertising in alcohol establishments and training alcohol servers to intervene with patrons who exhibit signs of being at risk for suicide.

## 2) WHAT HAS BEEN DONE ELSEWHERE TO ADDRESS YOUR PRIMARY PROBLEM?

A literature review was performed in the fall of 2017 that searched keywords and phrases that include: suicide prevention men, suicide prevention media campaigns, bartenders, bartenders as gatekeepers and bartenders training. A large body of research was found on suicide prevention campaigns and campaigns targeting men. Very little research was found on training bartenders as gatekeepers in crisis intervention or mental health.

Targeted outreach campaigns on suicide prevention have been well documented for a variety of populations from teens to middle-aged males. Specific focus on suicide rates of middle age men is causing concern even in the United Kingdom where similar rises are drawing attention. Much of the target campaigns for men focus on the increasing risk factors that come with age. These include intimate relationship issues (i.e., divorce or custody battles), job or income loss, masked signs of depression such as social isolation or physical problems, and access to firearms – an especially lethal means.

In California, the “Know the Signs” campaign hosted a webinar on middle-aged men that encouraged counties to focus on this group through campaigns, workplace supports and reaching out to gun shops and ranges to provide education strategies. San Diego County launched “It’s Up to Us Campaign” back in 2010 with one part of the broad campaign focused on men. Santa Clara County took this one step further by launching a study on how relevant suicide prevention campaign materials were in reaching men and reducing stigma. Much of the conclusion highlighted how difficult this population is to reach effectively. Ventura County will utilize the findings from these campaign efforts, and from local men with lived experience and their family members, to develop the proposed targeted outreach campaign. The proposed innovative component of training bartenders as mental health service gatekeepers was more difficult to research.

In the 1970s, there was an effort to expand mental health interventions to include occupations that interact with individuals who have an opportunity to facilitate initial opening up and exchange of sensitive personal information. Examples include training clergy, hairdressers, bartenders, and police. The training of both clergy and police has become a widely accepted and routine part of these occupational training programs. Much of the effort for training hairdressers and bartenders though widely spoken and written about during that timeframe was mostly speculation about the prospect rather than trials, training, and experimentations on effectiveness. One article listed a specific study that took place in 1974 in Maine, as well as two other articles that were said to have reviewed the practice, but found no results after several searches online and in peer-reviewed journal databases.

Follow up literature is largely absent of any evaluation or effects this effort had on the field outside of the two previously mentioned occupations where this type of training became a mainstay. What was available were three subsequent publications that all concluded training bartenders in mental health gatekeeper functions such as providing referrals and limited crisis intervention would be well suited (Bissonette 1977, Bernard, Roach, and Resnick 1981; Anderson, Maile, & Fisher 2010) and could have an effect on lowering suicide rates among middle-aged men. Bissonette finds “the bartender role offers more opportunities than drawbacks concerning use in a gatekeeper role” (99). Two

additional studies specifically proposed college campus bars and bars that serve veterans as places that should be tested (Bernard, Roach, and Resnick 1981; Anderson, Maile, & Fisher 2010). The consensus for training bartenders as gatekeepers and the lack of trial research both support the innovation proposal to train bartenders and alcohol servers in suicide prevention intervention.

### 3) THE PROPOSED PROJECT

*Include sufficient details so that a reader without prior knowledge of the model or approach you are proposing can understand the relationship between the primary problem you identified and the potential solution you seek to test. You may wish to identify how you plan to implement the project, the relevant participants/roles, what participants will typically experience, and any other key activities associated with development and implementation.*

- *Provide a brief narrative overview description of the proposed project.*
- *The project will make a change to an existing practice in the field of mental health.*
- *Briefly explain how you have determined that your selected approach is appropriate.*

The proposed project is a short-term selective prevention program that consists of targeted advertisements for men ages 45-64 and mental health gatekeeper training for bartenders and alcohol servers focused on the same population.

The media campaign will be a combination of print and visual media, including an interactive website, social media ads, coasters, pens and bathroom advertisements. A core group consisting of men with lived experience and bar owners in the targeted age group will work on the campaign design and message with the graphic design team. A local celebrity with lived experience has agreed to be the face of the campaign and share his story as part of the interactive website. The messaging will build on the literature that has already taken place reaching this demographic. Materials will promote messages of hope and help direct recipients to access local websites and helplines. The campaign materials will be distributed in liquor stores, bars, bartending schools and restaurants that serve alcohol in geographic areas with the highest rates of completed suicides. Recruitment for suicide prevention intervention training will take place in these same institutions and locations.

The outreach campaign will focus on local chambers of commerce, restaurant associations and responsible beverage sales and service training providers. The goal of this outreach is to advertise the initiative and send servers of alcohol for suicide prevention training. Media and law enforcement public information officers will be invited to participate in a training on reporting completed suicides and suicide statistics without inciting contagion.

The gatekeeper training Question, Persuade, and Refer (QPR), recommended by Cal MHSA's campaign "Know the Signs," will be offered to bars in the three target areas (Ventura, Simi Valley, and Conejo Valley) where suicide completions have been clustered at the highest rates. The evidence-based one-hour training will be provided during program years one and two of the of the innovation project timeline. QPR focuses on identifying risk factors, encouraging intervention and referring to services. Follow up evaluation will include surveys that take place six months post training to determine whether bartenders and servers are an appropriate target for intervening and preventing suicide in middle-aged men.

#### 4) INNOVATIVE COMPONENT

*Describe the key elements or approach(es) that will be new, changed, or adapted in your project (potentially including project development, implementation or evaluation). What are you doing that distinguishes your project from similar projects that other counties and/or providers have already tested or implemented?*

The project makes a change to an existing mental health model for training non-mental health occupations as mental health gatekeepers. The literature review and search of counties' MHSAs programs have been unable to find any published work in the past 40 years that train bartenders as mental health gatekeepers. A small body of research suggests that bartenders would be a suitable group to train in this role but this research has not been tested. Therefore this pilot is more suited for innovation funding than CSS or PEI dollars.

#### 5) LEARNING GOALS / PROJECT AIMS

*The broad objective of the Innovative Component of the MHSAs is to incentivize learning that contributes to the spread of effective practices in the mental health system. Describe your learning goals/specific aims and how you hope to contribute to the spread of effective practices.*

- *What is it that you want to learn or better understand over the course of the INN Project, and why have you prioritized these goals?*
- *How do your learning goals relate to the key elements/approaches that are new, changed or adapted in your project?*

##### Research Questions/Learning Goals:

- Will a targeted outreach campaign increase the traffic on the local suicide prevention site?
- Will a targeted outreach campaign increase the number calls to the local crisis line for men ages 45-64?
- Does a suicide prevention training increase the knowledge, skills and abilities of alcohol vendors to address a customer exhibiting risk signs of suicidality?
- Are alcohol servers an appropriate population to target in suicide prevention training?
- Long-term learning goal: Will the combined effect of a sustained, targeted outreach campaign and mental health training for alcohol servers lower the rates of completed suicides for men ages 45-64 in the County?

Some learning goals are aimed at evaluating the outreach campaign, while others target testing the training of bartenders as mental health gatekeepers. This split allows the County to decipher which strategies to maintain after innovation funding concludes whether it's successful. The long-term learning goal will study the loose correlation between the innovative efforts to curb the rates of suicide among men ages 45-64 and will be compared to the previous five years.

#### 6) EVALUATION OR LEARNING PLAN

*For each of your learning goals or specific aims, describe the approach you will take to determine whether the goal or objective was met. What observable consequences do you expect to follow from your project's implementation? How do they relate to the project's objectives? What else could cause these observables to change, and how will you distinguish between the impact of your project and these potential alternative explanations?*

*The greater the number of specific learning goals you seek to assess, generally, the larger the number of measurements (e.g., your “sample size”) required to be able to distinguish between alternative explanations for the pattern of outcomes you obtain.*

*In formulating your data collection and analysis plan, we suggest that you consider the following categories, where applicable:*

- *Who are the target participants and/or data sources (e.g., who you plan to survey to or interview, from whom are you collecting data); How will they be recruited or acquired?*

#### Outreach Campaign

A core group of men with lived experience (defined as men in middle age who are survivors of attempts, experience with suicidality, or family members) will develop the campaign materials with our graphic design contractor. They will provide feedback on the proposed messaging, imagery and website development. Pilot testing and focus groups will be completed by the contractor, Idea Engineering.

#### QPR training

Bartenders will be recruited through several mechanisms: mandatory “Responsible Beverage Serving” training, chamber of commerce meetings and targeted establishments near areas with high rates of completion. After discussing the idea with local bar owners, the project will pay for two hours of staff time, where the owner will run through regular quarterly agenda items in the first hour and QPR training in the second hour. Surveys will be administered to all QPR participants, with follow-up surveys taking place six months post-training and incentivized with gift cards.

- *What is the data to be collected? Describe specific measures, performance indicators, or type of qualitative data. This can include information or measures related to project implementation, process, outcomes, broader impact, and effective dissemination. Please provide examples.*

A mixed method design will be used to evaluate learning goals. Focus groups will develop and test campaign materials. Data analytics will track County websites, suicide hotline use and Facebook traffic to indicate effects of targeted outreach. Pre- and post- evaluation surveys provided by the evidence-based QPR training will inform the effect of the training on participants’ knowledge, skills and abilities. An online survey will take place six months after QPR training to assess any behavioral changes as a result of the training.

- *What is the method for collecting data (e.g., interviews with clinicians, focus groups with family members, ethnographic observation by two evaluators, surveys completed by clients, analysis of encounter or assessment data)?*

#### Measures:

1. *Will a targeted outreach campaign increase the traffic on the local suicide prevention site?*
  - Monitor increased website traffic to the suicide prevention website maintained by the County.

- Track increased traffic after specific social media blasts or related events such as a celebrity completed suicide or other relevant happenings that cause a spike in website use through website analytics.
  - 2. *Will a targeted outreach campaign increase the number of calls from men ages 45-64 to the local crisis line?*
    - Monitor the percentage of calls by age to the local suicide prevention center hotline and compare pre and post-innovation project start.
    - Monitor the number of clients served by the local crisis team and compare ages of clients in years pre and post-innovation project start.
  - 3. *Does a suicide prevention training increase the knowledge, skills, and abilities of alcohol vendors to address a customer exhibiting risk signs of suicidality?*
    - Administer a pre- and post-training survey to bartender participants who complete the QPR training to assess change in knowledge and perceived self-efficacy regarding intervening with patrons who exhibit signs of being at risk for suicide.
  - 4. *Are alcohol servers an appropriate population to train in suicide prevention training??*
    - Administer a follow-up survey to be completed by phone, online or in person evaluating the frequency of intervention, the perception of relevance to their work and any subsequent changes in self-efficacy from post survey to the six-month post. Host focus groups that explore bartender's experiences in the program using more qualitative data methods.
  - 5. *Long-term learning goal: Will the combined effect of a sustained, targeted outreach campaign and mental health training for alcohol servers lower the rates of completed suicides for men ages 45-64 in the County?*
    - Monitor completed suicide rates from the Medical Examiner's Report for men ages 45-64 over the next three years and compare rates from the previous five years.
- *How is the method administered (e.g., during an encounter, for an intervention group and a comparison group for the same individuals pre-and post-intervention)?*

This study is a mixed methods research design that involves qualitative (focus groups), and quantitative (administered surveys) approaches conducted in two components. The first component will conduct 2 -5 focus groups on the outreach campaign message and images. The second component will evaluate the effectiveness and usefulness of the QPR training for bartenders and servers through pre and post-tests, as well as a six-month follow-up survey. The second component will also monitor campaign effects through data analytics, social media, and any increased uses of local crisis services.

#### Participation and Recruitment

To be eligible for the Focus Group Participation, the participants will:

- Identify as a man
- Have lived experience with suicide
- Be ages 45-64

To be eligible for the QPR training pre-post and the follow-up survey, participants must:

- Be employed at an establishment that serves alcohol



- Be employed in a position that has ongoing interaction with clients consuming alcohol, such as a bartender or server

Data Collection Procedures

**Focus groups with community stakeholders (N = 15)**

A community-based research method approach will be followed to engage community stakeholders in obtaining feedback about the messaging and imagery for suicide prevention media campaign for men ages 45-64. Focus groups will follow methodology recommended by Kreuger (2008), including the use of focus group facilitators of the same racial/ethnic background as group members, holding the session in an environment that promotes discussion, providing refreshments, audio-taping the session and following a prescribed set of questions. Focus groups will include 7-10 participants each and will last approximately 90 minutes.

**Survey participation with Bartenders and Servers (N = 150)**

A brief survey consisting of existing measures informed by the QPR literature will gather background information (demographic factors) and knowledge outcomes (e.g., perceived knowledge, self-efficacy and perceived relevance to work).

**Focus Groups with Bartenders and Servers (N = 15)**

A focus group conducted in year three will gather qualitative data on the experiences of the bartenders and servers trained in QPR who utilized their training as reported in the follow-up survey. Topics will cover relevance of the training, needs or gaps in the training, feedback on the outreach materials, and recommendations about the program’s possible future expansion.

**Measures**

Question	Indicator	Measure/Sources Being Considered
1.	Increased website traffic-suicide prevention	Website analytics
2.	Increase in use of crisis hotline	Local Suicide Prevention Hotline total calls by age group
3.	Improved assessment scores on pre vs. post-test on perceived knowledge and self-efficacy	Question Persuade Refer pre and post curriculum survey
4.	Number of times participants identified and intervened with patrons six months post training. Of those how many were middle age men.	Survey to be developed by Evalcorp to evaluate the change in behavior post training modeled off previous findings of QPR research

5.	Measure of relevance to work	Survey to be developed by Evalcorp modeled on previous findings of QPR research. Focus groups in year three.
6.	Lower rates of completed suicides among men ages 45-60	Annual Medical Examiners Statistics

- *What is the preliminary plan for how the data will be entered and analyzed?*

### Data Analyses

**Quality control procedures and data inspection.** To ensure data quality, the team will take active steps to ensure data completeness and frequent review of all data forms. Measures taken to maximize participant retention will also contribute to data completeness. Data will be inspected and subjected to quality control procedures. All data collection and quality control procedures will be included in project report for dissemination.

**Qualitative data analysis.** Data from the focus group will be qualitatively analyzed. Organization and analysis of audio-recorded focus groups will be conducted using Microsoft Word. Audio-recordings will be transcribed verbatim. Relevant themes will be reported in study reports as important considerations in the development of the media outreach campaign.

**Quantitative data analysis.** Quantitative data will be aggregated, analyzed, and synthesized according to the methods outlines for each measurement tool. Analyses will include descriptive statistics and integration of findings from the pre, post and follow up surveys. Descriptive analyses will be conducted to describe participants' background characteristics, including means and proportions and measures of variability. Analyses will be examined overall by gender, age and occupation data. Statistics will be calculated for each time of assessment.

## 7) CONTRACTING

Idea Engineering is an existing County contractor with various departments and has experience creating public service announcements, prevention and awareness campaign materials. They also created the County MHSA website. The County will provide project management, data analysis, technical support, regulation compliance and evaluation throughout the project.

## II. Additional Information for Regulatory Requirements

### 1) Community Program Planning



*Please describe the County's Community Program Planning process for the Innovative Project, encompassing inclusion of stakeholders, representatives of unserved or under-served populations, and individuals who reflect the cultural, ethnic and racial diversity of the County's community. Include a brief description of the training the county provided to community planning participants regarding the specific purposes and MHSa requirements for INN Projects.*

### **The Community Program Planning Process**

The County modified its approach to the Community Planning Process this past year. Community Forums were held in three different geographic regions of the County, all with translation services available. Community members were trained on MHSa rules and regulations, Guiding Principles, and Innovation criteria. Community members were then asked to submit ideas for needed program and any innovative concepts. Needs and concepts could be contributed to the meeting by writing on the provided posters on the wall, picking up a submission form or going online. In addition to community forums, this training was provided for several groups and committees to invite their participation. A full list of community needs, as well as 52 innovative concepts, were compiled.

### **The MHSa Planning Committee**

The MHSa Planning Committee reviewed all 52 innovation concepts, along with a small accompanying literature review that highlighted which programs after a preliminary search seemed to be new concepts. The Planning Committee was comprised of Behavioral Health Advisory Members (BHAB) who were members of or represented the following populations: Consumers, Youth, Transitional Age Youth, Law Enforcement, Older Adults, and Adults. The group each picked five innovative project ideas to pursue. The final list with the highest number of votes was compiled and presented to the full Behavioral Health Advisory Board for approval.

### **Suicide Prevention Council**

The Ventura County Suicide Prevention Council has met monthly for past three years. This group has provided a variety of new services, advocated for prevention strategies and hosted an annual conference. Members include a partnership with the Ventura County Office of Education (VCOE), law enforcement, higher education, hospitals, community-based organizations, the LGBTQ+ community, private therapists, Didi Hirsch, Peers, American Foundation for Suicide Prevention and many other parties. The Council has worked on and supported this innovative project to reach middle-aged men at risk for the past year throughout the community planning process. This group reviewed and contributed to this suicide prevention project development at the March 3<sup>rd</sup>, 2017 and the January 5<sup>th</sup>, 2018 meetings. The Council includes participants across the county who are survivors, family members, local business owners, crisis line services workers, school district employees, law enforcement, BHAB members and mental health providers.

**2) Primary Purpose**

Select **one** of the following as the primary purpose of your project. (I.e., the overarching purpose that most closely aligns with the need or challenge described in Item 1 (The Service Need).

- Increase access to mental health services to underserved groups
- Increase the quality of mental health services, including measurable outcomes
- Promote interagency collaboration related to mental health services, supports or outcomes
- ✓ Increase access to mental health services

**3) MHSa Innovative Project Category**

- Which MHSa Innovation definition best applies to your new INN Project (select one)?
  - Introduces a new mental health practice or approach.
- ✓ Makes a change to an existing mental health practice that has not yet been demonstrated to be effective, including, but not limited to, adaptation for a new setting, population or community.
  - Introduces a new application to the mental health system of a promising community-driven practice or an approach that has been successful in a non-mental health context or setting.

**4) Population (if applicable)**

- *If your project includes direct services to mental health consumers, family members or individuals at risk of serious mental illness/serious emotional disturbance, please estimate number of individuals expected to be served annually. How are you estimating this number?*

The project is designed to prevent individuals at risk of serious mental illness who are male and aged 45-64 from hurting themselves, but the only immediate services are to the trainees of QPR and are not direct services consumers or family members. The project has a target to train 12 bars or 50 bartenders and servers in Ventura County.

**5) MHSa General Standards**

- *Using specific examples, briefly describe how your INN Project reflects and is consistent with all potentially applicable MHSa General Standards set forth in Title 9 California Code of Regulations, Section 3320. (Please refer to the MHSOAC Innovation Review Tool for definitions of and references for each of the General Standards.) If one or more general standard could not apply to your INN Project, please explain why.*

Community Collaboration: The project has partnered with the Department of Alcohol and Drug Prevention, Law Enforcement, the community, and local businesses to create this project. It's designed to educate community members who are not a part of the mental health services field.

Cultural Competency: The target group is notoriously difficult to involve. Numerous focus groups and literature reviews have been completed on how best to engage middle age men. In an attempt to be culturally competent to this group, the focus groups will build on existing literature and be piloted. The primary focus of engaging bartenders at local restaurants, breweries, and bars is to utilize individuals who already have an established relationship with their patrons in this age group.

Client-Driven & Family-Driven: Finding men in this age group who have lived experience and are willing to speak up is difficult. In the planning process for this project, the County has identified some of these clients and family members who have contributed to the project design and will continue to provide insights on the outreach campaign as it is designed and tested. Men who are referred will decide whether or not to participate in services.

Wellness, Recovery, and Resilience-Focused: The campaign and the approach in the QPR training are designed to protect the recipient from any shame or indignation. The interactions and the messaging should be one that promotes wellness and avoids any loss of dignity for the recipient.

Integrated Service Experience for Clients and Families: Partnerships have been established, and information has been shared with the Medical Examiner's office, the local crisis hotline, crisis services, law enforcement and alcohol and drug prevention services.

#### 6) Continuity of Care for Individuals with Serious Mental Illness

- *Will individuals with serious mental illness receive services from the proposed project? Potentially, the project assumes that bartenders may have interaction with men at risk of serious mental illness and be referred to services. If yes, describe how you plan to protect and provide continuity of care for these individuals when the project ends.*

Existing crisis services will continue, as they are not subject to any additional funding through this proposal. QPR training will be added to the prevention and early intervention training contract if the program proves to be a success. The advertisement will also continue through an ongoing element of the responsible beverage service training that will be mandated for all servers beginning in 2019.

#### 7) INN Project Evaluation Cultural Competence and Meaningful Stakeholder Involvement.

- *Explain how you plan to ensure that the Project evaluation is **culturally competent**.*  
*Note: This is not a required element of the initial INN Project Plan description but is a mandatory component of the INN Final Report. We, therefore, advise considering a strategy for cultural competence early in the planning process. An example of cultural competence in an evaluation framework would be vetting evaluation methods and/or outcomes with any targeted ethnic/racial/linguistic minority groups.*

Individuals with lived experience from the target age group will be an ongoing part of the project and evaluation process as mentioned in the Evaluation Plan.

#### 8) Deciding Whether and How to Continue the Project Without INN Funds

- *Briefly describe how the County will decide whether and how to continue the INN Project, or elements of the Project, without INN Funds following project completion. For example, if the evaluation does (or does not) indicate that the service or approach is effective, what are the next steps?*

If the evaluation demonstrates success through an increased use of crisis services through the QPR training, the County is prepared to offer the training on a permanent basis utilizing PEI funds

and continue to advertise its availability through the mandatory Responsible Beverage Service training and on the County website.

**9) Communication and Dissemination Plan**

- Describe how you plan to communicate results, newly demonstrated successful practices and lessons learned from your INN Project. How do you plan to disseminate information to stakeholders within your county and (if applicable) to other counties? How will program participants or other stakeholders be involved in communication efforts?

Annual updates will report on the project’s learning goals, and a final report will be submitted to the State at the close of the project. Part of the contractor’s responsibility is to create a presentation that includes video footage of the project’s process and results at the end of the three years.

- **KEYWORDS for search:** Please list up to 5 keywords or phrases for this project that someone interested in your project might use to find it in a search.

Suicide prevention, bartenders as gatekeepers, middle-aged men, prevention.

**10) Timeline**

- Specify the total timeframe (duration) of the INN Project: 3 Years 0 Months
- Specify the expected start date and end date of your INN Project:  
7/1/18 Start Date 6/30/21 End Date

*Note: Please allow processing time for approval following official submission of the INN Project Description.*

- Include a timeline that specifies key activities and milestones and a brief explanation of how the project’s timeframe will allow sufficient time for evaluation, stakeholder involvement, and lessons learned.

Time	
Year 1, Month 1-6	Contractor develops ideas for the outreach campaign. Hold focus groups to message and test ideas. Pilot materials in the community. Have County staff go through “Train the Trainer” for the Question Persuade Refer curriculum.
Year 1, Months 7-12	Attend chamber of commerce meetings in target geographic regions. Set up training with local bar/restaurant owners. Begin trainings for bartenders and servers at establishments in target areas. Begin outreach campaign with print, visual and promotion ads/items.
Year 2	Gather and analyze year 1 data. Continue to train bartenders and servers as needed until target number is reached. Begin follow-up surveys. Initiate spot trainings for bars with turnover.
Year 3 Months 1-5	Gather and analyze year 2 data. Continue to train bartenders and servers as needed until target number is reached.

	Conclude training. Host focus groups with bartenders who utilized their QPR training.
Year 3 Months 6-12	Conclude follow-up surveys. Analyze all data from the five evaluation questions in the final report.

**11) INN Project Budget and Source of Expenditures**

**The next three sections identify how the MHSa funds are being utilized:**

- BUDGET NARRATIVE (Specifics about how money is being spent for the development of this project)
- BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY (Identification of expenses of the project by funding category and fiscal year)
- BUDGET CONTEXT (If MHSa funds are being leveraged with other funding sources)

**EXPENDITURES**

**OPERATING COSTS**

**Direct Costs**

Services and Supplies: Trainings, spot training for turnover, training materials, training for the trainers, and incentives.

Total Direct Costs = \$20,240

**Indirect Costs**

VCBH Administrative Allocation: (15%) – County standard administration cost allocation includes personnel, equipment, office space, taxes, etc.

Total Indirect Costs = \$31,484

**CONSULTING COSTS /CONTRACTS**

**Information Technology and Design:** (IDEA Engineering) – Targeted campaign design, piloting, focus groups; website design, maintenance, and tracking; video production and direction; campaign supplies coasters, pens, posters; social media outreach purchase for 3 year duration.

Total Information Technology= \$151,043

**Evaluation:** (Evalcorp) –Analytics of website traffic and social media campaign, tracking and analytics of QPR pre-post and follow up surveys.

Total Evaluation= \$25,000

**Talent**-Talent fee for unlimited use of celebrity level spokesperson in images and video in Ventura County.



Total Talent = \$10,000

**Individual Trainers:** Trainers to be trained and certified in QPR; provide 72 hours of QPR training to bartenders and servers. \$50 x hr 72 hours

Total Trainers = \$3,600

**Total CONSULTING COSTS/CONTRACTS = \$189,643**

**GRAND TOTAL - \$241,367**

[FY2009-10 – AB114 Funds of \\$680.300 to be utilized for estimated expenditures of \\$241,367 for INN project Suicide Prevention.](#)

New Innovative Project Budget By FISCAL YEAR (FY)*					
EXPENDITURES					
PERSONNEL COSTs (salaries, wages, benefits)		FY 2019	FY 2020	FY 2021	Total
1.	Salaries				
2.	Direct Costs				
3.	Indirect Costs				
4.	Total Personnel Costs				
OPERATING COSTs		FY 2019	FY 2020	FY 2021	Total
5.	Direct Costs	13,714	3,263	3,263	20,240
6.	Indirect Costs	17,634	6,925	6,925	31,484
7.	Total Operating Costs	31,348	10,188	10,188	51,724

NON-RECURRING COSTS (equipment, technology)		FY 2019	FY 2020	FY 2021	Total
8.					
9.					
10.	Total Non-recurring costs				



		FY 2019	FY 2020	FY 2021	Total
<b>CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)</b>					
11.	Direct Costs	<b>103,843</b>	<b>42,900</b>	<b>42,900</b>	<b>189,643</b>
12.	Indirect Costs				
13.	Total Consultant Costs	<b>103,843</b>	<b>42,900</b>	<b>42,900</b>	<b>189,643</b>

	FY 2019	FY 2020	FY 2021	Total
<b>OTHER EXPENDITURES (please explain in budget narrative)</b>				
14.				
15.				
16. Total Other expenditures				

<b>BUDGET TOTALS</b>				
Personnel (line 1)				
Direct Costs (add lines 2, 5 and 11 from above)	<b>117,557</b>	<b>46,163</b>	<b>46,163</b>	<b>209,883</b>
Indirect Costs (add lines 3, 6 and 12 from above)	<b>17,634</b>	<b>6,925</b>	<b>6,925</b>	<b>31,484</b>
Non-recurring costs (line 10)				
Other Expenditures (line 16)				
<b>TOTAL INNOVATION BUDGET</b>	<b>135,191</b>	<b>53,088</b>	<b>53,088</b>	<b>241,367</b>

- For a complete definition of direct and indirect costs, please use DHCS Information Notice 14-033. This notice aligns with the federal definition for direct/indirect costs.

<b>I. Expenditures By Funding Source and FISCAL YEAR (FY)</b>					
<b>Administration:</b>					
<b>A.</b>	<b>Estimated total mental health expenditures for ADMINISTRATION</b>	FY 2019	FY 2020	FY 2021	Total

	<b>for the entire duration of this INN Project by FY &amp; the following funding sources:</b>				
1.	Innovative MHSAs Funds	<b>17,634</b>	<b>6,925</b>	<b>6,925</b>	<b>31,484</b>
2.	Federal Financial Participation				
3.	1991 Realignment				
4.	Behavioral Health Sub-Account				
5.	Other funding*				
<b>6.</b>	<b>Total Proposed Administration</b>	<b>17,634</b>	<b>6,925</b>	<b>6,925</b>	<b>31,484</b>
<b>Evaluation:</b>					
<b>B.</b>	<b>Estimated total mental health expenditures for EVALUATION for the entire duration of this INN Project by FY &amp; the following funding sources:</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>Total</b>
1.	Innovative MHSAs Funds (contracted)	<b>5,000</b>	<b>10,000</b>	<b>10,000</b>	<b>25,000</b>
2.	Federal Financial Participation				
3.	1991 Realignment				
4.	Behavioral Health Subaccount				
5.	Other funding*				
<b>6.</b>	<b>Total Proposed Evaluation</b>	<b>5,000</b>	<b>10,000</b>	<b>10,000</b>	<b>25,000</b>
<b>TOTAL:</b>					
<b>C.</b>	<b>Estimated TOTAL mental health expenditures (this sum to total funding requested) for the entire duration of this INN Project by FY &amp; the following funding sources:</b>	<b>FY 2019</b>	<b>FY 2020</b>	<b>FY 2021</b>	<b>Total</b>
1.	Innovative MHSAs Funds	<b>135,191</b>	<b>53,088</b>	<b>53,088</b>	<b>241,367</b>
2.	Federal Financial Participation				
3.	1991 Realignment				
4.	Behavioral Health Subaccount				

5.	Other funding*				
6.	<b>Total Proposed Expenditures</b>	<b>135,191</b>	<b>53,088</b>	<b>53,088</b>	<b>241,367</b>
*If "Other funding" is included, please explain.					

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