



**Humboldt County
Department of Health and Human Services
Mental Health Branch**

**Mental Health Services Act
Fiscal Year 2011/2012 Annual Update**

April 2011

COUNTY CERTIFICATION

County: Humboldt

Components Included:

- | | |
|---|---|
| <input checked="" type="checkbox"/> CSS | <input checked="" type="checkbox"/> WET |
| <input type="checkbox"/> CF | <input type="checkbox"/> TN |
| <input checked="" type="checkbox"/> PEI | <input checked="" type="checkbox"/> INN |

County Mental Health Director	Project Lead
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I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations, laws and statutes for this annual update/update, including all requirements for the Workforce Education and Training component. Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

This annual update has been developed with the participation of stakeholders, in accordance with sections 3300, 3310, subdivision (d), and 3315, subdivision (a). The draft FY 2011/12 annual update was circulated for 30 days to stakeholders for review and comment and a public hearing¹ was held by the local mental health board of commission. All input has been considered with adjustments made, as appropriate.

The County agrees to participate in a local outcome evaluation for the PEI program(s) identified in the PEI component.²

The County Mental Health Director approves all Capital Facilities and Technological Needs (CFTN) projects.

The County has complied with all requirements for the Workforce Education and Training component and the Capital Facilities segment of the CFTN component.

The costs of any Capital Facilities renovation projects in this annual update are reasonable and consistent with what a prudent buyer would incur.

The information provided for each work plan is true and correct.

All documents in the attached FY 2011/12 annual update/update are true and correct.

Karolyn Rim Stein
Mental Health Director/Designee (PRINT)

Karolyn Rim Stein 4/13/11
Signature Date

¹ Public Hearing only required for annual updates.

² Counties with fewer than 100,000 residents, per Department of Finance demographic data, are exempt from this requirement.

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

County: Humboldt **30-day Public Comment period dates:** March 12th through April 10th, 2011

Date: April 13, 2011 **Date of Public Hearing (Annual update only):** April 11th, 2011

Instructions: Utilizing the following format please provide a brief description of the Community Program Planning and Local Review Processes that were conducted as part of this annual update/update per Title 9 of the California Code of Regulations, sections 3300 and 3315.

Counties may elect to attach the Mental Health Board meeting minutes in which the annual update was discussed if it provides additional information that augments the responses to these questions.

Community Program Planning
<p>1. Briefly describe the Community Program Planning (CPP) Process for development of all components included in the FY 2011/12 annual update/update. Include the methods used to obtain stakeholder input.</p>
<p>Methods for obtaining stakeholder input occur in a diversity of ways that include but are not limited to:</p> <ul style="list-style-type: none"> • Humboldt County Department of Health & Human Services sponsored MHSA education and planning meetings. These are widely advertised meetings inviting people to gather to discuss Mental Health Services Act. • Humboldt County Department of Health & Human Services participation in community meetings where Mental Health Services Act education and planning are discussed. These are meetings already occurring in the community where a county staff person attends and requests that Mental Health Services Act planning be on the agenda for a specific meeting to focus on MHSA education and input. These are often meetings sponsored by local community-based organizations and associations that represent and/or serve diverse stakeholders. This dramatically increases the number and diversity of individuals providing input. • To conduct planning where communities are already gathered is an important method of obtaining stakeholder input. It ensures the inclusion of the diversity of stakeholders that represent the demographics of the Humboldt County population. • Input sent to the Mental Health Services Act email address, left on the Mental Health Services Act voice mail, left in a Mental Health Services Act comment box, written on comment forms at stakeholder meetings. This ensures stakeholder's anonymity and input methods that stakeholders are most comfortable with at a time that is most convenient. • The Fiscal Year 2011/2012 Annual Update planning process was built upon knowledge gained from ongoing input activities and Local Review processes including but not limited to: <ul style="list-style-type: none"> • MHSA Innovation Plan • Humboldt County Transition Age Youth Collaboration Recommendations • MHSA Capital Facilities and Information Technology Needs Planning Process • Superior Region WET Partnership • MHSA Workforce Education and Training Planning Process • MHSA Fiscal Year 2010/2011 Update • MHSA Fiscal Year 2009/2010 Update • Prevention and Early Intervention Planning Process • Community Services and Supports Fiscal Year 2008/2009 Update • Community Services and Supports Expansion Plan

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

- Community Services and Supports One-Time Augmentation Plan
- Community Services and Supports FY05/06 Remaining Funds Plan
- 2007 Community Services and Supports Progress Report
- 2006 Community Services and Supports Progress Report
- Community Services and Supports implementation activities
- The initial Community Services and Supports planning process

2. Identify the stakeholder entities involved in the Community Program Planning (CPP) Process. (i.e., name, agency affiliation, population represented, age, race/ethnicity, client/family member affiliation, primary language spoken, etc.)

Stakeholder entities involved in the Community Planning Process included, but were not limited to:

- Humboldt County Transition Age Youth Collaboration
- Humboldt County Department of Health and Human Services - Family/ Community Resource Center
- Transition Age Youth, first onset of mental illness
- Juvenile Justice Commission
- Humboldt County Department of Health and Human Services - Human Services Cabinet
- Domestic Violence Coordinating Council, Eureka
- Domestic Violence Coordinating Council, Redway
- The NET (Community Network)
- NAMI (National Alliance on Mental Illness)
- Fetal Infant Mortality Review/Child Death Review Team
- CAST (Child Abuse Services Team)
- Hope Center community committee
- Hope Center MHSA input committee
- Paso a Paso
- AIDS Task Force
- In-Home Support Services Public Authority Advisory Board
- DHHS organizational providers
- Positive Indian Families Network
- Willow Creek regional MHSA
- Redway regional MHSA
- McKinleyville regional MHSA
- Alcohol Tobacco and Other Drug Prevention Committee
- Mental Health Board
- Mental Health Branch all-staff
- Mental Health Branch Director's Brown Bag lunches
- Prevention and Early Intervention Stigma and Discrimination Reduction implementation team
- Alcohol and Drug Advisory Board

Participants reflect the diversity of Humboldt County including individuals with client and family member experience, current and former foster youth, transition age youth, DHHS administration, providers with program and line staff experience, community-based and organizational providers of local public health, behavioral health, social services, vocational rehabilitation services, and agencies that serve and/or represent unserved, underserved, Native American, and rural communities.

**COMMUNITY PROGRAM PLANNING
AND LOCAL REVIEW PROCESS**

3. If consolidating programs or eliminating a program/project, please include how the stakeholders were involved and had the opportunity to participate in the decision to eliminate the program/project.

No programs are consolidated or eliminated.

Local Review Process

4. Describe methods used to circulate, for the purpose of public comment, the annual update or update.

There was a 30-day Public Comment period from March 12th, 2011 through April 10th, 2011

There was a Public Hearing on April 11th, 2011 from 12:00 – 1:00 pm at the Humboldt County Department of Health and Human Services Rainbow Room located at 720 Wood Street, Eureka, Ca 95501

See attached copy of the Mental Health Board Public Hearing Agenda and attendance sheet (Attachment C).

Copies of the MHSA Fiscal Year 2010/2011 Annual Update Plan were made available to all stakeholders through the following methods:

- Electronic format: the Humboldt County Department of Health and Human Services, Mental Health Branch, Mental Health Services Act website: <http://co.humboldt.ca.us/hhs/mh/mhsa.asp> (Attachment D)
- Print format: Humboldt County Department of Health and Human Services (DHHS) Professional Building, 507 F Street, Eureka Ca, 95501; DHHS Mental Health Branch, 720 Wood Street, Eureka Ca, 95501; DHHS Children Youth and Family Services 1711 3rd Street Eureka Ca, 95501; and The Hope Center 2933 H Street Eureka Ca, 95501
- An informational flyer was sent to stakeholders regarding the Plan’s availability, including where to obtain it, where to make comments, and where/when the public hearing would be held (Attachment E)
- Informational flyers were mailed to over 30 locations around the county, including public libraries, health care clinics, tribes, and senior centers
- Informational flyers were e-mailed to recipients on more than 10 local e-mail distribution lists including family/community resource centers, organizational providers, and Latino Net.
- Plans were e-mailed or mailed to all persons who requested a copy
- Advertisements were placed in the local newspaper on April 2nd with the Plan’s availability, including where to obtain it, where to make comments, and where/when the public hearing would be held (Attachment F)
- The Mental Health Branch Director and the Mental Health Services Act Coordinator announced to Department of Health and Human Services staff, community-based organizations and partner agencies in various meetings the Plan’s availability including where to obtain it, where to make comments, and where/when the public hearing would be held.

5. Include substantive comments received during the stakeholder review and public hearing, responses to those comments, and a description of any substantive changes made to the proposed annual update/update that was circulated. The County should indicate if no substantive comments were received.

During the public review period, comments from stakeholders were received in a variety of ways, including e-mail, public input meetings, comment boxes, phone calls, and at the public hearing. Many comments received were outside the scope of the Mental Health Services Act Fiscal Year 2011/2012 Annual Update and not substantive to this Plan. However, they are relevant and important to services provided in the community. Several comments focused on the need to increase the capacity to better serve individuals whose primary language is Spanish. This need was inserted in Exhibit C. All comments were carefully documented and will be used to inform planning and implementation of programs and activities throughout the Humboldt County Department of Health and Human Services.

**OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES**

County: Humboldt

Date: April 13, 2011

Instructions: Welfare and Institutions Code section 5848 specifies that DMH shall establish requirements for the content of the annual update and updates including reports on the achievement of performance outcomes for services. Provide an update on the overall progress of the County's implementation of the MHA including CSS, WET, PEI, and INN components during FY 2009-10. NOTE: Implementation includes any activity conducted for the program post plan approval.

CSS, WET, PEI, and INN

1. Briefly report on how the implementation of the MHA is progressing: whether implementation activities are generally proceeding as described in the County's approved Plan, any key differences, and any major challenges.

Please check box if your county did NOT begin implementation of the following components in FY 09/10:

- WET
- PEI
- INN

Mental Health Services Act programs are progressing as described in the approved Plan. To ensure the most effective use of resources, avoid duplication of effort, and maximize the leveraging of ongoing efforts and community strengths, Mental Health Services Act programming is developed and delivered with careful consideration of the common goals of other Humboldt County Department of Health and Human Services initiatives and using the transformation strategies and vision that have guided planning and service delivery in Humboldt County for more than a decade.

It is helpful to the understanding of Community Services and Supports programs to be aware of some of the background of Humboldt County Department of Health and Human Services.

Humboldt County Department of Health and Human Services is a consolidated and integrated Health and Human Services Agency under the State's Integrated Services Initiative (AB 315 Berg) and includes the branches of Mental Health, Public Health and Social Services. Since its consolidation in 1999, Humboldt County Department of Health and Human Services has been engaged in true system transformation and redesign through numerous key strategies, including but not limited to:

- Establishing consolidated administrative support infrastructure(s);
- Establishing consolidated program support infrastructures(s);
- Developing governmental "rapid cycle" change management processes;
- Importing or developing evidence based practices and other outcome based approaches to services;
- Developing integrated, co-located and decentralized services concurrently;
- Establishing client and cultural inclusion structures/processes that will advise the Department in terms of policy and programming;
- Focusing on quality improvement and systems accountability in terms of outcomes linked to improved individual and family recovery and self sufficiency, as well as improved community health;

**OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES**

- Using a “3 x 5” approach to program design which spans:

Three Service Strategies

Universal
Selective
Indicated

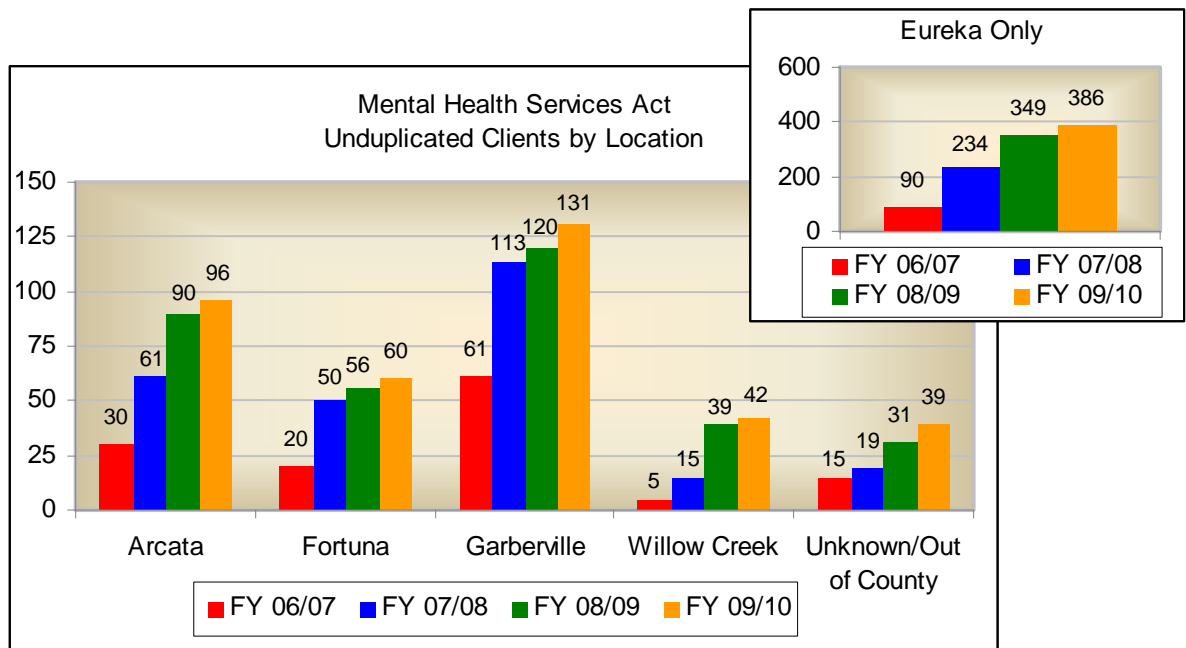
Five Target Populations

Children, Youth and Families
Transition Age Youth
Adults
Older Adults
Community

- Working with State Health and Human Services Agency to reduce or eliminate barriers that impede effective service delivery at the County level.

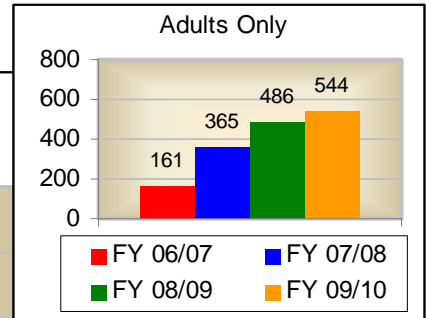
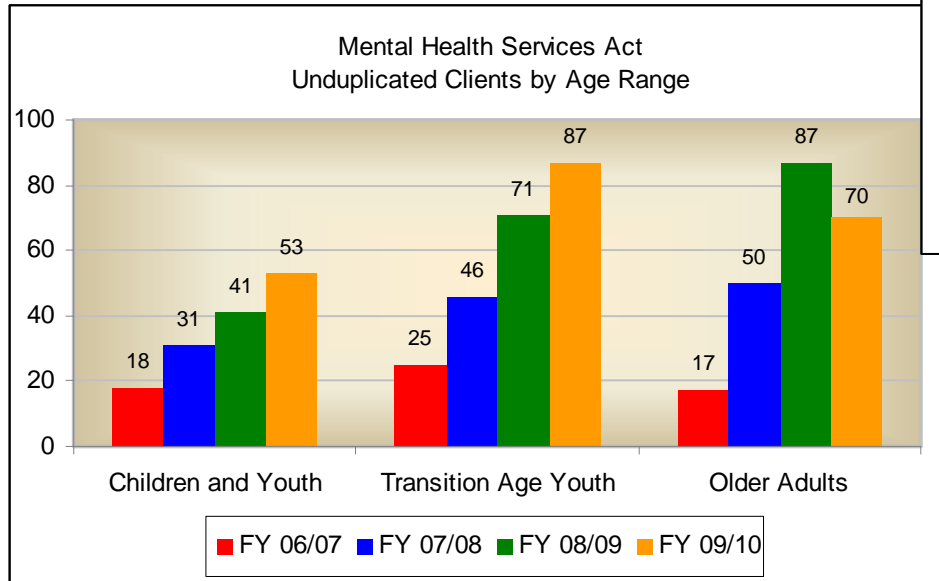
It is through AB315 and these transformational strategies that the Humboldt County Department of Health and Human Services has planned and implemented its Mental Health Services Act programming. Humboldt County’s approved Community Services and Supports Plans, Workforce Education and Training Work Plans, Capital Facilities and Information Technology Needs Plan, Prevention and Early Intervention Plan, and Innovation Plan were developed and are being implemented with cross-departmental integration aimed at the delivery of holistic and transformational programs.

Community Services and Supports programs continue to increase services throughout the County, within available resources. Individuals residing in the outlying rural areas of the County were identified in the community planning process as underserved and unserved. As this chart illustrates there has been a 115% increase in the numbers of individuals served in Garberville and 740% increase in the number individuals served in Willow Creek between Fiscal Years 2006/2007 and 2009/2010.

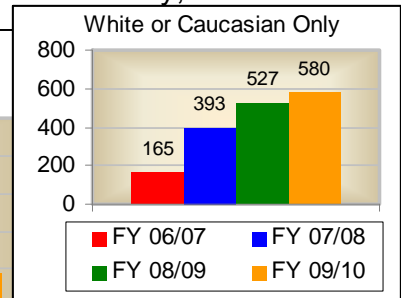
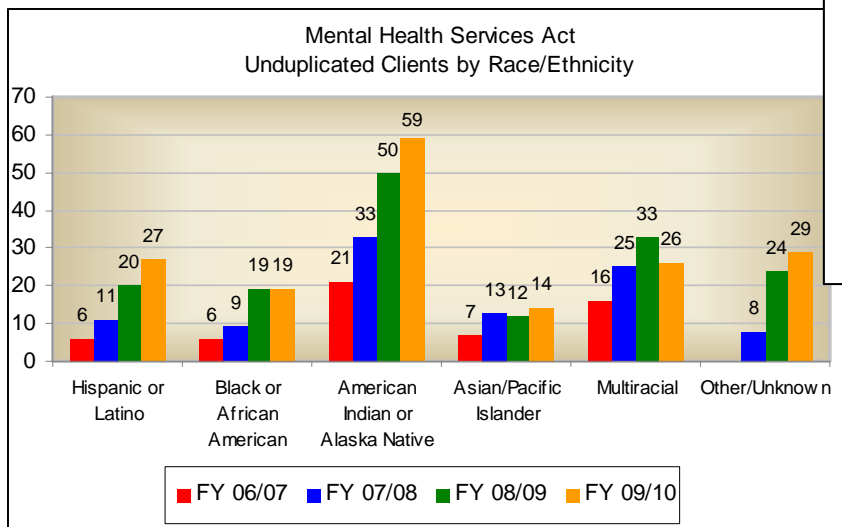


OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES

Community Services and Supports programs continue to increase services to individuals of all age groups, within available resources. Transition age youth, individuals generally between the ages of 16 to 26 years old, were identified in the community planning process as underserved and unserved. As this chart illustrates there has been a 248% increase in the number of individuals who are transition age youth served between Fiscal Years 2006/2007 and 2009/2010.

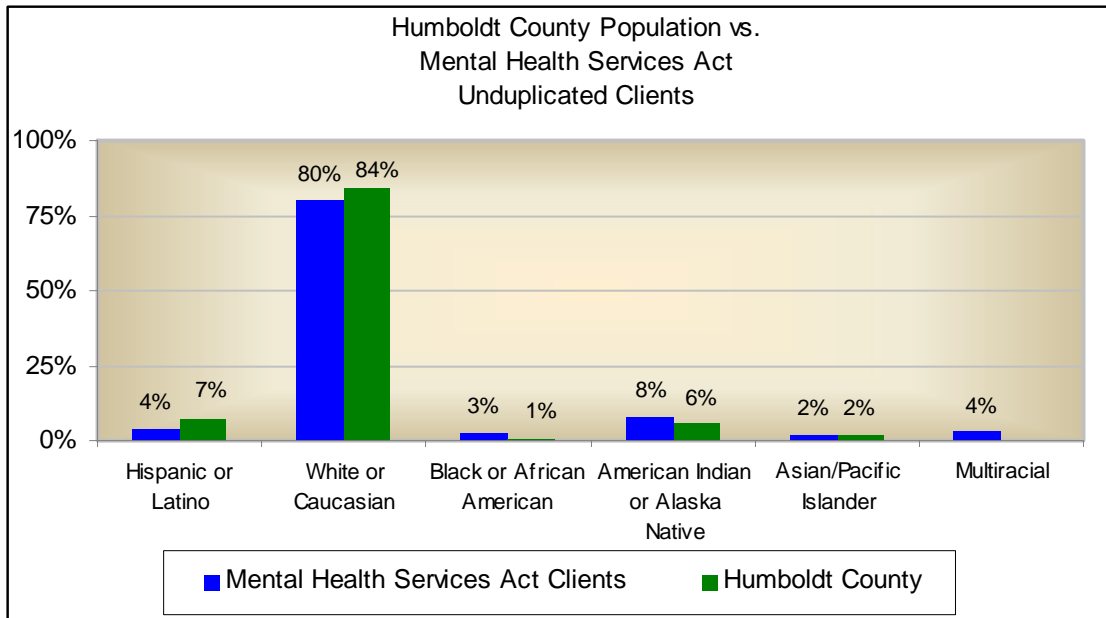


Community Services and Supports programs continue to increase services to individuals of all race/ethnicities, within available resources. People who identify as Hispanic or Latino and American Indian or Alaskan Natives were identified in the community planning process as underserved and unserved. As this chart illustrates there has been a 350% increase in the number of individuals who identify as Hispanic or Latino and a 181% increase in the number of individuals who identify as American Indian or Alaskan Natives served between Fiscal Years 2006/2007 and 2009/2010. Individuals whose primary language is Spanish are an identified underserved population. Stakeholders have identified the need to increase the capacity to serve this population through training and recruitment of bilingual staff, and will respond to the best of our ability, within available resources.



OVERALL IMPLEMENTATION PROGRESS REPORT
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Mental Health Services Act Community Services and Supports is progressing in its efforts to reduce ethnic and racial disparities. As the chart below illustrates, the percentage of people who are participating in Community Services and Supports programs and identify with a race/ethnicity of Black or African American, American Indian or Alaska Native, Asian/Pacific Islander, or Multiracial meet or exceed the percentage in the Humboldt County general population.



To improve the cultural competency of Mental Health Services Act program development and service delivery, training continued in Fiscal Year 2009/2010. A Cultural Competency Training was developed and nine three-hour sessions were provided with over 220 staff in attendance. To encourage night shift staff members from Sempervirens Hospital, the Children’s Center and Psychiatric Emergency Services to attend, there was a session offered in the evening from 7:30pm to 10:30pm.

Although cultural competency encompasses a broad scope of knowledge about the influences of an individual’s identity, such as ethnicity, race, language, sexual orientation, gender identity, age, disability, or socioeconomic status, the focus of this training was narrowed to three interconnected topics.

First, a look at how racism gets embedded in the body and affects both physical and mental health. Second, an exercise that raises the awareness of privilege. Lastly, a look at the value that people with lived experience as mental health clients and their family members have as providers in recovery-oriented mental health care.

“It increased my understanding of how important consumers are as employees.”

“It brought a difficult subject to the table.”

“My eyes have been opened . . .”

~staff attending cultural competency training

OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES

Each topic was introduced with specific learning materials. We viewed the videos, “When the Bough Breaks”, a segment of the “Unnatural Causes” documentary which explores the effects of chronic stress resulting from racism, and “Paving the Way” produced by San Mateo County Behavioral Health and Recovery Services, which describes the county’s strategy of hiring consumers and family members in the mental health workforce. Participants also took part in an awareness survey from the Peggy McIntosh article “Unpacking the Invisible Knapsack”, which examines instances of privilege in everyday life situations.

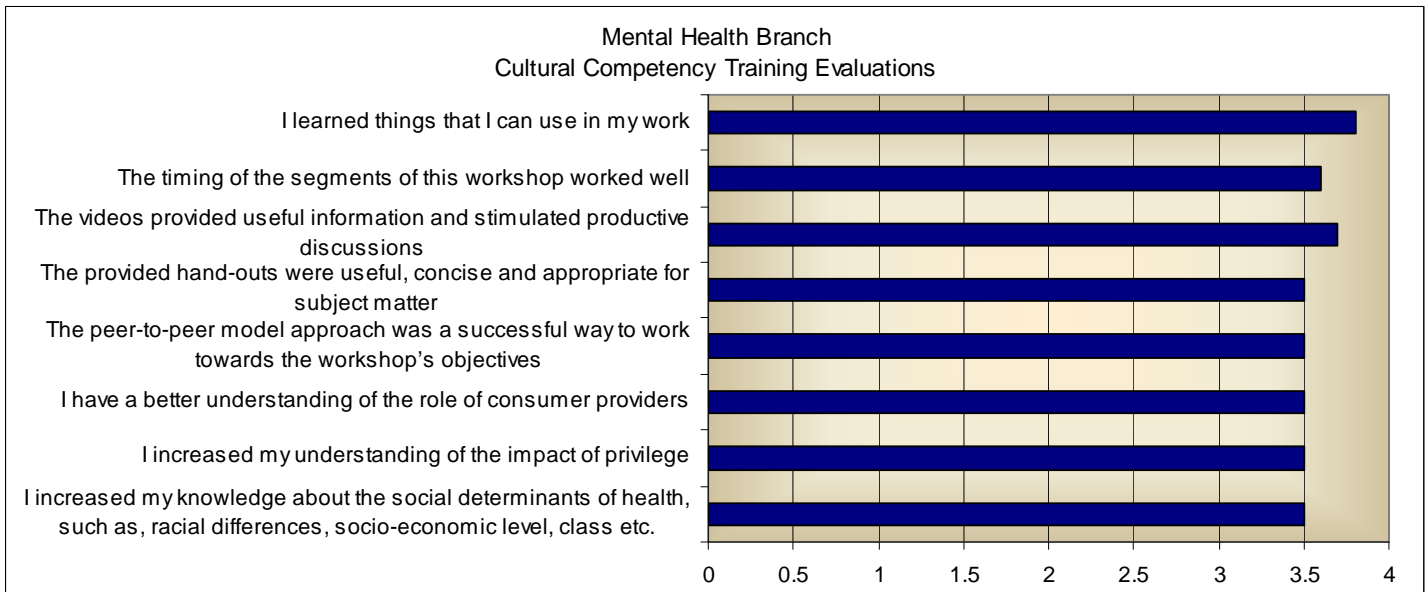
The learning method for this training was a peer-to-peer model. This core principle of adult education recognizes that every participant can be both a teacher and a learner. Participants share their knowledge and experience with one another in a small group discussion format. One of the benefits of this approach is that it provides locally relevant information delivered by peers, and thus by those who staff naturally turn to for information. Furthermore, learning can continue in the workplace, through ongoing exchanges and discussions inspired by the workshop.

“Very well done. Instructors provided a comfortable learning environment and were very knowledgeable.”

“I learned to be aware of things I did not realize before, and to keep an open mind.”

~staff attending cultural competency training

Approximately 200 evaluations were completed and as the chart below illustrates the workshops were very well received, averaging an overall 3.5 out of a possible 4 points for increasing awareness, knowledge and “learning things I can take back to work.”



**OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES**

Workforce education also continued in Fiscal Year 2009/2010 with trainings offered to staff in new and unique ways such as the *Distinguished Lecture Series* which began in September 2009. Workshops occur monthly from noon to one o'clock on the mental health services main campus. The workshops are provided at no cost to attendees and are open to all including Department of Health and Human Services staff, community partners, and clients and family members. The series offered attendees the unique opportunity to expand their knowledge on familiar topics while learning about new topics, in a relaxed and comfortable environment. The presenters are Department of Health and Human Services staff and providers who are experts in their field and have graciously volunteered their lunch hour to share their knowledge with our community. In Fiscal Year 2009/2010 326 attendees at twelve workshops. About half of the attendees have been Mental Health Branch staff and the other half have come from the Public Health Branch, Social Services Branch, or community based organizations, and many have self-identified as clients and family members. Evaluations have been excellent with an average score of 4.3 out of 5. Topics and presenters have included, Motivational Interviewing, Dementia, A Brief Overview, Post Traumatic Stress Disorder in Children, Verbal De-escalation, Wellness Recovery Action Plans, A Whirlwind Tour of the Personality Disorders, Counter-Transference, Transition Age Youth: Overcoming the Odds, Transgender Communities, and Department of Health and Human Services Financing 101.

Vendor selection and the contract process occurred for the Departments e-learning technology program. The support to peer volunteers and staff program activities contributed to the development and retention of clients and family members in mental health service delivery. The identification and training of newly adopted evidence based practices has occurred.

2. During the initial Community Program Planning Process for CSS, major community issues were identified by age group. Please describe how MHSA funding is addressing those issues. (e.g., homelessness, incarceration, serving unserved or underserved groups, etc.)

The Initial Community Program and Planning Process occurred in 2005 and the resulting Mental Health Services Act Three-Year Program and Expenditure Plan for Community Services and Supports for Fiscal Year 2005/2006, 2006/2007, and 2007/2008 was approved and implementation began in 2006.

The initial planning process strategies included holding six Regional Community Meetings, thirteen Targeted Stakeholder Meetings, distributing Community Strengths & Needs Surveys at various locations as well as the website, and, convening four Age-Specific Advisory Groups. In addition, ongoing planning activities and Local Review processes include but are not limited to:

- MHSA Innovation Plan
- Humboldt County Transition Age Youth Collaboration Recommendations
- MHSA Capital Facilities and Information Technology Needs Planning Process
- Superior Region WET Partnership
- MHSA Workforce Education and Training Planning Process
- MHSA Fiscal Year 2010/2011 Update
- MHSA Fiscal Year 2009/2010 Update
- Prevention and Early Intervention Planning Process

**OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES**

- Community Services and Supports Fiscal Year 2008/2009 Update
- Community Services and Supports Expansion Plan
- Community Services and Supports One-Time Augmentation Plan
- Community Services and Supports FY05/06 Remaining Funds Plan
- 2007 Community Services and Supports Progress Report
- 2006 Community Services and Supports Progress Report
- Community Services and Supports implementation activities
- The initial Community Services and Supports planning process

The following matrix is an extraction from the County’s Three-Year Program And Expenditure Plan Community Services and Supports Fiscal Years 2005/2006, 2006/2007, & 2007/2008. The matrix shows the community issues identified during community planning and the Mental Health Services Act programs that address the issues.

Children and Youth		Transition Age Youth	
Issues	Programs	Issues	Programs
<ul style="list-style-type: none"> • Outreach to children, youth and families where they naturally congregate. • Provide services outside of the 9-5 workday. • Use technology to increase county-wide services. • Develop low-cost and free transportation options. • Focus on culturally-inclusive outreach. 	<ul style="list-style-type: none"> • Rural Outreach Services Enterprise • Hope Center • Outpatient Medication Services Expansion - Telemedicine • Alternative Response Team • Crisis Intervention Services • Integrated Services and Supports • Full Service Partnership • Integrated Clinical and Administrative Information System 	<ul style="list-style-type: none"> • Create a transition age youth committee focused on outreach, prevention and intervention. 	<ul style="list-style-type: none"> • Transition Age Youth Partnership
<ul style="list-style-type: none"> • Launch a system-wide initiative to include youth voice. 	<ul style="list-style-type: none"> • Transition Age Youth Partnership 	<ul style="list-style-type: none"> • Provide support to and by transition age youth to transition into adulthood (ie, building relationships, developing life skills, connecting with culturally relevant supports). 	<ul style="list-style-type: none"> • Transition Age Youth Partnership • Adaptation to Peer Transition Age Youth Support
<ul style="list-style-type: none"> • Public awareness and professional alignment • Develop an education and awareness program aimed at de-stigmatizing mental health issues. 	<ul style="list-style-type: none"> • Stigma and Discrimination Reduction • Crisis Intervention Services 	<ul style="list-style-type: none"> • Education and training • Develop a training program for professionals. • Develop an educational program for public. • Develop a program for consumers that include peer-support groups for transition age youth. • Develop a program for 	<ul style="list-style-type: none"> • Hope Center • Crisis Intervention Services • Integrated Services and Supports • Support to Peer Volunteers and Staff • Workforce development through e-learning technology • Training for evidence-

OVERALL IMPLEMENTATION PROGRESS REPORT
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		<p>families.</p> <ul style="list-style-type: none"> • Develop a navigation system. 	<p>based practices and full service partnerships</p> <ul style="list-style-type: none"> • Suicide Prevention • Stigma and Discrimination Reduction • Adaptation to Peer Transition Age Youth Support
<ul style="list-style-type: none"> • Quality data • Create a database and delivery system. • Create an evaluation and feedback system. 	<ul style="list-style-type: none"> • Integrated Services and Supports • Integrated Clinical and Administrative Information System 	<ul style="list-style-type: none"> • Create a mobile service, consultation and resource team. • Establish mental health annexes in outlying areas. • Create a mobile crisis team. 	<ul style="list-style-type: none"> • Rural Outreach Services Enterprise • Crisis Intervention Services
<ul style="list-style-type: none"> • Education and training • Create a Department education and training unit and develop strategies to meeting the needs of children, youth, parents, families, caregivers, community providers, staff and the public. 	<ul style="list-style-type: none"> • Integrated Services and Supports • Workforce development through e-learning technology • Training for evidence-based practices and full service partnerships • Crisis Intervention Services • Suicide Prevention 		

OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES

Adults		Older Adults	
Issues	Programs	Issues	Programs
<ul style="list-style-type: none"> • Improve the access and availability of mental health services to residents. • Moderate and remove operational barriers. • Assist clients in identifying and receiving services. • Provide respectful engagement of the whole person. • Emphasize recovery and wellness. 	<ul style="list-style-type: none"> • Rural Outreach Services Enterprise • Hope Center • Outpatient Medication Services Expansion - Telemedicine • Older Adults and Dependent Adults Expansion • Crisis Intervention Services • Integrated Services and Supports • Full Service Partnership • Support to Peer Volunteers and Staff 	<ul style="list-style-type: none"> • Access and availability of services • Create a system where mental health services are blended with other high-use services and provided in natural settings frequented by older adults. • Ensure transportation supports are aligned with different levels of functioning and ability. • Utilize a multi-disciplinary, collaborative, and culturally competent approach to service delivery. • Utilize tele-support and tele-medicine sites and links to provide culturally competent, 24/7 services and supports. 	<ul style="list-style-type: none"> • Rural Outreach Services Enterprise • Hope Center • Outpatient Medication Services Expansion - Telemedicine • Older Adults and Dependent Adults Expansion • Crisis Intervention Services • Full Service Partnership
<ul style="list-style-type: none"> • Collaboration • Create multi-disciplinary teams. • Match authority with accountability. • Make the key guiding principle be that "We are all Service Providers". • Create Middle Mgmt Teams. • Use community storefronts. • Include adult clients as part of the team. • Provide systematic support to multi-disciplinary teams. • Enhance creativity and service. • Address co-occurring disorders for mental health and alcohol and other drugs. • Focus on outcomes. 	<ul style="list-style-type: none"> • Rural Outreach Services Enterprise • Hope Center • Outpatient Medication Services Expansion - Telemedicine • Alternative Response Team • Older Adults and Dependent Adults Expansion • Crisis Intervention Services • Integrated Services and Supports • Full Service Partnership • Support to Peer Volunteers and Staff • Workforce development through e-learning technology • Training for evidence-based practices and full service partnerships • Stigma and Discrimination Reduction 	<ul style="list-style-type: none"> • Education • Create an educational program for service providers, educators, law enforcement and community members that will help to reduce the stigma associated with mental illness and encourage people to seek help early. 	<ul style="list-style-type: none"> • Hope Center • Older Adults and Dependent Adults Expansion • Crisis Intervention Services • Workforce development through e-learning technology • Training for evidence-based practices and full service partnerships • Suicide Prevention • Stigma and Discrimination Reduction
<ul style="list-style-type: none"> • Create an infrastructure (eg, people and systems) grounded in the philosophy of harm 	<ul style="list-style-type: none"> • Rural Outreach Services Enterprise • Hope Center • Full Service Partnership 	<ul style="list-style-type: none"> • Create a single, centrally-managed, data collection system that is client-centered and accessible 	<ul style="list-style-type: none"> • Integrated Services and Supports • Integrated Clinical and Administrative Information

**OVERALL IMPLEMENTATION PROGRESS REPORT
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<p>reduction.</p> <ul style="list-style-type: none"> • Create a system that focuses on supporting persons with mental health and alcohol and other drug issues. • Create and maintain an integrated delivery system that promotes timely delivery of primary services and follow-up services through an increased number of case managers. • Provide supportive services through a community-integration approach that is consumer-centered. • Enhance the availability of stable, affordable housing to permit persons with mental illness to experience security during recovery. 	<ul style="list-style-type: none"> • Support to Peer Volunteers and Staff • Training for evidence-based practices and full service partnerships • Stigma and Discrimination Reduction • Mental Health Services Act Housing 	<p>to all agencies involved with clients.</p>	<p>System</p>
<ul style="list-style-type: none"> • Create a county-wide program targeting prevention and/or early intervention focusing on mental health and alcohol and other drug issues. 	<ul style="list-style-type: none"> • Rural Outreach Services Enterprise • Hope Center • Older Adults and Dependent Adults Expansion • Crisis Intervention Services • Support to Peer Volunteers and Staff • Workforce development through e-learning technology • Suicide Prevention • Stigma and Discrimination Reduction 	<ul style="list-style-type: none"> • Hire providers that represent different cultural groups who are discreet, using appropriate age interpreters when necessary. • Ensure providers are aware of cultural stigma attached to mental illness and possible fears of the medical community. • Providers would investigate clients' medical status thoroughly and honor their cultural values. 	<ul style="list-style-type: none"> • Hope Center • Older Adults and Dependent Adults Expansion • Integrated Services and Supports • Full Service Partnership • Support to Peer Volunteers and Staff • Workforce development through e-learning technology • Stigma and Discrimination Reduction

OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES

PEI

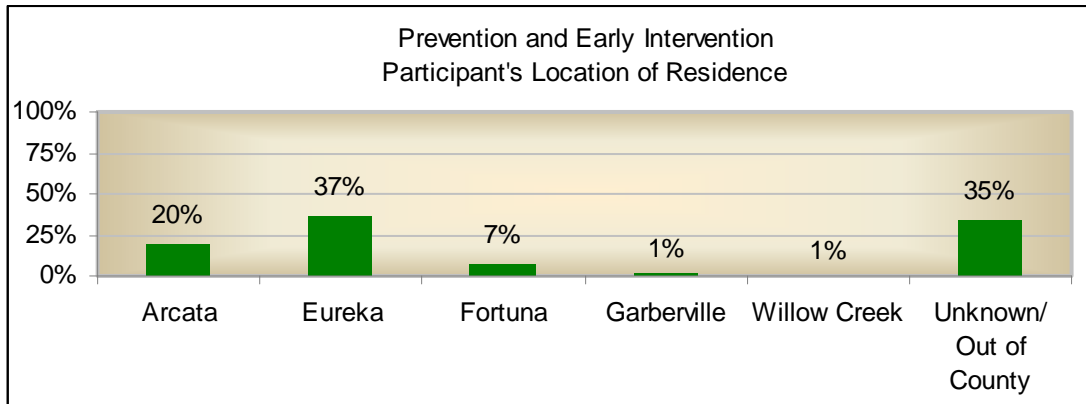
1. Provide the following information on the total number of individuals served across all PEI programs (for prevention, use estimated #):

A total of 739 individuals participated in Prevention and Early Intervention activities in Fiscal Year 2009/2010 with 552 individuals (75%) providing demographic information.

Age Group	#	%	Race and Ethnicity	#	%	Primary Language	#	%	Culture	#	%
	Individuals	Individuals		Individuals	Individuals		Individuals	Individuals			
Child and Youth	15	2%	White	427	58%	English	513	69%	LGBTQ	109	15%
Transition Age Youth	85	12%	African American	17	2%	Spanish	15	2%	Of the 3% of individuals identifying as Native American, there were ten tribal affiliations:		
Adult	389	53%	Asian/Pacific Islander	8	1%	Other	5	1%			
Older Adult	55	7%	Native American	20	3%	Unknown	206	28%	Tribal Affiliation	#	
Unknown	195	26%	Hispanic	39	5%				Amah Mutsun	1	
			Multi	22	3%				Cherokee	3	
			Other	19	3%				Karuk	1	
			Unknown	187	25%				Nez Perce	1	
									Pit River	1	
									Pomo	1	
									Tolowa	1	
									Umatilla	1	
									Yurok	3	
									Choctaw	1	

**OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES**

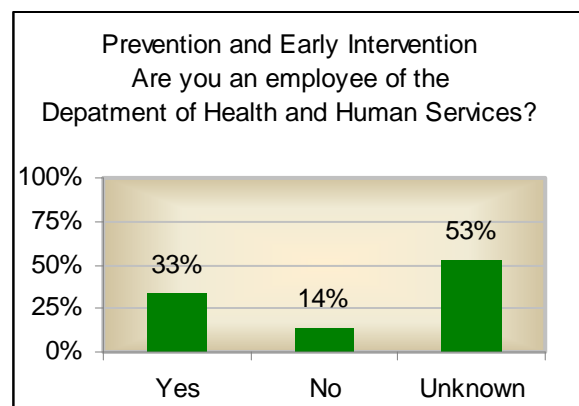
Prevention and Early Intervention began conducting activities in November of 2009. In the first eight months of program implementation, one challenge has been to outreach and provide activities in Humboldt’s outlying areas. As this chart illustrates only 2% of participants reside in the more rural areas such as Willow Creek and Garberville.



The value to capturing the types of service providers and whether they worked for the Humboldt County Department of Health and Human Services was identified later in implementation as an important characteristic of the participants in Prevention and Early Intervention activities. Therefore, for Fiscal Year 2009/2010 many are “unknown”. However, this table does illustrate the significant number of human services providers.

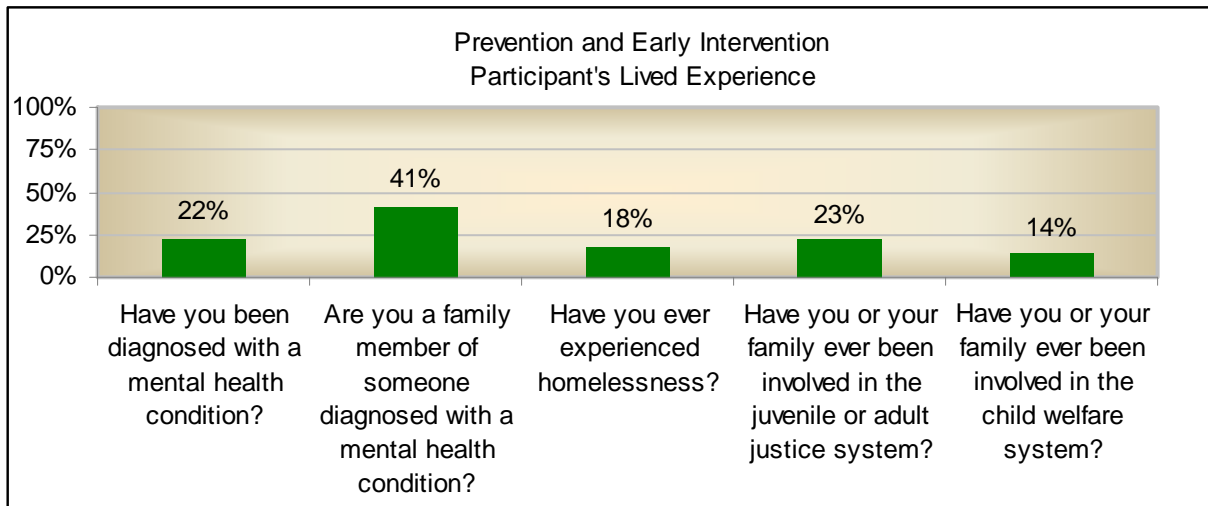
Service Provider/Agency Representation	#	%
Education	13	2%
Mental Health Provider	64	9%
Health Care Provider	64	9%
Social Services	18	2%
Law Enforcement	37	5%
Family Resource Center	2	0%
Employment	1	0%
Other	9	1%
Unknown	531	72%

DHHS Employee	#	%
Yes	244	33%
No	105	14%
Unknown	390	53%



OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES

The value to capturing the participants' lived experience was identified later in implementation as an important characteristic in Prevention and Early Intervention activities. Therefore for Fiscal Year 2009/2010 many are "unknown". However, this chart does illustrate the significant number people with experience as clients, family members, homelessness, the justice system, and the child welfare system.



2. Provide the name of the PEI program selected for the local evaluation¹. N/A

Transitional Age Youth Partnership Program

¹ Note that very small counties (population less than 100,000) are exempt from this requirement.

**OVERALL IMPLEMENTATION PROGRESS REPORT
ON FY 09/10 ACTIVITIES**

PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB)	
1. Please provide the following information on the activities of the PEI Statewide Training, Technical Assistance, and Capacity Building (TTACB) funds.	
Activity Name; Brief Description; Estimated Funding Amount ²	Target Audience/Participants ³
<p>1. Activity Name: Statewide California Network of Clients “Reaching Across our Regions”. Brief Description: This training included Mental Health Services Act advocacy and leadership, building skills to represent the client community on boards and committees. Consumer Employment, maintain client values and our dignity and self-respect as we participate in transforming the system. Overcoming Discrimination and Stigma, telling the stories of our lived experience and how we have become active citizens and community leaders.</p> <p>Building on our grass roots, consumer speaks session to highlight local organizations and advocates. Cultural competency, focusing on the use and vision of different cultural groups to enhance mental wellness and emotional well being. Estimated Funding Amount: \$700</p>	<p>Staff and volunteer Peer Support Specialists with lived experience as clients or family members in the mental health system that participate as Prevention and Early Intervention Implementation Team Members.</p>
<p>2. Activity Name: Regional Wellness Center Gathering Brief Description: Staff and volunteer Peer Support Specialists with lived experience as clients or family members in the mental health system exchange experiences and ideas for regional and statewide approaches to prevention and early intervention activities. Estimated Funding Amount: \$550</p>	<p>Staff and volunteer Peer Support Specialists with lived experience as clients or family members in the mental health system that participate as Prevention and Early Intervention Implementation Team Members.</p>

² Provide the name of the PEI TTACB activity, a brief description, and an estimated funding amount. The description shall also include how these funds support a program(s) that demonstrates the capacity to develop and provide statewide training, technical assistance and capacity building services and programs in partnership with local and community partners via subcontracts or other arrangements to assure the appropriate provision of community-based prevention and early intervention activities.

³ Provide the names of agencies and categories of local partners external to mental health included as participants (i.e., K-12 education, higher education, primary health care, law enforcement, older adult services, faith-based organizations, community-based organizations, ethnic/racial/cultural organizations, etc.) and county staff and partners included as participants.

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Humboldt

No funding is being requested for this program.

Program Number/Name: Rural Outreach Services Enterprise (ROSE)

Date: March 12, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	Individuals		Individuals	
	#	%	#	%
	General System Development		Outreach and Engagement	
Child and Youth	20	7%		
TAY	38	14%		
Adults	196	72%		
Older Adults	18	7%		
Total	272	100%	8	Individuals served are not currently being captured by Age Range
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			280	

List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	#	%	Primary Language	#	%	Culture	#	%
	Individuals			Individuals			Individuals	
White	188	69%	English	260	96%	LGBTQ		
African American	5	2%	Spanish	1		Veteran		
Asian/Pacific Islander	4	1%	Farsi	1		Other		
Native American	33	12%	American Sign language	1		Individuals served are not currently being captured by Culture		
Hispanic	3	1%	Other	9	3%			
Multi	30	12%						
Unknown	9	3%						

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

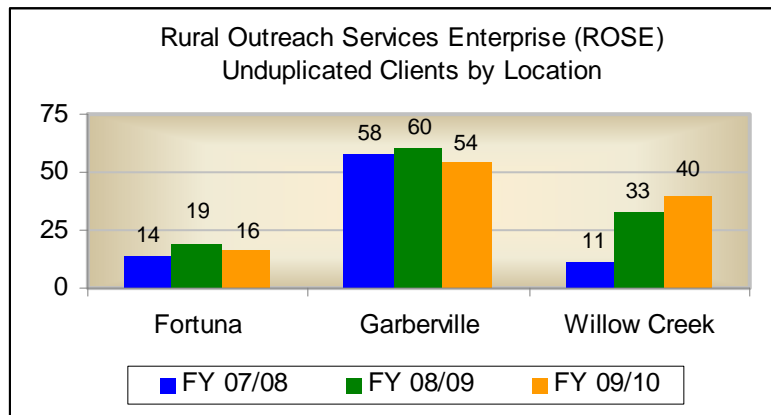
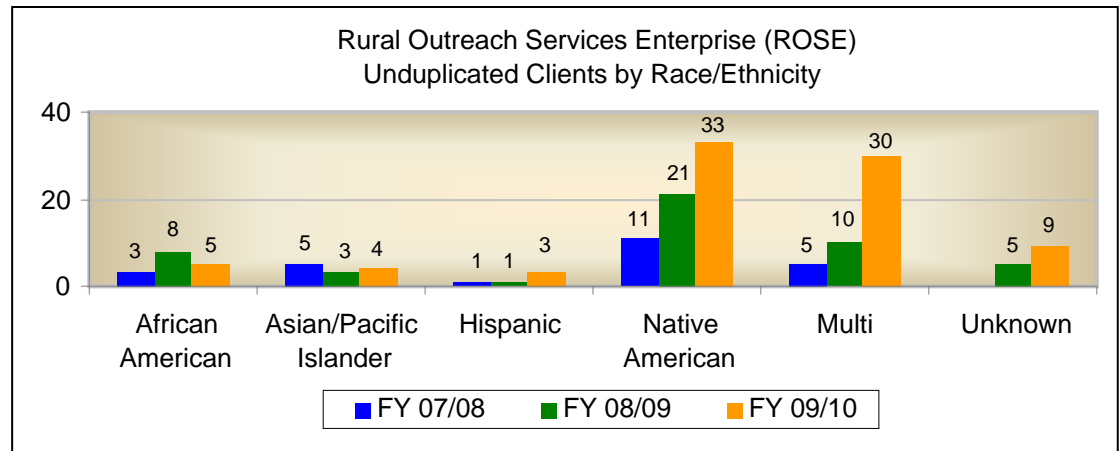
Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

In Fiscal Year 2009/2010 Rural Outreach Services Enterprise contributed to the increase of services to previously unserved and underserved populations throughout the County. By bringing services to outlying communities, ROSE addresses the barriers of transportation and the stigma of clinic based services.

ROSE serves previously unserved and underserved racial/ethnic populations.

Mental health services for Native American clients have increased from 11 unduplicated clients in Fiscal Year 2007/2008 to 33 in Fiscal Year 2009/2010.

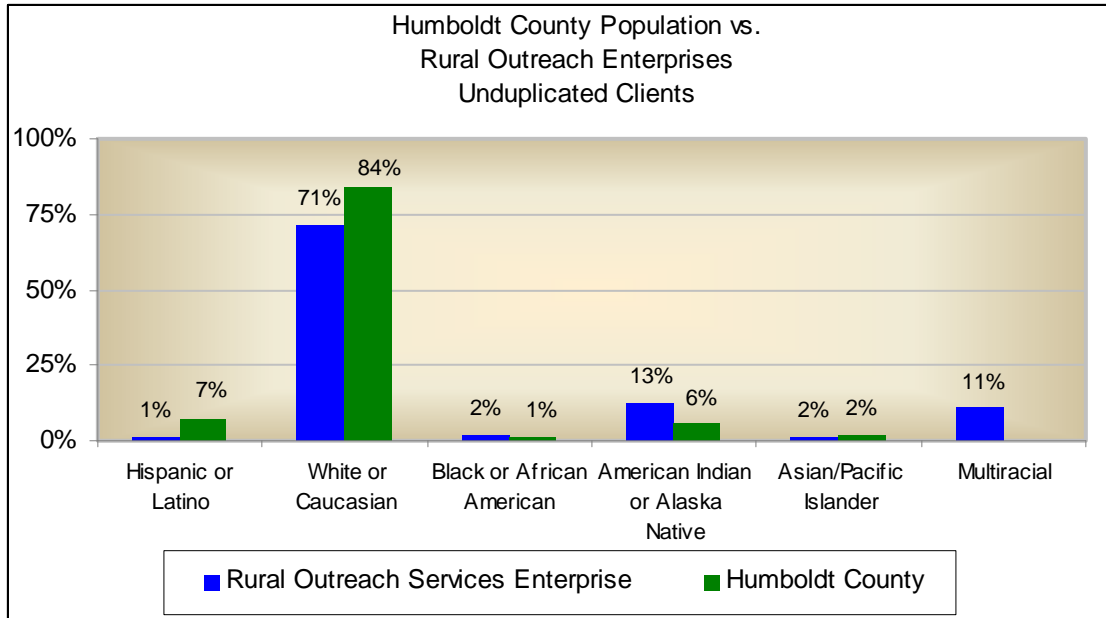


ROSE serves previously unserved and underserved rural populations in outlying areas of the County.

11 unduplicated mental health clients residing in Willow Creek were served in Fiscal Year 2007/2008 which increased to 40 in Fiscal Year 2009/2010.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

Rural Outreach Services Enterprise is progressing in its efforts to reduce ethnic and racial disparities. As the graph below illustrates, 30% of mental health clients served by Rural Outreach Services Enterprises, report a race/ethnicity other than white as compared to the Humboldt County Population that reports 16%.



“Casterlin Family Resource Center continues a positive, helpful relationship with the Rural Outreach Services Enterprise mental health outreach worker who visits regularly.”

~Casterlin School Family Resource Center

Key Accomplishments

- This year, with the mobilization of a department wide outreach effort, geographically distant areas have received support from a mobile engagement vehicle which travels to areas in the southern and northeast areas of the county. Services provided include assistance with food boxes, food stamp and benefit application. Mental health outreach and services have increased with the addition of a new mental health clinician and a new case manager. This service, by responding to and supporting community members in attaining basic assistance, has increased the positive visibility of Rural Outreach Services Enterprise.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHS funding and overall mental health funding.

In Fiscal Year 2009/2010 there were no major challenges with implementation of this program as a result of the fluctuation in Mental Health Services Act funding or overall mental health funding.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: center;">FY 10/11 funding</th> <th style="text-align: center;">FY 11/12 funding</th> <th style="text-align: center;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">702,154</td> <td style="text-align: center;">526,616</td> <td style="text-align: center;">-25%</td> </tr> </tbody> </table>		FY 10/11 funding	FY 11/12 funding	Percent Change	702,154	526,616	-25%
FY 10/11 funding		FY 11/12 funding	Percent Change				
702,154		526,616	-25%				
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,							
For <u>Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?							
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	#	%	#	%
	Individuals General System Development		Individuals Outreach and Engagement	
Child and Youth	20			
TAY	40			
Adults	200			
Older Adults	20			
Total	280		10	

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 290

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

<p>B. Answer the following questions about this program.</p>
<p>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</p>
<p>Rural Outreach Services Enterprise (ROSE) serves all age groups throughout the county including rural, remote, and outlying geographic areas. The MHSA CSS component of this integrated program serves individuals with severe mental illness or serious emotional disturbance including people who are homeless and at-risk of homelessness. ROSE provides mobile access to culturally appropriate services with efforts focused on reducing cultural and ethnic barriers to access that tend to exist in more traditional mental health settings. ROSE links with and provides support to existing community organizations such as Family and Community Resource Centers, community clinics, and Tribal Organizations in order to reach the unserved and underserved populations in those areas of the county. Humboldt County covers over 3,573 square miles and has pockets of population in many rural, remote, and outlying areas where there is little or no public transportation available. A unique solution to this issue is to take the services to the clients. ROSE is an integrated response with Social Services, Mental Health and Public Health Branches as an outreach program for individuals with a variety of physical, behavioral, and social needs as well as prevention and education activities, thereby reducing the stigma associated with accessing behavioral health services. Services and supports meet locally identified needs with the focus to improve access and includes: integrated outreach and prevention, clinical services including some medication support services, case management, information and referral, peer education and support, and system navigation. ROSE includes outreach, peer education and support, and system navigation provided by peer client and peer family member staff.</p>
<p>2. If this is a consolidation of two or more programs, provide the following information:</p> <ul style="list-style-type: none"> a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
<p>N/A</p>
<p>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</p>
<p>N/A</p>

County: Humboldt

No funding is being requested for this program.

Program Number/Name: Hope Center

Date: March 12, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	#	%	#	%
	Individuals General System Development		Individuals Outreach and Engagement	
Child and Youth				
TAY				
Adults				
Older Adults				
Total	784			
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 784			Individuals served are not currently being captured by Age Group.	

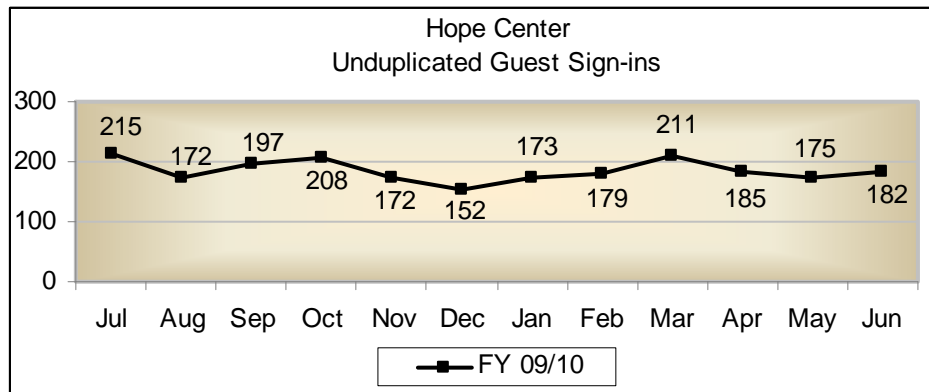
List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	#	%	Primary Language	#	%	Culture	#	%
	Individuals			Individuals			Individuals	
White			English			LGBTQ		
African American			Spanish			Veteran		
Asian/Pacific Islander			Other			Other		
Native American								
Hispanic								
Multi								
Unknown								
Individuals served are not currently being captured by Race and Ethnicity.			Individuals served are not currently being captured by Primary language.			Individuals served are not currently being captured by Culture.		

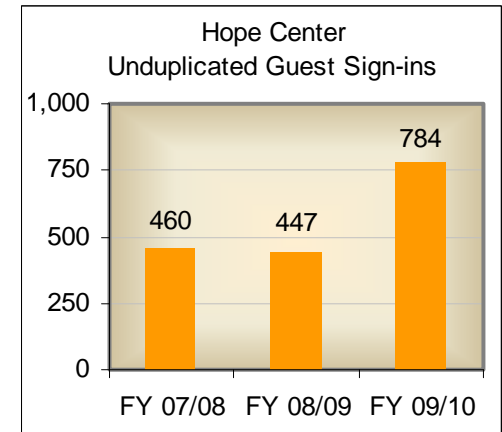
Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

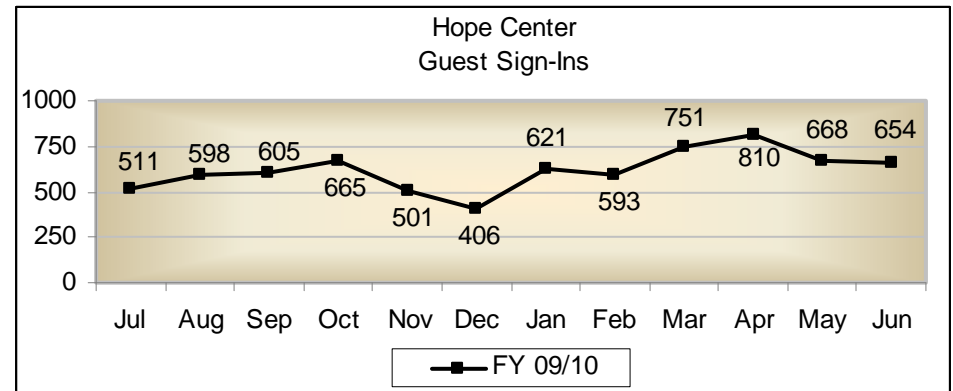
The Hope Center provides peer-to-peer services to previously unserved and underserved populations. As the chart below indicates, there was a 75% increase in participation at the Hope Center from Fiscal Year 2008/2009 to Fiscal Year 2009/2010. The Hope Center is currently in the planning stages for capturing participant demographic information including race/ethnicity.

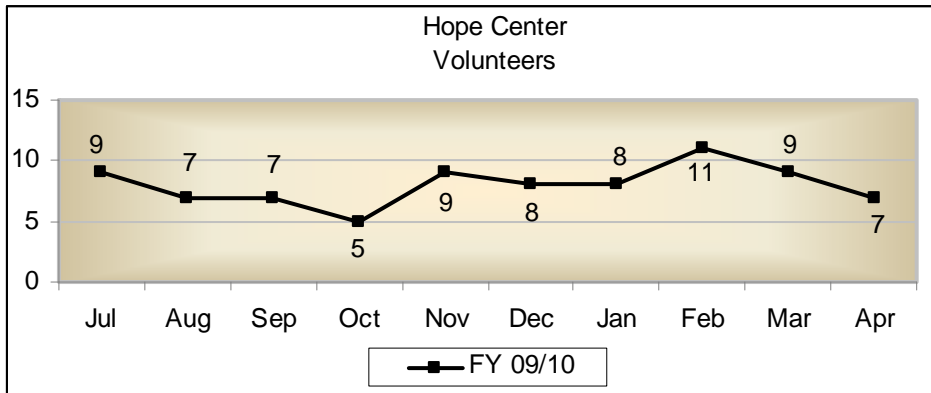


“Guests” include Department of Health and Human Services staff, volunteers, community members, visitors at special events, and people who participate in Hope Center activities such as Wellness Recovery Action Plans (WRAP) or Peer Advocacy.



“Unduplicated Guest Sign-ins” is the number of unduplicated individual people who sign in as a guest at the Hope Center each month. “Guest Sign-ins” is the number of times people sign-in as a guest at the Hope Center each month. For example if a person visits the Hope Center nine times in a single month he or she will be counted once in the “Unduplicated Guest Sign-ins” and nine times in the “Guest Sign-ins”.

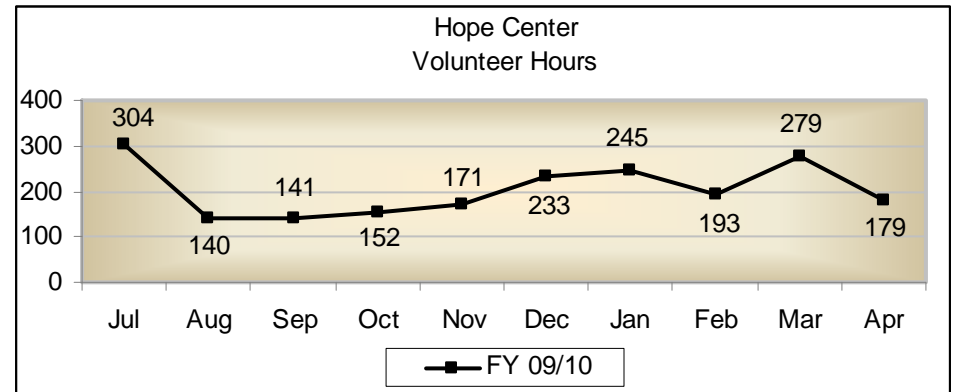




Hope Center volunteer staff perform duties such as: providing one-on-one peer support with participants, running the front desk, conducting and supervising daily chores, facilitating groups, data entry, representing the Hope Center as members on committees such as the MHSA Prevention and Early Intervention Implementation Team and the MHSA Humboldt County Transition Age Youth Collaboration.

There are currently nine Hope Center volunteer staff who after completion of the volunteer training, completed Health Insurance Portability and Accountability Act (HIPAA) training and completed a law enforcement background check (Live Scan). Both are required by the Department of Health and Human Services for all direct service care providers.

The number of volunteer hours at the Hope Center fluctuates over time usually due to special events sponsored by or occurring at the Hope Center such trainings, an art show, open house, picnic, or bake sale.



Key Accomplishments

- Updated Hope Center Mission Statement: Hope is a key ingredient to wellness. The Hope Center recognizes diversity in goals, needs, concerns, strengths and motivations. We are person centered where individuals experience is validated. We share resources for recovery and build skills to empower the person to make informed choices.
- Updated Hope Center Agreements: Keeping the center drug and alcohol free is a need within our community. Caring for and cleaning up our environment is a personal responsibility. The Hope Center is your center and a place to explore what recovery means to you and share in decision making. Creating personal boundaries and being mindful of the need for space and privacy makes us feel safe. Our community is made up of many different backgrounds. Acknowledging the differences without judgment helps us learn tolerance. Words are powerful. Using them to support and build each other up is always helpful. Kind words and deeds are encouraged in our community. Your possessions are yours alone. Sharing is encouraged. The Hope Center is a place for peer support and self and mutual help groups in a safe environment. Everyone has the capacity for learning, and growth.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

- Developed and coordinated wellness and recovery activities at the Hope Center (See Attached Calendar) such as: Peer Support Group: a place to share and get support if you have mental health issues. Depression Workbook: a workbook written by Mary Ellen Copeland that deals with a varied of issues depression, mania, coping, and triggers to name a few. DBSA: Depression Bipolar Support Alliance. GLBT: Gay Lesbian Bisexual Transgender group. Grief Group: a group for people suffering from any type of loss. Mind Menders: a sharing group for someone who struggles or is in recovery of mental health issues. Brain Q&A: education for various mental health diagnoses and the effect on the brain. Peer Advocacy: learning to advocate for yourself through peer support. AOD: alcohol and other drug group. Cookie Walk: A walk to the bakery and back for 5cent cookie Tuesdays. Pathways to Recovery: learning new ways to live with mental health issues. Interactive Art: Work on various projects and encourage exploration of our own talents through interaction and feelings. Gardening: Hope Center participants created a list of gardening tasks. Participants can pick up the list and tools and work in the garden. Leadership: reaching out into the community to volunteer on committees and board groups.
- Developed and implemented a peer training and volunteer program for folks who are interested in volunteering at the Hope Center. Each Session is three hours long and typically, volunteers complete three sessions for a total of nine hours of training. Sessions include topics such as basic duties of volunteers, healthy boundaries, crisis intervention (e.g. whom to contact in what situations), Wellness Recovery Action Plans (WRAP), privacy/confidentiality, and peer counseling.
- Developed and conducted Wellness and Recovery Groups at the inpatient psychiatric hospital, Sempervirens, three to four days a week with attendance varying from 4 to 15 people per session.
- Developed and conducted a Wellness Recovery Action Plan informational review for Department of Health and Human Services Staff with 32 participants in attendance, 15 of which received continuing education credits. The training received a 4.4 out of a possible 5 on the evaluations.

"There are volunteers that work here that you can talk to about issues you might be dealing with; there's groups targeted to mental health challenges; there's resources--a telephone, a place to go on holidays."

"Thanks! Totally honorable and never-ending kind service."

"It's the best place I ever discovered... you people, the place, it's so darn convenient."

It's way cool."

*~ Participants
at the Hope Center*

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

Success and Challenges

- Over 25 Hope Center staff, volunteers, and participants worked with the Prevention and Early Intervention teams in various ways such as implementation committee members and speakers at events. They provide input on program development, participated in training activities and were fundamental to the success of the suicide prevention and stigma and discrimination reduction activities.
- Hope Center staff, volunteers, and participants served as panel members in Crisis Intervention Training, the mental health and law enforcement training, to tell their own personal stories and answer questions from training attendees.
- Coordinated opportunities to participate in and learn about mental health program development such as stakeholder input sessions for the Mental Health Services Act planning and implementation, Mental Health Board meetings, and Alcohol and Other Drug Board meetings.
- Coordinated opportunities for participants to receive no cost hair cuts, dental cleaning, and chamber music and theater event tickets.
- Coordinated with the Department of Health and Human Services Public Health Branch to provide 13 participants with H1N1 vaccinations at the Hope Center.
- Provided Hope Center representation on multiple committees and boards including the Prevention and Early Intervention Suicide Prevention, Stigma and Discrimination Reduction Implementation teams, the Humboldt County Transition Age Youth Collaboration, and the Humboldt Chapter of the National Alliance on Mental Illness (NAMI).
- Coordinated Guest speakers at the Center such as the Department of Health and Human Services, Medical Director, Director of Nursing, and the Office of Client and Cultural Diversity.
- Participated in activities such as the May is Mental Health Month Walk and the Board of Supervisors Proclamation.



**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

- Celebrated important events such as the Hope Center Anniversary and honored volunteers with a luncheon.



“The Hope Center has been a great success. The facility has been transformed with the help of Mental Health Services Act funds and stands as a model for when consumers teach one another about the value and the power of hope to attain recovery,”

~Karolyn Rim Stein, Mental Health Branch director.

- Coordinated participation of over 20 staff, volunteers and participants to travel to events such as the California Network of Mental Health Clients regional meeting in Willows, California and the Milestones drop-in center in Weaverville, California.
- Developed outreach materials such as flyers, and letters of introduction for providers in the County's outlying areas to begin work on providing Wellness Recovery Action Plan workgroups in those areas.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

In Fiscal Year 2009/2010 there were no major challenges with implementation of this program as a result of the fluctuation in Mental Health Services Act funding or overall mental health funding.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> <tr> <td style="text-align: center;">\$161,183</td> <td style="text-align: center;">\$120,887</td> <td style="text-align: center;">-25%</td> </tr> </table> b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or , <u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?		FY 10/11 funding	FY 11/12 funding	Percent Change	\$161,183	\$120,887	-25%
FY 10/11 funding		FY 11/12 funding	Percent Change				
\$161,183		\$120,887	-25%				
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	#	%	#	%
	Individuals General System Development		Individuals Outreach and Engagement	
Child and Youth				
TAY				
Adults				
Older Adults				
Total	850			
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 850				

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

<p>B. Answer the following questions about this program.</p>
<p>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</p>
<p>The Hope Center serves unserved and underserved populations including transition age youth, adults and older adults who have a severe mental illness and their family members. The Hope Center provides a safe, welcoming environment based on recovery self-help principles and the resources necessary for people with a mental health diagnosis and their families to be empowered in their efforts to be self sufficient. The Hope Center is client/family member run with a Center Facilitator, an Activity Therapist, two full time and one part time Peer Support Specialists. Staff support, supervision and consultation is provided by a Clinical Psychologist. The Center provides recovery services including peer-to-peer education and support, system navigation, and linkage to services. Outreach efforts are made by Hope Center peer staff and volunteers to underserved people with a mental health diagnosis.</p>
<p>2. If this is a consolidation of two or more programs, provide the following information:</p> <ul style="list-style-type: none"> a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
<p>N/A</p>
<p>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</p>
<p>N/A</p>

The Hope Center.....

A place where everyone learns to grow in a warm, supporting atmosphere.

A place where everyone is a peer.



Susan Hoffman, Co Facilitator

Email: shoffman@co.humboldt.ca.us

Shelly Fitzgerald, Co Facilitator

Email: sfitzgerald@co.humboldt.ca.us

Kellie Jack (Josey) Co Facilitator

Email: kjosey@co.humboldt.ca.us



The Hope Center

2933 H Street

Eureka, California 95501

Modular Building

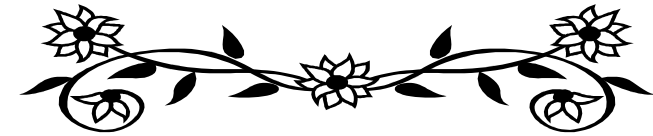
(between Harris and Wood Streets)

441-3783

The Hope Center is open everyday,

Monday thru Friday, from 8am to 4pm.

It is a place to relax, create, socialize, play games, read, learn new skills, and maximize your potential.



Where every person is worth understanding

The Hope Center



A Place To Grow

A safe, positive environment to learn to live the best life possible; personally, socially, mentally and emotionally.





Hope Center's Mission



Hope is a key ingredient to wellness.

The Hope Center recognizes diversity in goals, needs, concerns, strengths and motivations. We are person centered where individual's experience is validated. We share resources for recovery and build skills to empower the person to make informed choices and to live the best life possible.

Workshops, classes and other activities are offered and facilitated by peer volunteers. All activities are offered free of charge, however we do ask that donations be made for snacks, sodas and coffee so that we may be able to continue to provide them.



Offerings

The Hope Center offers activities such as:

Watercolor class

Bingo

Peer Advocacy group

Quilting

Guest Speakers

WRAP (the Wellness

Recovery Action Plan)

Grief Group

Men's groups

Women's groups

And other activities as well!

Some activities change from month to month, so keep checking in to see what's new!

A calendar of activities is available at the Center.



What is WRAP?

The WRAP is the Wellness Recovery Action Plan, developed by Mary Ellen Copeland. This is a plan that you develop in case things break down and you need help. It helps to keep your recovery in check by developing a plan for what to do to keep yourself well, and it identifies what others can do to help when things break down.



MAY 2010







The Hope Center
 2933 "H" Street
 Eureka, CA 95501
 Open 8am - 4pm
 441-3723 Susan Hoffman

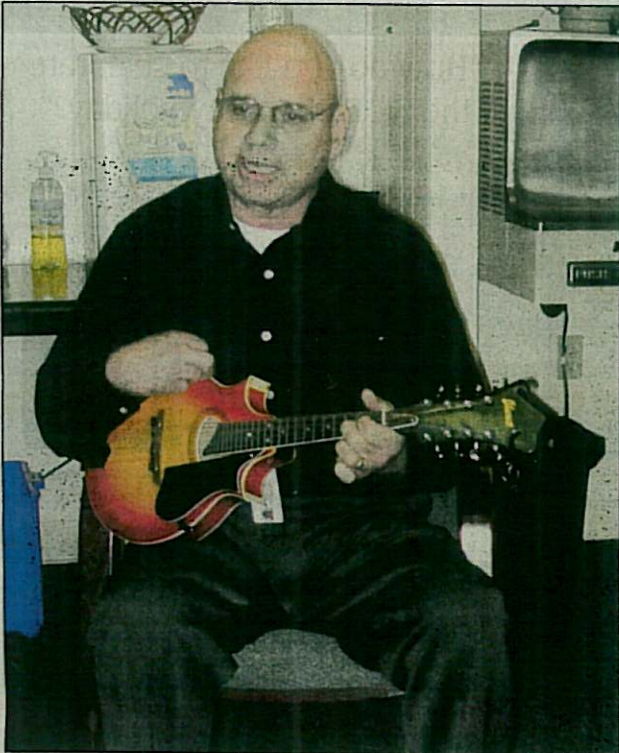


MAY 2010

407-7836 Shelly Fitzgerald

834-1093 Kellie Josey

Sun	Mon	Tue	Wed	Thu	Fri	Sat
						1 12-4 SOLOLIST @ ARKLEY 6-9 ARTS ALIVE
2 12:00 Women in Unity NA Group	3 10:30 Water Color Class 11:00 Bingo 12:00 Peer Advocacy 1:00 Community Meeting 2:00 Men's Group/Women's Grp	4 10:00 Quilting w/ Oceana 12:00 DBSA Meeting 1:30 Movie 3:30 clean up everyone	5 10:00 Pathways to Recovery 11:00 Grief Group 12:30 HOPE Center Business Meeting 1st Weds. of month 1:30 Volunteer Meeting 1:30 Movie : Larry's choice	6 9:30 AA with Joe & Charlie 11:00 Movie: AVATAR 1:30-3pm Mind Menders	7 11 - 2pm Art for Life In Rainbow room Poster making @ Hope Center 12-2pm	8 
9 12:00 Women in Unity NA Group Mother's Day	10 10:30 Water Color Class 11:00 Bingo 12:00 Peer Advocacy 1:00 Community Meeting 2:00 Men's Group/Women's Grp	11  May's Mental Health Walk 12:15pm @ Hope Center	12 10:00 Pathways to Recovery 11:00 Grief Group 12: bring a lunch and hang out 1:00 ART- FACES OF RECOVERY paper Mache'	13 9:30 AA with Joe & Charlie 11:00 Guest speaker: Amy Larum 1:30-3pm Mind Menders	14 HOPE CENTER BBQ @ SEQUOIA PARK 12-3pm	15 
16 12:00 Women in Unity NA Group	17 10:30 Water Color Class 11:00 Bingo 12:00 Peer Advocacy 1:00 Community Meeting 2:00 Men's Group/Women's Grp	18 10:00 Quilting w/ Oceana 12:00 DBSA Meeting 1:30 Movie 3:30 clean up	19 10:00 Pathways to Recovery 11:00 Grief Group 12: bring a lunch and hang out 1:00 ART- FACES OF RECOVERY paper Mache'	20 9:30 AA with Joe & Charlie 11:00 Guest speaker: Dr Duggal Medical Director 1:30-3pm Mind Menders	21 11:00 WRAP 12:30 Poetry Group 12:30 ART , GAMES, ECT. 6pm MOVIE NIGHT 2:00 DBSA- GLBT	22
23/30 12:00 Women in Unity NA Group	24/31 10:30 Water Color Class 11:00 Bingo 12:00 Peer Advocacy 1:00 Community Meeting 2:00 Men's Group/Women's Grp	25 10:00 2 hour Beach Trip 12:00 DBSA Meeting 1:30 Movie 3:30 clean up	26 10:00 Pathways to Recovery 11:00 Grief Group 12: bring a lunch and hang out 1:00 ART- FACES OF RECOVERY paper Mache' 37	27 9:30 AA with Joe & Charlie 11:00 Guest speaker: TBA 1:30-3pm Mind Menders	28 11:00 WRAP 12:30 Poetry Group 12:30 ART , GAMES, ECT. 1:30 MONTHLY BIRTHDAYS 2:00 DBSA-GLBT	29 



LESLIE LOLLICH

Supervising mental health clinician Doug Rose-Noble entertains the participants at the celebration of the Hope Center's third anniversary.

Hope Center offers support and more

Will Freney
Tri-City Weekly

Immediately inside the front door of the Hope Center in Eureka, an amiable volunteer sits behind the reception desk, requests a sign-in and offers a calendar of events. The calendar of events is full, with a wide variety of activities, from walking groups to quilting groups, movie discussion groups to writing groups and open mic.

Posted on the bulletin board right around the corner from the reception desk is a list of 11 agreements that form the operating parameters for the center and its participants — including its maintenance as a drug-free, violence-free environment in which recovery can happen.

Rules No. 10 and No. 11 summarize the mission and method of the center: "a safe place for care, friendship, and community growth," and "a recovery center that focuses on positive support for each individual."

The H Street site is a gathering spot for those with mental health challenges and their families.

The Hope Center recently celebrated its second anniversary and began its third year in operation with an open house, a potluck luncheon and a musical jam session provided by the program's participants.

In addition to the staff, volunteers, participants and other visitors, Karolyn Rim Stein, director of the Mental Health Branch of the Humboldt County Department of Health and Human Services (DHHS) — the center's parent organization — and DHHS spokeswoman Leslie Lollich were both in attendance and proud of the center's success.

The Hope Center's positive support is thoroughly grassroots. Several participants have become volunteers through mentoring efforts and now provide peer-to-peer counseling.

"Look around," said Susan Hoffman, the original staff facilitator of the facility. "You can't tell who are staff, who are volunteers, who are participants."

Hoffman has expansive plans for the center's third year including sending the center's volunteers to provide peer counseling for the inpatient population at Sempervirens, providing outreach services to Garberville, McKinleyville, and Willow Creek, extending the center's hours to include weekends, and providing more peer counselor training.

The pathway to recovery that the Hope



LESLIE LOLLICH

Visitors were welcome to the Hope Center's recent anniversary celebration.

Center offers is based on the psycho-social rehabilitative model established at Boston University and augmented at numerous other institutions, including the University of Chicago, the University of Pennsylvania and the University of California, Los Angeles.

"We learn to handle life stressors. We're learning our strengths and limitations," Hoffman said of the process.

The specific rooms of the center are dedicated to art, computers, relaxation and social activities. The open area behind the building offers a large garden for volunteer gardeners to tend. The walls of all the rooms and hallways are lined with colorful artwork produced by the participants at the center. Tucked into this busy, creative space and schedule are sessions for several different recovery groups as well.

The center's name is no accident. The message of hope, as described by one of those volunteers, is that "Recovery is possible."

"It gives me strength to come here to work," another said.

These assessments seem in accord with a framed Charles Dickens quotation hanging over the center's bulletin board.

"No one is useless in this world who lightens the burden of anyone else."

Humboldt Area Foundation provides targeted southern Humboldt grants

Tri-City Weekly

Francek spent 12 years as the bookkeeper for the Healy Senior Center.

Nonprofit organizations in southern Humboldt County are invited to apply for

Humboldt Area Foundation grants from the newly established Southern Humboldt Community Grant Round.

This Field of Interest grant program was created to connect Southern Humboldt donors with community projects in their specific areas of interest and put local capital to work for local priorities and the public good, according to Humboldt Area Foundation's news release.

Two field-of-interest funds are available in this round:

John & Barbara Francek Memorial Fund

Active in the southern Humboldt community for years, Barbara Francek served 12 years as a member of the board for Heart of the Redwoods Community Hospice and then as a member of the Cedar Street Senior Apartments' Inc. board of directors. John

The Franceks created this discretionary field-of-interest fund to benefit the Southern Humboldt community.

Monroe Tobin Family Fund

T. Monroe Tobin established this fund because of his love for Southern Humboldt County, according to Humboldt Area Foundation's release. A resident of Garberville since 1950, Tobin served on many county and local boards as well as being a founding member of the Garberville Rotary Club. The fund's grants are intended to benefit southern Humboldt County's needs, particularly youth and seniors.

Humboldt Area Foundation will host a community outreach workshop on Wednesday from 10 to 11:30 a.m. at the Sanderson Building, (the former Masonic Hall) on Locust Street in Garberville. Participants will be able to ask questions about the Southern Humboldt Community Grant process. For more information, call Heather Hostler at 442-2995.

Humboldt Area Foundation will host a community outreach workshop on Wednesday from 10 to 11:30 a.m. at the Sanderson Building

HUMBOLDT HYDROPONICS

Future earthquakes may cause electrical fires in your growing environment - protect yourself and your home from disaster

Flame Defender FIRE Extinguishers

2.6kg Flame Defender, 6.8kg Flame Defender, 13.2kg Flame Defender

- Self-contained - no plumbing or wiring required
- Simply install by attaching vertically to the wall or ceiling
- Automatic - extinguishing agent is automatically dispensed if the temperature probe on the unit reaches 155° F
- Multi-purpose dry chemical extinguisher
- Rated for A, B & C
- Suitable for electrical fires
- Discharges a hemispherical spray pattern in area under sprinkler
- Available in three sizes to fit a variety of applications.
 - 4.4 lb (2kg) = 4' diameter
 - 13.2 lb (6kg) = 6' diameter
 - 26.4 lb (12kg) = 7.7' diameter

3 Great Locations for your Convenience!

Eureka Store - 1302 Union Street, 443-4304
Arcata Store - 601 I Street, 822-3377
Redway Store - 2010 Tunnel Rd, 923-1402

Please Visit Us on the Web
www.humboldthydroponics.com

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Humboldt

No funding is being requested for this program.

Program Number/Name: Outpatient Medication Services Expansion - Telemedicine

Date: March 12, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	#	%	#	%
	Individuals General System Development		Individuals Outreach and Engagement	
Child and Youth	0			
TAY	14	18%		
Adults	59	74%		
Older Adults	7	8%		
Total	80	100%		

Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 80

List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	#	%	Primary Language	#	%	Culture	#	%
	Individuals			Individuals			Individuals	
White	64	80%	English	80	100%	LGBTQ		
African American	2	3%	Spanish			Veteran		
Asian/Pacific Islander	3	4%	Other			Other		
Native American	6	8%						
Hispanic	0							
Multi	4	5%						
Unknown	0							
Other	1							

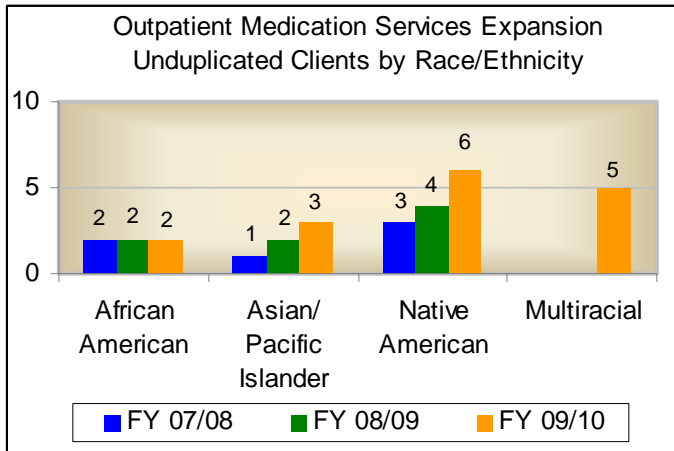
Individuals served are not currently being captured by Culture.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

In Fiscal Year 2009/2010 Outpatient Medication Services Expansion contributed to the increase of services to previously unserved and underserved racial/ethnic and geographically isolated populations in a rural region of the County. By bringing telemedicine services, this expansion addresses the barriers of transportation and the stigma of clinic based services. In August of 2010 telemedicine services in the southern part of the County celebrated three years (see attached newsletter article). Also in Fiscal Year 2009/2010, based on the analysis of data and an identified community need, planning occurred to expand telemedicine services to the eastern part of the County.



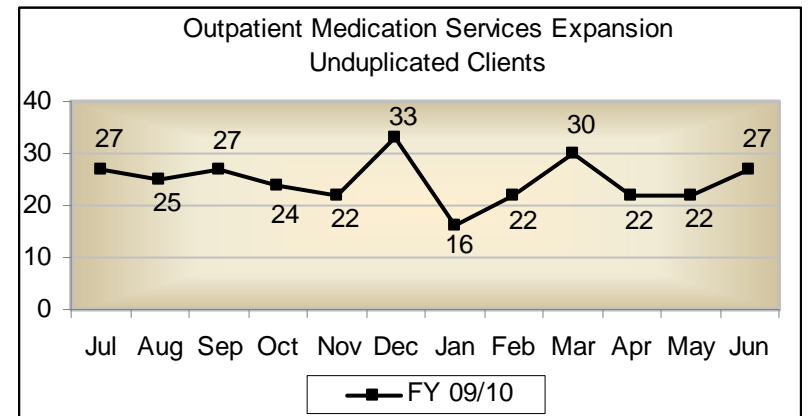
Services for people who identify as Native Americans have increased from 3 unduplicated clients in Fiscal Year 2007/2008 to 6 in Fiscal Year 2009/2010.

This expansion is progressing in its efforts to reduce racial/ethnic disparities. There is a 167% increase from Fiscal Year 2007/2008 to Fiscal Year 2009/2010 in clients served that report a race/ethnicity other than white.

In Fiscal Year 2009-2010 there was a total 80 unduplicated individuals served with an average of 25 unduplicated individuals each month.

“It used to be a hassle for me to find a ride or take the bus to get to the mental health clinic, now I can stay in Southern Humboldt and have been doing much better”.

~ Client with telemedicine in Garberville



**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

In Fiscal Year 2009/2010 there were no major challenges with implementation of this program as a result of the fluctuation in Mental Health Services Act funding or overall mental health funding.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served? Yes No

2) Is there a change in services? Yes No

3) a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$208,058	\$156,044	-25%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or**, Yes No

For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? Yes No

c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

List the estimated number of individuals to be served by this program during FY 11/12, as applicable.				
Age Group	#	%	#	%
	Individuals General System Development		Individuals Outreach and Engagement	
Child and Youth	4			
TAY	14			
Adults	79			
Older Adults	10			
Total	107			
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 107				
B. Answer the following questions about this program.				
<p>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</p> <p>Outpatient Medication Services Expansion - Telemedicine serves unserved and underserved populations residing in rural areas of the county including children, transition age youth, adults and older adults who have a severe mental illness or serious emotional disturbance. Outpatient Medication Services Expansion provides medication support utilizing video conferencing equipment. It allows clients to receive services at locations that are closer to where they reside eliminating burdensome travel that often was a barrier in receiving services.</p>				
<p>2. If this is a consolidation of two or more programs, provide the following information:</p> <ul style="list-style-type: none"> a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs. 				
N/A				
<p>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</p>				
N/A				

Program Highlight

Telemedicine Services to Southern Humboldt

by Amy Larum, Director of Nursing

DHHS's Mental Health Branch is celebrating 3 years of psychiatric telemedicine services to Southern Humboldt County residents. The weather and terrain of our county, coupled with a poor transit system, used to cause many people living at the outer edges of Humboldt County financial and weather periling hardships while traveling to our Eureka office. Providing telemedicine in the outlying, already operational DHHS integrated Garberville clinic has provided greater access to mental health services, as well as reduced the cost and inconvenience to our clients who were traveling an hour or more to reach our centralized Eureka mental health clinics.

When we started the telemedicine program, the clients were asked if they would be willing to participate in the change during their doctor visits in the Garberville clinic. Many expressed concern that they would miss the face-to-face appointment with the doctor, but agreed to participate. They were told that the nurse would be there to provide nursing assessments for each visit, as well as try to make them feel comfortable with the telemedicine equipment. The clients see the Nurse Practitioner via a television monitor and they communicate in real time.

Community stakeholders and DHHS staff recognized a shortage of both psychiatrists and psychiatric nurses to serve the many people of our county who sought services from a remote area. Telemedicine has reduced travel time for our Nurse Practitioner, Wendy Brandon, RN, NP, and has provided more nursing care for our clients. Other goals of telemedicine were to provide a nurse in the Southern Humboldt clinic to physically assess the patient, provide Abnormal Involuntary Movement Scale testing, medication management, referrals and a consistent human connection. This has been working very smoothly and the patients enjoy the personalized nursing relationship offered by Marcile Raney, RN, who has been a consistent presence in the clinic.

Having our psychiatric telemedicine clinic located in a DHHS site has also afforded our clients access to preventive health education and other programs to meet their needs in a more holistic manner. One measurable aspect of our change in service has been an increase in the number of clients' appointments. We are now serving 51 unduplicated clients, and last fiscal year a total of 245 services were provided. The clinic is available two days per week. We have also reduced the travel time for those clients who are prescribed long acting injectable medication on a monthly basis, since our nurse now administers the injections in Southern Humboldt. Finally, we are identifying a reduction in admissions to our acute hospital from that area of the county.

We are very pleased to have had the ability to provide medication support services to Southern Humboldt residents by combining telemedicine and face to face services. The clients enjoy the same personalized attention from the nurse and Nurse Practitioner as if they were in Eureka. All of the clients are thankful to be able to have services close to home. We are planning to extend these services through shared DHHS offices in Willow Creek in the near future. We will update you as this project develops.



PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Humboldt

No funding is being requested for this program.

Program Number/Name: Alternative Response Team Expansion (ART)

Date: March 12, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	#	%	#	%
	Individuals General System Development		Individuals Outreach and Engagement	
Child and Youth	29	97%	5	
TAY	1	3%	20	
Adults			20	
Older Adults				
Total	30		45	
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			75	

List the number of individuals served by this program during FY 09/10, as applicable.

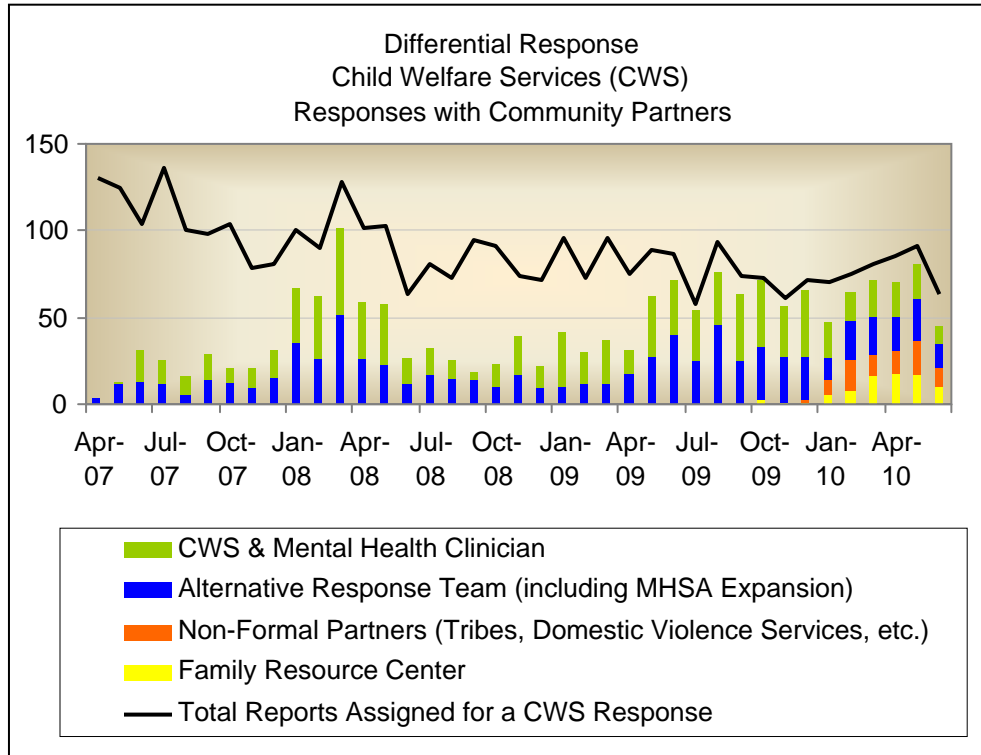
Race and Ethnicity	#	%	Primary Language	#	%	Culture	#	%
	Individuals			Individuals			Individuals	
White	24	80%	English	30	100%	LGBTQ		
African American	2	7%	Spanish			Veteran		
Asian			Other			Other		
Pacific Islander								
Native American	3	10%						
Hispanic								
Multi	1	3%						
Unknown								
Other								
Race/Ethnicity and Primary Language currently being captured for General System Development only.						Individuals served are not currently being captured by Culture.		

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

In Fiscal Year 2009/2010 the Alternative Response Team Expansion contributed to the increase of services to previously unserved and underserved populations throughout the County. The children and families that are served by the program’s mental health clinician, were referred through Child Welfare Services and the County’s Differential Response initiative. Previous to this integrated referral and response initiative these families were unserved by mental health. By providing services that occur in the community, this program addresses the barriers of transportation and the stigma of clinic based services. The barrier of stigma is also addressed by the multidisciplinary and integrated approach of the program.

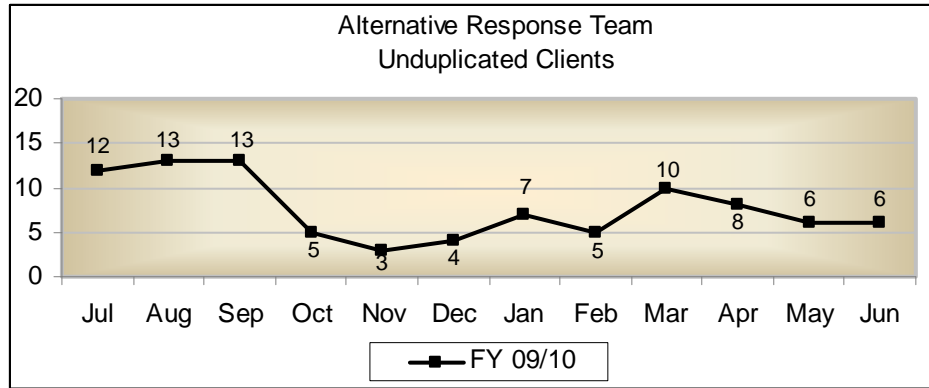


The voluntary Alternative Response Team services are offered to a family when a child abuse or neglect allegation does not meet statutory definitions for a Child Welfare Services in person response, yet there are indications that the family is experiencing problems that could be addressed by appropriate services.

This graph illustrates that as the number of referrals receiving a community based integrated response increase there is a decrease in the reports assigned for a Child Welfare Services Response, hence fewer referrals requiring a formal intervention.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

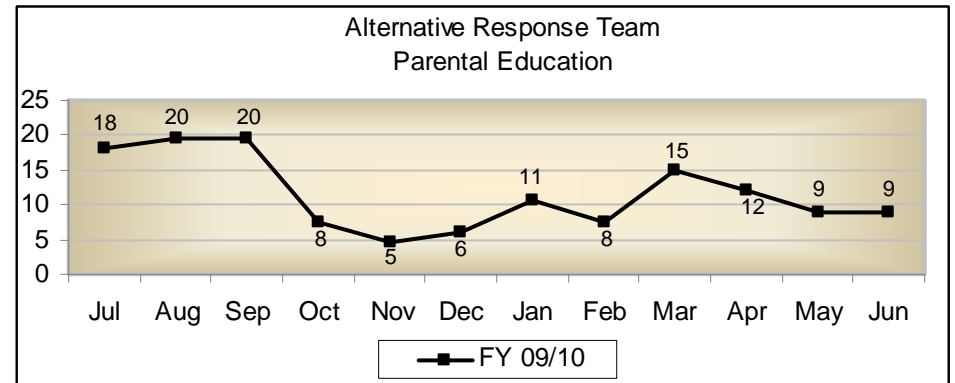
Differential Response is built around three guiding principles: 1) Children are safer and families are stronger when communities work together. 2) The earlier family issues are identified and addressed, the better children and families do 3) Families can resolve issues more successfully when they voluntarily engage in services, supports, and solutions.



The Alternative Response Team serves previously unserved and underserved populations.

In Fiscal Year 2009/2010 an average of 8 unduplicated clients received mental health services per month 20% of which reported a race/ethnicity other than white.

As a multidisciplinary and integrated team, the Alternative Response Team mental health clinician provided parental education to an average of 12 unduplicated families being served by the program per month in Fiscal Year 2009/2010.



**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

Successes and Challenges

- 29 referrals completed to the program's Mental Health Services Act – Mental Health Clinician. Majority of families remained engaged with mental health services after completing program.
- 52 families or 331 individuals graduated from Alternative Response Team services for Fiscal Year 2009/2010. 1089 individualized client goals were identified with 784 goals completed (72%). Health related goals completed included 96% of child immunizations are up to date, 92% obtained child medical care, 52% of families obtained dental care, and 100% obtained prenatal care.
- 73% of families had no further Child Welfare Services referrals or allegations twelve months after completing program.
- Updated and translated the Alternative Response Team brochure into Spanish.
- Staff recruitment and retention impacted the consistency and availability of the program's Mental Health Services Act – Mental Health Clinician.

“I liked the access to counseling that we got for my daughter. It is hard to do everything as a single parent and it is a great relief and helps to have someone work with us every week on emotional issues that I simply don't have the knowledge of, or the know-how to fix. The parenting resources she has supplied me with have been so valuable and have improved my relationship with my daughter greatly. I believe the county workers who visited did everything within their jurisdiction that they could do to provide support resources for me and my daughter.”

“The Alternative Response Team was a great support to my family. If I needed something they would make an effort to do so, or find out where I could get assistance. They were very supportive during a very stressful time in our lives. Thanks so much.”

“Whatever my team did, everyone should work like mine. They are great and I am happy to have learned from them. Thanks.”

*~ Families participating in the
Alternative Response Team*

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

In Fiscal Year 2009/2010 there were no major challenges with implementation of this program as a result of the fluctuation in Mental Health Services Act funding or overall mental health funding.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
<p>3) a) Complete the table below:</p> <table border="1" data-bbox="157 781 959 852"> <thead> <tr> <th>FY 10/11 funding</th> <th>FY 11/12 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td>\$ (6,191)</td> <td>\$ (7,738)</td> <td>25%</td> </tr> </tbody> </table> <p>b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or,</p> <p><u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?</p> <p>c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.</p>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$ (6,191)	\$ (7,738)	25%	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
FY 10/11 funding	FY 11/12 funding	Percent Change					
\$ (6,191)	\$ (7,738)	25%					

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

List the estimated number of individuals to be served by this program during FY 11/12, as applicable.				
Age Group	#	%	#	%
	Individuals General System Development		Individuals Outreach and Engagement	
Child and Youth	29	97%	5	
TAY	1	3%	20	
Adults			20	
Older Adults				
Total	30		45	
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:			75	

B. Answer the following questions about this program.

1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.

The Alternative Response Team serves children at-risk of Child Welfare Services (CWS) intervention and their families. The Mental Health Services Act component of this integrated program serves children with serious emotional disturbance and their families. The Alternative Response Team Expansion is a collaboration of state initiatives including Mental Health Services Act and a Child Welfare Improvement Activity. Initiated in 1996, the Alternative Response Team is a collaboration between Child Welfare Services and Public Health to engage families by strengthening and preserving their capacity to protect and nurture their children. The team provides prevention services in the home for at-risk families with children aged 0-8 years of age that were referred to Child Welfare Services but did not meet the criteria for intervention. In September 2006, through Mental Health Services Act funding, a full time Mental Health Clinician position was added to the interdisciplinary team resulting in a more integrated and holistic service experience to families. Using the evidence based practice, Parent Child Interaction Therapy (PCIT), mental health staff provides screening and assessment services, consultation, parent education, and wellness/recovery/resiliency focused clinical services.

2. If this is a consolidation of two or more programs, provide the following information:
 - a) Names of the programs being consolidated.
 - b) How existing populations and services to achieve the same outcomes as the previously approved programs.
 - c) The rationale for the decision to consolidate programs.

N/A

3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.

N/A



Place
Stamp
Here



Other Public Health Nursing Programs

- Childhood Lead Poisoning Education and Follow-up
- Sudden Infant Death Syndrome Counseling and Follow-up
- Communicable Disease Investigation and Surveillance
- AIDS Drug Assistance Program
- Tuberculosis Control Program
- Nurse Family Partnership

A.R.T. Alternative Response Team

529 I St.
Eureka, CA 95501
(707) 476-4915

Garberville Office
(707) 923-1259

Willow Creek Office
(530) 629-2410

Toll Free 1-866-597-1574

8:00am - 12:00pm
and
1:00pm – 5:00pm

AMERICANS WITH DISABILITIES ACT: The County does not discriminate on the basis of disability in services, programs, activities, or employment. The County does not discriminate on the basis of race, religion, color, national origin, ancestry, age, disability, sex or sexual orientation. Persons with disabilities requiring special assistance or accommodations contact: (707) 268-2122

Revised 1/11

A.R.T.
529 I Street
Eureka, CA 95501

Program Description

The purpose of the Alternative Response Team (ART) is to provide preventative services that address general neglect that, if left untreated, may eventually require Child Welfare Services (CWS) intervention.

By enhancing parental functioning and child development, and by preventing abuse and neglect, the health and dignity of children and their parents will be improved and the integrity of families will be preserved. ART recognizes that children are best served by remaining with their families.

ART is a voluntary nurse case management in-home visiting program that provides intensive case management for up to six months to respond to the needs of families with children age 0-8 years old. These services are available countywide.

Referrals

Families are referred to ART by CWS and consist of general neglect cases that do not meet the legal mandates for CWS intervention. Clients can self-refer by calling Child Welfare Services at (707) 445-6180.

ART Helps Families With:

- Medical, dental, and mental health services
- Anger management
- Nutrition
- Parenting techniques
- Child care resources
- Information and referral
- Transportation
- Health promotion
- Immunizations
- Birth control/family planning
- Safety and supervision training
- Organizational skills
- Time management
- Stress management
- Budgeting/financial management



ART Partners

The ART program works with Federal, State, County and local non-profit agencies throughout Humboldt County.

We offer our families resources and encouragement. We help them to identify their strengths and how to build on them.

Family Success

Following are some of the goals families have achieved by participating in ART:

- Accessed medical, dental and mental health services for their family
- New parenting, supervision and coping skills
- Became clean and sober
- Accessed stable housing
- Learned how to advocate for themselves and their children
- Obtained drivers training, permit, or license
- Passed their GED, returned to school, attended college or learned to read
- Learned about personal and/or household hygiene
- Learned about budgeting or accessed payee services



Otros programas de enfermería de la Salud Pública

- Programa de visita y educación para los bebés de alto riesgo
- Educación y seguir el caso del envenenamiento con plomo durante la infancia
- Síndrome de muerte súbita del lactante conserjería y seguimiento
- Investigación y vigilancia de enfermedades transmisibles
- Atención de salud preventiva de la vejez
- Programa de asistencia de medicamentos para el SIDA
- Programa de Control de la Tuberculosis

ACTO DE ESTADOUNIDENSES CON DISCAPACIDADES: El condado no discrimina en la base de incapacidades en servicios, programas, actividades ni empleo. El condado no discrimina en la base de raza, religión, color, origen nacional, ascendencia, discapacidad de edad, sexo u orientación sexual. Personas con incapacidades que requieren auxilio especial o acomodaciones, pueden llamar al: (707) 441-5510

A.R.T.
529 I Street
Eureka, CA 95501



Alternative Response Team A.R.T.

529 I St.
Eureka, CA 95501
(707) 476-4915

Garberville Office
(707) 923-1259

Willow Creek Office
(530) 629-2410

Llamada gratis 1-866-597-1574

8:00am - 12:00pm
y
1:00pm - 5:00pm

Descripción del Programa

El Departamento de Salud y Servicios Humanos (los departamentos de la Salud Pública y Servicios Sociales) formaron el Equipo de Resolución Alternativa (ART) en junio del 1996. El propósito del ART es prevenir la negligencia que, si no es tratada puede requerir la intervención de Servicios de Protección para Niños (CWS). Es la creencia de los socios de ART que aumentando el la función en la crianza de sus niños y el desarrollo de niños, y previniendo el abuso y la negligencia, que la salud y la dignidad de niños y de sus padres sean mejoradas y la integridad de familias será preservada. La central a esa creencia es el reconocimiento que se aprovechan mejor los niños manteniéndose con sus familias. ART es un programa voluntario basado en su casa que proveerá un manejo del caso intensivo utilizando un equipo de Enfermeras de la Salud Pública y Trabajador/a de Salud Comunitaria para responder a las necesidades de familias con niños de 0-8 años de edad. Estos servicios son disponibles por todo el condado.

Remisiones

Las familias son referidas al programa de ART por el programa de CWS y consistirán de casos generales de negligencia que no satisfacen los mandatos legales para la intervención de CWS. Los clientes pueden pedir la ayuda ellos mismos llamando a Child Welfare Services al (707) 445-6180.

El ART ofrece Educación de Salud y los recursos según las siguientes preocupaciones:

- Manejo de la ira
- Nutrición
- Técnicas de crianza de niños
- Recursos para guarderías infantiles
- Información y referencias
- Transportación
- Promoción de salud
- Mantenimiento de salud
- Inmunizaciones (vacunas)
- Enfermedades contagiosas
- Anticonceptivos/planificación familiar
- Seguridad
- Habilidades de organización/ manejo de tiempo
- Crecimiento y desarrollo
- Manejo de estrés
- Presupuestos y manejo financiero



Socios de ART

El Equipo de Resolución Alternativa ha trabajado con más de 150 recursos en nuestra comunidad. Esto consiste de agencias Federales, Estatales, del Condado y agencias de fines no lucrativos por todo el Condado de Humboldt. Se determinan las agencias con cuales trabajamos dependiendo en las necesidades de cada familia.

¿Cuales metas pueden ser realizadas?

- Han conseguido servicios médicos, dentales y salud mental para su familia
- Aprendieron nuevas maneras de supervisión, crianza de niños y enfrentar
- Dejaron las drogas
- Obtener un hogar estable
- Aprendieron como trabajar con proveedores de servicios y como abogar por ellos mismos y sus niños
- Obtener preparación, permiso o licencia para conducir
- Recibir su diploma general, regresar a la escuela, ir al colegio o aprender a leer
- Aprender de la limpieza personal y/o de la casa
- Aprender de presupuestos o tener acceso a los servicios de beneficiarios
- Instrucción en seguridad y supervisión

Nosotros ofrecemos recursos y apoyo a nuestras familias. Nosotros los ayudamos identificar sus fuerzas y como desarrollarlas



PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Humboldt

No funding is being requested for this program.

Program Number/Name: Older Adults and Dependent Adults Expansion

Date: March 12, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	Individuals		Individuals	
	#	%	#	%
	General System Development		Outreach and Engagement	
Child and Youth				
TAY				
Adults	1	50%		
Older Adults	1	50%		
Total	2	100%		
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			2	

List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	#	%	Primary Language	#	%	Culture	#	%
	Individuals			Individuals			Individuals	
White	2	100%	English	1	50%	LGBTQ		
African American			Spanish			Veteran		
Asian			Other	1	50%	Other		
Pacific Islander								
Native American								
Hispanic								
Multi								
Unknown								
Other								
						Individuals served are not currently being captured by Culture		

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

Answer the following questions about this program.
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.
The Mental Health Services Act component of this program is an expansion and the mental health service needs are addressed for clients that have involvement with Adult Protective Services, the inpatient unit, as well as with law enforcement and local hospitals. We continue to recruit staff for this program so that further expansion can be planned.
2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
In Fiscal Year 2009/2010 there were no major challenges with implementation of this program as a result of the fluctuation in Mental Health Services Act funding or overall mental health funding.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> <tr> <td style="text-align: center;">\$113,412</td> <td style="text-align: center;">\$85,059</td> <td style="text-align: center;">-25%</td> </tr> </table> b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or , For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?		FY 10/11 funding	FY 11/12 funding	Percent Change	\$113,412	\$85,059	-25%
FY 10/11 funding		FY 11/12 funding	Percent Change				
\$113,412		\$85,059	-25%				
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	#	%	#	%
	Individuals General System Development		Individuals Outreach and Engagement	
Child and Youth TAY				
Adults	7	14%	12	14%
Older Adults	43	86%	73	86%
Total	50		85	

Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 135

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

B. Answer the following questions about this program.
1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.
Older Adults and Dependent Adults Program Expansion serves adults and older adults at-risk of higher level of care or higher level of supervision. The Mental Health Services Act component of this integrated program serves adults and older adults with severe mental illness. Older Adults and Dependent Adults Program Expansion provides in home services to disabled adults, at-risk adults and older adults. The enhanced adult services team expands an existing collaboration between Social Services, Adult Protective Services, In Home Support Services, Public Health Nursing, and a mental health clinician to provide assessment and treatment planning to older and dependent adults with a serious mental illness who are at risk of abuse or neglect or who are in need of support services to remain in their home.
2. If this is a consolidation of two or more programs, provide the following information: a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
N/A
3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.
N/A

County: Humboldt

No funding is being requested for this program.

Program Number/Name: Crisis Intervention Services (CIS)

Date: March 12, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	#	%	#	%
	Individuals General System Development		Individuals Outreach and Engagement	
Child and Youth			3	6%
TAY			8	14%
Adults			37	66%
Older Adults			8	14%
Total			56	100%
Total Number of Individuals Served (all service categories) by the Program during FY 09/10:			56	

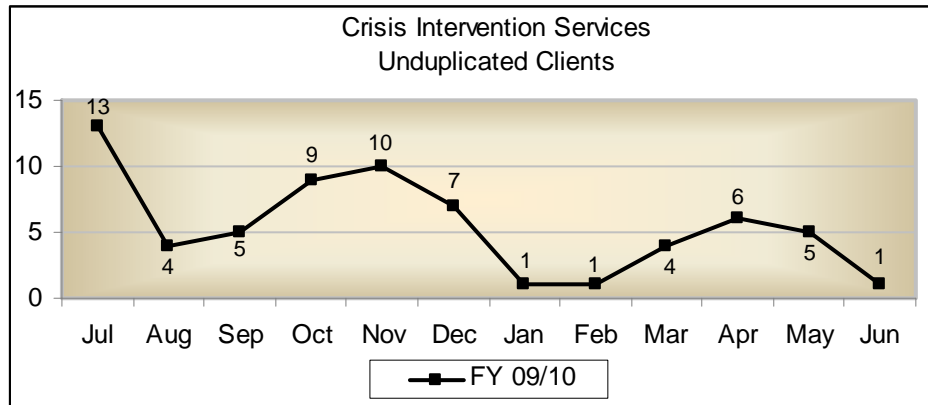
List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	#	%	Primary Language	#	%	Culture	#	%
	Individuals			Individuals			Individuals	
White	45	80%	English	55	98%	LGBTQ		
African American	1	2%	Spanish			Veteran		
Asian/Pacific Islander	1	2%	Other	1	2%	Other		
Native American	1	2%						
Hispanic	1	2%						
Multi	7	12%						
Unknown								
Other								

Answer the following questions about this program.

1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

Through partnering with local law enforcement and other community agencies Crisis Intervention Services contributed to the increase of culturally competent services to previously unserved and underserved populations throughout the County in Fiscal Year 2009/2010.

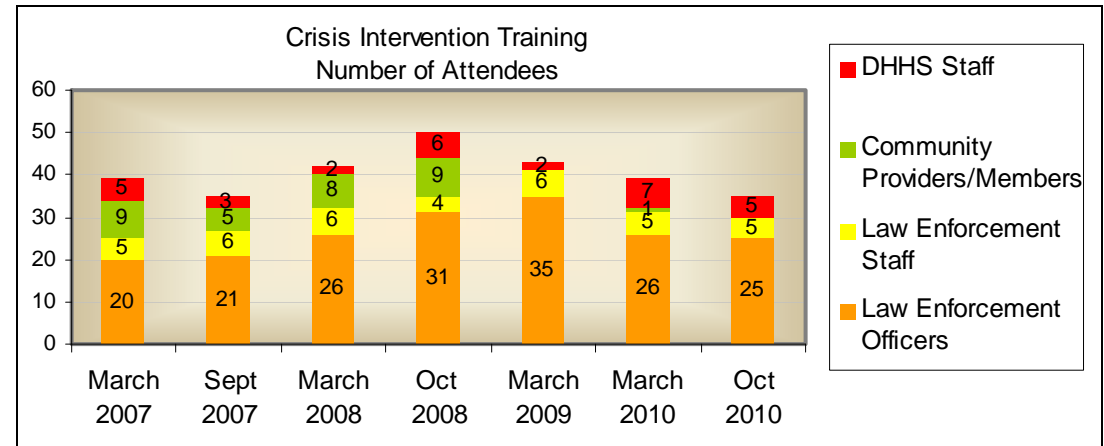


Crisis Intervention Services provided crisis and critical incident services to an average of 6 mental health clients per month in Fiscal Year 2009/2010. 20% of which reported a race/ethnicity other than white.

The Crisis Intervention Team was awarded the 2009 “Patriot Award” by the Redwood Chapter of the American Civil Liberties Union (ACLU).

Crisis Intervention Training is a national model where partnerships between law enforcement, mental health systems, clients and their family members can help in efforts to assist people who are experiencing a mental health crisis.

Mental Health Branch Staff trained in the Crisis Intervention Team model have sponsored and provided local training. To date, seven sessions of the four day training have trained 184 law enforcement officers and staff, 37 community providers/members, and 30 Department of Health and Human Services staff.



Key Accomplishments

- Provision of Crisis Intervention Training. Prior to Crisis Intervention Training (CIT) there was an “us and them” mentality in the community especially between law enforcement and mental health services. Crisis Intervention Training was implemented to address a lack of historical cooperation, resistance to change, and agency territorialism. The purpose was to increase a mutual understanding about mental illness, mental health services, and about the role and responsibility of mental health and law enforcement.
- Meeting the central objective to increase community safety and cooperation. The trainings have led to an increase in law enforcement officers’ awareness of mental illness and mental health crisis, an increase in safety for officers and individuals in crisis, reduce law enforcement return calls to residences by making an appropriate disposition initially, an increase in the tools available to officers dealing with a mental health crisis, and an increase in communication between community agencies.
- Building on a foundation of community resources including the Humboldt County Department of Health and Human Services, community health clinics and hospitals, local providers of mental health services, the local chapter of the National Alliance on Mental Illness (NAMI), the Hope Center, Humboldt State University, the Redwood Coast Regional Center, Making Headway, and Crestwood Behavioral Health Services.
- On-going program development. The multi-agency and interdisciplinary Crisis Intervention Training team meets regularly prior to each training to make necessary adaptations to the urban model for Humboldt County with modifications that assess what is working, gaining consensus, maintaining commitment, and ensuring sustainability while maintaining fidelity to the intent and purpose of Crisis Intervention Training.



Crisis Intervention Training graduating class
March 2010



Certificates of Completion being
awarded to attendees

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

Successes and Challenges

- Crisis Intervention Training has lead to the expansion of mental health crisis services including direct cell phone access for officers to mental health responders, thirty minute field response time to assist officers in the community, and a ride-along program with law enforcement for mental health staff.

I am not aware of any program available to law enforcement personnel which is as important or more beneficial than Crisis Intervention Training. It is mandated for all of our sworn and non-sworn personnel, and there is no doubt in my mind that this training has reduced the use of force and probably prevented the use of serious or deadly force in our community. As our front line police personnel encounter greater numbers of individuals with mental health issues, the ability to recognize and be equipped with even rudimentary tools is invaluable. As important is the fact that our officers are much more familiar with available resources and how to engage them when they encounter persons with mental health issues.

*~ Garr Nielsen, Chief of Police
Eureka Police Department*

- Increased utilization of mental health services at the County Correctional Facility which enables people with a mental illness to be treated in an appropriate treatment setting.
- Continued work on operational polices and procedures for Crisis Intervention Training responses.
- Over 300 outreach and engagement contacts with law enforcement since 2006.

Because of my involvement with Crisis Intervention Training, my encounters with police officers went form fearful and arrogant to enjoyable conversation. I really think it works. I believe not only do police get to begin to understand us but we get to begin to understand them too.”

~Joe Jack, Client Panel Speaker

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

- One mental health staff trained in Advanced Hostage Negotiation and four mental health staff trained in Basic Hostage Negotiation.
- Awarded the 2009 “Patriot Award” by the Redwood Chapter of the American Civil Liberties Union (ACLU). This award goes to the community member or members who have demonstrated a patriotic commitment to defending and preserving Constitutional rights and liberties.

“When someone is having a mental health crisis, they cannot stand up for their constitutional rights, such as the right to due process. The Crisis Intervention Training therefore gives mental health staff and law enforcement personnel effective tools to defend the rights of others when they are at their most vulnerable”

*~ Greg Allen, Chair
Redwood ACLU*

“We are really pleased with the success of this program and hope that resources continue to be dedicated to it.”

*~ Christina Albright, Vice Chair
Redwood ACLU*

“This training has increased communication, and morale, improved skills, decreased stigma and most importantly, it will save lives.”

~Tim Ash, NAMI and Mental Health Board Member

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

In Fiscal Year 2009/2010 there were no major challenges with implementation of this program as a result of the fluctuation in Mental Health Services Act funding or overall mental health funding.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="text-align: center;">FY 10/11 funding</th> <th style="text-align: center;">FY 11/12 funding</th> <th style="text-align: center;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">\$106,618</td> <td style="text-align: center;">\$79,963</td> <td style="text-align: center;">-25%</td> </tr> </tbody> </table> b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or , For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?		FY 10/11 funding	FY 11/12 funding	Percent Change	\$106,618	\$79,963	-25%
FY 10/11 funding		FY 11/12 funding	Percent Change				
\$106,618		\$79,963	-25%				
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	#	%	#	%
	Individuals General System Development		Individuals Outreach and Engagement	
Child and Youth			5	8%
TAY			10	17%
Adults			35	58%
Older Adults			10	17%
Total			60	100%
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 60				

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

<p>B. Answer the following questions about this program.</p>
<p>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</p> <p>Crisis Intervention Services serves transition age youth, adults and older adults experiencing crises and at risk of requiring acute psychiatric inpatient care, residential treatment, or outpatient crisis intervention because of a mental illness who may be homeless, including those with co-occurring disorders. Crisis Intervention Services staff responds to intervene and prevent hospitalizations and incarcerations. CIS provides crisis support during critical incidents or potential critical incidents involving persons who may have a mental illness or co-occurring disorder. Mental health staff responds to assess, engage, and refer clients to appropriate services and supports; and to develop more direct outreach, engagement, and access strategies.</p> <p>Crisis Intervention Services also conducts and sponsors Crisis Intervention Team trainings. Crisis Intervention Team is a national model where partnerships between law enforcement, mental health systems, clients of mental health services, and their family members can help in efforts to assist people who are experiencing a mental health crisis and to help them gain access to the treatment system where they are best served.</p>
<p>2. If this is a consolidation of two or more programs, provide the following information:</p> <ul style="list-style-type: none"> a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
<p>N/A</p>
<p>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</p>
<p>N/A</p>

CRISIS INTERVENTION TEAM TRAINING

A Collaboration between
DHHS Mental Health Branch and Law Enforcement

TUESDAY, OCTOBER 12 THROUGH FRIDAY, OCTOBER 15, 2010
8:00 AM TO 5:00 PM (CONTINENTAL BREAKFAST AT 7:30 AM)

HUMBOLDT BAY AQUATIC CENTER
921 WATERFRONT DR., EUREKA

This four day training will enhance skills in dealing with persons with mental illness and other disabilities that are in crisis.

Trainers for this interactive workshop will come from law enforcement, the courts, community based organizations, and the Mental Health Branch. Information will be presented about legal issues, officer and citizen safety, and crisis and suicide intervention. The primary goal of the workshop is to increase knowledge about mental health services and issues for officers in the field.

Cost: Cost of registration is \$50.00. For those wanting POST/College of the Redwoods credit an additional \$39.00 per person will be billed to the agency after the training.

Law Enforcement Credits: This is a 32 hour POST-certified training for Law Enforcement. STC credit will be offered for Probation, Corrections, and Parole.

Continuing Education Credits: This course meets the qualifications for 28.0 hours of continuing education credit for MFTs and LCSWs as required by the California Board of Behavioral Sciences, Provider Number PCE 250, Department of Health and Human Services. Provider also approved by the California Board of Registered Nurses, Provider Number, CEP 15353 for 28 contact hours.

Course Objectives: Upon completion of this course, participants will: a) have a clear understanding of the Welfare and Institution Code 5150 and Law, b) have reviewed major mental health disorders and other disabilities and acquired specific techniques for responding to them in the field, and c) learned about available services for mental health clients in Humboldt County

Sponsored by:



Registration Form

(seating is limited; register early)

One person per registration form please (use photocopies for additional attendees). Payment is due at time of registration. Please RSVP via email to pcone@co.humboldt.ca.us. Questions? Call 441-5528

Attendee Name: _____

Organization: _____

Mailing Address: _____

City, State, Zip Code: _____

E-mail address: _____

Phone: _____

Registration fee: \$50.00 (See cost section above)

Registration fee enclosed: \$ _____

Make checks payable to: DHHS

Your check will be your receipt.

Mail check and registration form to:

DHHS

Attn: Mental Health Fiscal

507 F St.

Eureka, Ca 95501

**Humboldt County Department of Health and Human Services
Mental Health Branch Crisis Intervention Team (CIT) March 2010 Training Schedule**

Tuesday, March 9, 2010	Wednesday, March 10, 2010	Thursday, March 11, 2010	Friday, March 12, 2010
0730-0800 Continental Breakfast	0730-0800 Continental Breakfast	0730-0800 Continental Breakfast	0730-0800 Continental Breakfast
0800-0900 Introduction/Training Overview <i>Lt. Lynne Soderberg Jet DeKruise, MFT</i>	0800-0930 CIT <i>Officer Joel Fay, Psy. D., San Rafael Police Department, Deputy Joshua Todt, Marin County Sherriff</i>	0800-0845 QPR Suicide Prevention <i>Kris Huschle & Karen Diers</i>	0800-0900 Co-Occurring Disorders- Mental Illness and Substance Abuse <i>Doug Rose-Noble, LCSW</i>
0900-0915 Break		0845-0900 Break	
0915-1015 5150 <i>Judge Feeney</i>	0930-0945 Break	0900-0945 Coordination of Care: Emergency Rooms and Mental Health <i>Mark Lamers, Ph.D.</i>	0900-0915 Break
1015-1030 Patients' Rights Advocate <i>Jim Snow</i>	0945-1045 CIT <i>Officer Joel Fay, Psy. D., San Rafael Police Department, Deputy Joshua Todt, Marin County Sherriff</i>	945-1045 Redwood Coast Regional Center <i>Rob Enge, MSW Dr. Kim Smalley, Ph.D.</i>	0915-1015 De-escalation, Reducing Uncontrolled Behaviors <i>Marcia Bowman, LPT Donna Fletcher, LPT</i>
1030-1045 Break	1045-1100 Break		1015-1045 Mental Health Services in the Jail <i>Kelly Cole ACSW</i>
1045-1145 Mental Illness Overview <i>Ruby Bayan, M.D.</i>	1100-1200 CIT <i>Officer Joel Fay, Psy. D., San Rafael Police Department, Deputy Joshua Todt, Marin County Sherriff</i>	1045-1100 Break	
1145-1230 Lunch		1100-1200 Access to Sempervirens, Psychiatric Emergency Services, Same Day Services <i>Jet DeKruise, MFT, Senior Program Manager of 24 Hour Services</i>	1045-1100 Break
1230-1315 Veteran's Presentation <i>Andy Durham, Mary Baker</i>	1200-1300 Lunch		1100-1200 Exercise <i>Lt. Lynne Soderberg, University Police</i>
	1300-1330 Communication <i>Amanda Nichols, Eureka Police Department Dispatcher, Adam Laird, Eureka Police Department Officer, Muneca "Moonie" Higginson MHW</i>	1200-1315 Lunch	1200-1300 Lunch
	1330-1430 CIT <i>Officer Joel Fay, Psy. D., San Rafael Police Department, Deputy Joshua Todt, Marin County Sherriff</i>	1315-1415 NAMI Family Panel	1300-1330 Recovery and Wellness <i>Lea Nagy</i>
1315-1630 Facility Tours Sempervirens, Psychiatric Emergency Services, Same Day Services, Crestwood, Double RR Care Home, Street Outreach Services, Four Paths Gallery, Hope Center	1430-1445 Break	1415-1430 Break	1330-1430 NAMI Consumers
	1445-1545 CIT <i>Officer Joel Fay, Psy. D., San Rafael Police Department, Deputy Joshua Todt, Marin County Sherriff</i>	1430-1515 Older Adults - Dementia <i>Maggie Kraft, MSW</i>	1430-1445 Break
		1515-1545 Making Headway <i>Gail Pascoe, RN</i>	1445-1545 CIT Panel <i>Pamlyn Millsap, Facilitator</i>
	1545-1600 Break	1545-1600 Break	1545-1600 Break; Complete Evaluations
1630-1700 Discussion <i>Lt. Lynne Soderberg, University Police, Jet DeKruise, MFT</i>	1545-1600 Break	1600-1700 Exercise	1600-1700 Graduation
	1600-1700 Exercise <i>Lt. Lynne Soderberg, University Police</i>	68 <i>Lt. Lynne Soderberg, University Police</i>	

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Humboldt

No funding is being requested for this program.

Program Number/Name: Integrated Services and Supports

Date: March 12, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

A. List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	#	%	#	%
	Individuals General System Development		Individuals Outreach and Engagement	
Child and Youth				
TAY				
Adults				
Older Adults				
Total	5,869			
Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 5,869			Individuals served is not currently being captured by Age Range	

B. List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	#	%	Primary Language	#	%	Culture	#	%
	Individuals			Individuals			Individuals	
White			English			LGBTQ		
African American			Spanish			Veteran		
Asian			Other			Other		
Pacific Islander								
Native American								
Hispanic								
Multi								
Unknown								
Individuals served is not currently being captured by Race/Ethnicity			Individuals served is not currently being captured by Primary language			Individuals served is not currently being captured by Culture		

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

<p>C. Answer the following questions about this program.</p>
<p>1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.</p>

There are three central components of Integrated Services and Supports

- Research & Evaluation
- Training, Education & Supervision
- Office of Client & Cultural Diversity

Key Accomplishments

- The Research & Evaluation unit provides the Department of Health and Human Services with the ability to collect and track data and outcomes across systems in order to improve and increase the system’s ability to provide culturally competent, values driven, and evidence based services and supports. Research & Evaluation also provides training, consultation, and technical assistance to branches, units, and programs, helping maintain service integrity and quality. Research & Evaluation supports outcome and evaluation capacity by managing routine, regularly occurring tasks, as well as branch requested special project when resources allow. Both task areas are designed to assist the Department’s commitment toward increased outcome and evaluation capacity, as well as providing access to effective evidence based practices. Regularly occurring tasks include: Evaluation planning and implementation for evidence based practices programs and grants, including program logic models used to help implement newly operational evidence based practices and/or assist in application for new grant funding. In Fiscal Year 2009/2010, nine logical models were completed by the Research & Evaluation unit to help serve this purpose. Attend monthly evidence based practice team meetings to advise, as needed, on issues of data collection, outcomes, and evaluation strategies. Provide quarterly evidence based practice orientation trainings. Provide quarterly written evaluation reports for four evidence based practice programs, with plans to provide additional reports for three new practices. A total of 16 evidence based practices evaluation reports were completed during this fiscal year. Quarterly compilation of the *Humboldt County Department of Health and Human Services Integrated Progress and Trends Report*. Overall, the Research & Evaluation Unit produced 34 written reports during the last reporting cycle.
- The Training, Education & Supervision unit increases the capacity to provide cross branch education and training opportunities targeted toward improving and increasing the system’s ability to provide culturally appropriate services and reduce disparities. Trainings are available for agency staff and community partners. Education and outreach activities for ethnic and other cultural populations, families, and clients are provided. The Training, Education & Supervision unit also provides pre-licensure clinical supervision and, when applicable, ensures training Continuing Education Units (CEU) are offered for professional development.

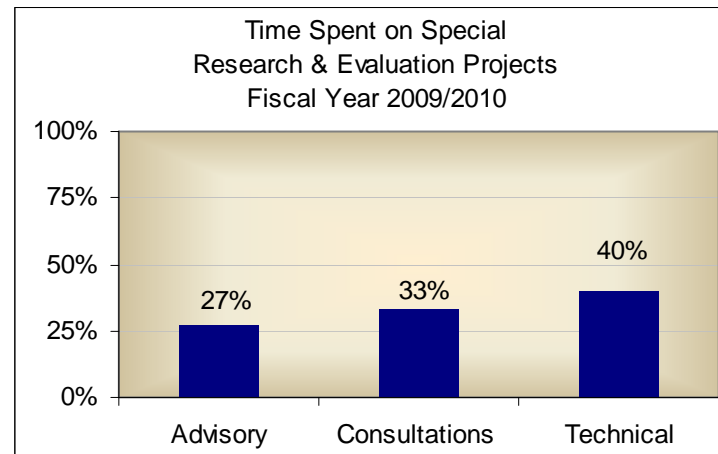
**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

- A primary focus of the Office of Client & Cultural Diversity is to increase and improve the system’s capacity to deliver culturally competent, consumer driven services to populations throughout the county. The Office provides cross branch leadership for policy and program development. The Client & Cultural Diversity Advisory Committee works in conjunction with the Office of Client & Cultural Diversity. This committee is comprised of employees from the Mental Health Branch, Public Health Branch, and Social Services Branch, as well as clients, family members, and other community partners.

Successes and Challenges

- One of the top goals of Research & Evaluation is to assist programs in developing practices and policies to help maximize branch level outcome and evaluation capacities. Toward this goal, Research & Evaluation provides branches with in house research and evaluation expertise through three specialized forms of assistance: Advisory assistance involves Research & Evaluation as a participant in meetings and/or workgroups to provide suggestions on areas related to sound outcome and evaluation techniques. Consultations are project requests from Branches and programs seeking in-depth, in-person assistance on projects requiring expertise in research and evaluation. Technical Assistance can be conducted without in-person assistance, and generally involves data assistance, trouble shooting and statistical analysis.

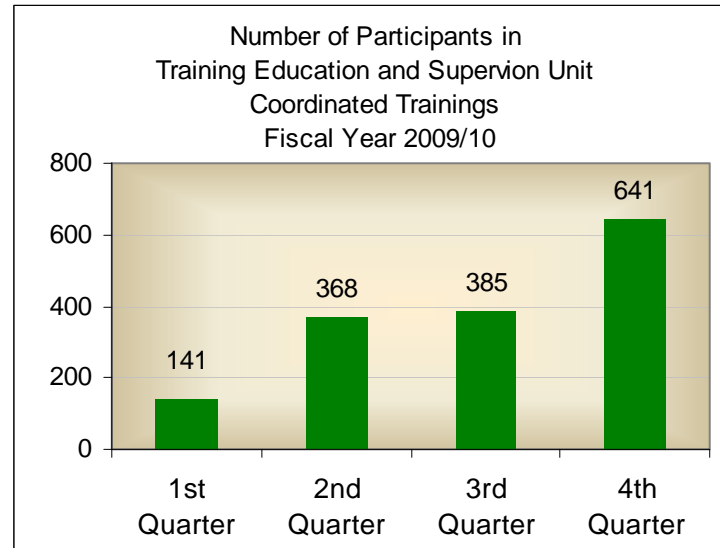
As the chart below illustrates, consultations and technical assistance were the most frequently utilized services accessed by programs.



**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

- Workforce development and capacity building are critical to increasing the Department’s ability to provide effective and appropriate services to the community over time. The Department of Health and Human Services maintains a commitment to developing and increasing the workforce. The Training, Education, and Supervision unit builds this capacity through three primary activities: Pre-licensure supervision to help Associate Social Workers (ASWs) and Marriage and Families Therapy Interns (MFTIs) meet the Board of Behavioral Sciences requirements of 104 weeks of individual and group supervision. Ensuring Continuing Education Units (CEU) are available for licensed professionals participating in trainings whenever possible. Coordination and provision of trainings. In Fiscal Year 2009/2010, 160 Continuing Education Units were offered. A total of 53 individuals have received supervision services. Of these, 30 are still actively working toward licensure. Eight individuals have completed supervision for a cumulative total of 832 weeks. Four employees have passed their licensure exams after completing their licensure supervision.
- The Training, Education, and Supervision unit continues to build system capacity by developing, coordinating, and integrating all resources to provide cross branch training and education. Trainings provide core and continuing education opportunities to staff, clients, family members, parents, families, community partners, and providers. This includes coordinating in-house and outsourced trainings to ensure consistency with DHHS values.

As the chart below illustrates, a total of 1,535 individuals participated in trainings in Fiscal Year 2009/2010. 28% of those participants were clients, family and community members. A total of 197 hours of training were offered to these participants.



**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

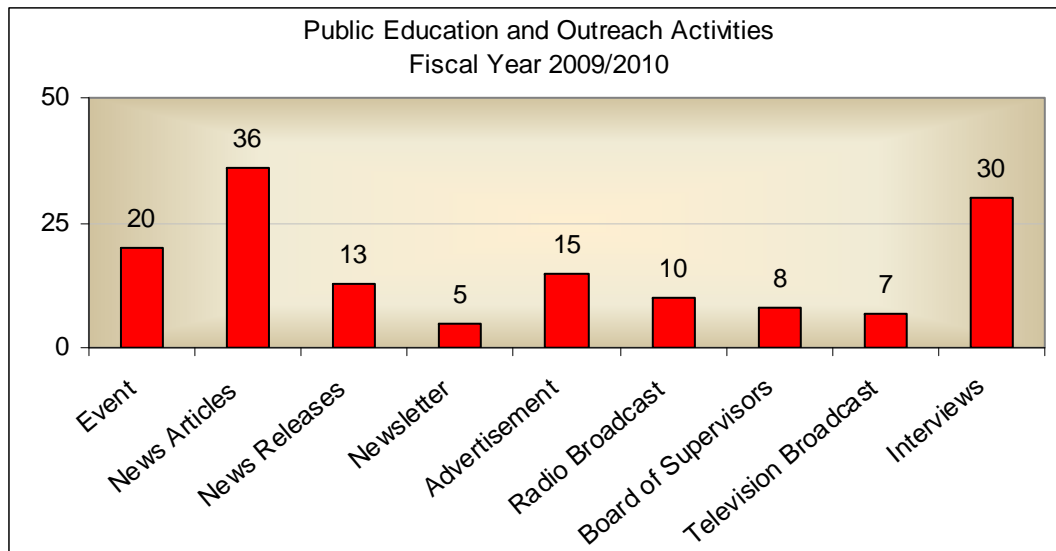
As shown in the chart below, Training, Education, and Supervision unit coordinated 49 trainings in Fiscal Year 2009/2010. Participation varied according to the type of training. Of the 49 trainings, nine had more than 50 people in attendance.

Title of Training	Attendees	Title of Training	Attendees	Title of Training	Attendees
Evidence Based Practices Introduction	27	Intimate Partner Violence	24	Trauma Focused Cognitive Behavior Therapy	9
Youth Education Summit	88	The Incidence/Impact of Child Abuse and Neglect in Families Affected by Substance Abuse	4	Question-Persuade - Refer Suicide Prevention	21
Motivational Interviewing	26	Question-Persuade - Refer Suicide Prevention	32	Safety Assessment and Planning for Children of Families Affected by Substance Abuse	4
Beyond the Bench	110	Question-Persuade - Refer Suicide Prevention	14	Infant Sleep-Related Deaths	55
Evidence Based Practices Introduction	14	Crisis Intervention Training	35	Trauma Focused Cognitive Behavior Therapy	14
Dementia: A Brief Overview	34	Wellness Recovery Action Plan (WRAP)	32	Soloist Screening - Prevention and Early Intervention	57
Healthy Aging	116	Question-Persuade - Refer Suicide Prevention	17	Leadership Training-Continuing the Transformation	18
Well Child Dental Visit	17	Soloist Screening - Prevention and Early Intervention	58	Whirlwind Tour of Personality Disorders	38
Question-Persuade - Refer Suicide Prevention	25	Law and Ethics	63	Understanding Substance-Abusing Fathers in Systems of Care	3
Post Traumatic Stress Disorder (PTSD) Children	36	Welcoming Based Cultures	49	Meeting the Needs of Substance-Abusing Fathers in Systems of Care	2
Trilogy Demonstration - E-learning	16	Prenatal Substance Exposure	9	Trauma Focused Cognitive Behavior Therapy	10
Evidence Based Practices Introduction	13	Mom Has HIV: Now What?	2	Counter-Transference	30
Verbal De-escalation	31	Verbal De-escalation	25	Mental Health Branch - Cultural Competence	29
Question-Persuade - Refer Suicide Prevention	25	Writing in Plain Language	21	Mental Health Branch - Cultural Competence	24
Supervisee Training	32	Evidence Based Practices Introduction	10	Transgender Communities	62
5150 -The Art of the Hold	44	Got Y.O.U.T.H.	52	Leadership Training-Continuing the Transformation	15
Traumatic Brain Injury	21	Trauma Focused Cognitive Behavior Therapy	22		

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

- The Department of Health and Human Services Media Calendar was developed to systematically sort and track media related activities making it easier to access and view media activities online. The Media Calendar links the type of media activity to the media sources making it easier to find and read specific media events about a topic easier and more efficient. The Public Education and Outreach program is responsible for external communications to help raise community awareness and understanding about the Department of Health and Human Services and the services and supports offered. News releases, newspaper and print articles, as well as public services announcements help accomplish the important task of bridging the Department with the community. When funding permits, the Public Education and Outreach program also helps coordinate advertising campaigns, including television announcements, information displays and campaigns. Public Education and Outreach activities vary reflecting the changing needs of the community, by providing alerts, resource topics, and Department of Health and Human Services news.

The chart below illustrates the number of media related activities according to nine activity types. Of the 144 total media activities, news articles were the most frequently used media type at 25% of all activities. Interviews were also a frequent media activity over the last fiscal year.



**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

- The Office of Client & Cultural Diversity actively works to emphasize client-centered, family-focused, and community-based services that are culturally appropriate, linguistically competent, and provided in an integrated setting. The Office strives to increase awareness, opportunity, and understanding of the importance of a culturally relevant service system reflective of community values through a wide variety of activities including: Coordinated meetings with the Client and Cultural Diversity Advisory Committee, including a meeting hosted by the Hope Center to discuss recovery. Sought input from Branch Directors and Deputy Directors by inviting them to provide ideas for developing client and cultural competence. Contributed articles about cultural competency to the Department newsletter. Facilitated roll out of the Rural Outreach Services Enterprise (ROSE) Mobile Engagement Vehicles to targeted areas of the county. As a result, the Office has begun to widen the reach of the Department out to the community while carrying forth the hope of recovery, reducing stigma and decreasing disparities to all members of the community, including those in the more rural areas. Wrote grants geared toward reducing homelessness through supported housing and at reducing stigma through better integration of behavioral and physical health care. Maintained a listserv of individuals who receive updates on resources, supports, outreach, events and training opportunities. Examples of community events and resources circulated through the Office include: *Art and Soul* Artist Reception held at the Mental Health Branch celebrating artists from the Art for Life Studio, Four Paths Gallery, Hope Center Art, and Bridge House Artists in honor of May is Mental Health Month. A celebration of “May is Mental Health Month” with the Art for Life Opening Exhibit. Promoted screenings of films and videos, such as “The Soloist”, as a way to create dialogue and understanding about diversity.

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.
In Fiscal Year 2009/2010 there were no major challenges with implementation of this program as a result of the fluctuation in Mental Health Services Act funding or overall mental health funding.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> <tr> <td style="text-align: left;">\$207,729</td> <td style="text-align: left;">\$155,797</td> <td style="text-align: left;">-25%</td> </tr> </table> b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or , For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?		FY 10/11 funding	FY 11/12 funding	Percent Change	\$207,729	\$155,797	-25%
FY 10/11 funding		FY 11/12 funding	Percent Change				
\$207,729		\$155,797	-25%				
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

A. List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	#	%	#	%
	Individuals General System Development		Individuals Outreach and Engagement	
Child and Youth				
TAY				
Adults				
Older Adults				
Total	6,044			
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12: 6,044				

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

<p>B. Answer the following questions about this program.</p>
<p>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</p> <p>Integrated Services and Supports serves unserved and underserved children, transition age youth, adults, and older adults who have serious mental illness and/or serious emotional disturbance. It is a further integration and expansion of a newly developed division at the Department of Health and Human Services. To facilitate progress toward Mental Health Services Act goals, Integrated Services and Supports includes the following infrastructure enhancements:</p> <p>The Office of Client & Cultural Diversity provides cross-branch leadership to the Department in the areas of policy and program development related to culturally competent client and family driven services and the reduction of racial, ethnic, and geographic disparities.</p> <p>The Research and Evaluation unit includes a full spectrum of evaluation services from data management, data verification, statistical analysis and interpretation, to written progress reports; increasing the Department’s capacity for outcomes based program planning and improvement. These data offer a measure of how a program or service, overtime, affects the community.</p> <p>The Training, Education and Supervision unit continues to build system capacity to develop, coordinate, and integrate resources to provide education and training opportunities to staff, clients, parents, families, community partners, and providers.</p> <p>Clients are indirectly served by these structures. Benefits to clients include: Service provision by staff who have received core, ongoing, and continuing training and evidence based practice training. Use of evaluative services to guide service delivery and evidence based practice targeted toward the identified target populations. Increased access to culturally appropriate services and reduced barriers to services.</p>
<p>2. If this is a consolidation of two or more programs, provide the following information:</p> <ul style="list-style-type: none"> a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
<p>N/A</p>
<p>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</p>
<p>N/A</p>

PREVIOUSLY APPROVED PROGRAM
Community Services and Supports

County: Humboldt

No funding is being requested for this program.

Program Number/Name: Full Service Partnership

Date: March 12, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

List the number of individuals served by this program during FY 09/10, as applicable.

Age Group	#	%	#	%	#	%	Cost per Client Full Service Partnership Only
	Individuals Full Service Partnership		Individuals General System Development		Individuals Outreach and Engagement		
Child and Youth	0		0				
TAY	15	12%	15	12%			\$22,197
Adults	94	76%	94	76%			\$22,197
Older Adults	15	12%	15	12%			\$22,197
Total	124	100%	124	100%			

Total Number of Individuals Served (all service categories) by the Program during FY 09/10: 124

List the number of individuals served by this program during FY 09/10, as applicable.

Race and Ethnicity	#	%	Primary Language	#	%	Culture	#	%
	Individuals			Individuals			Individuals	
White	102		English	124		LGBTQ		
African American	5		Spanish			Veteran		
Asian/Pacific Islander	1		Other			Other		
Native American	10							
Hispanic	6							
Multi								
Unknown								
Other								

Individuals served are not currently being captured by Culture.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

Answer the following questions about this program.

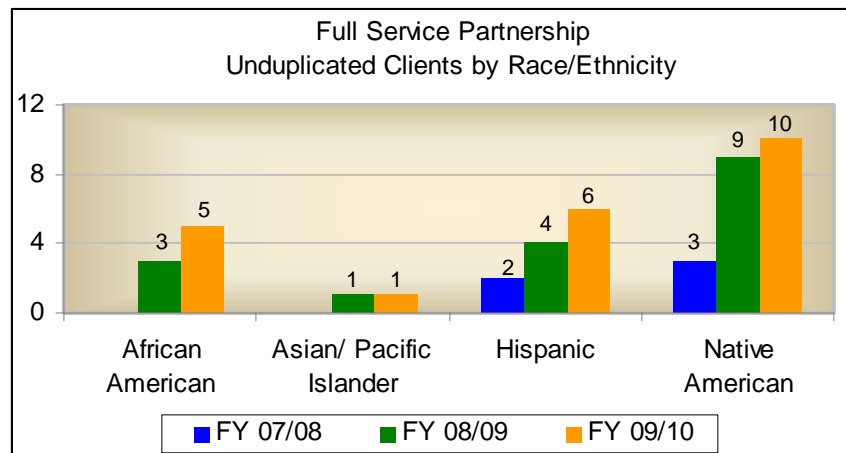
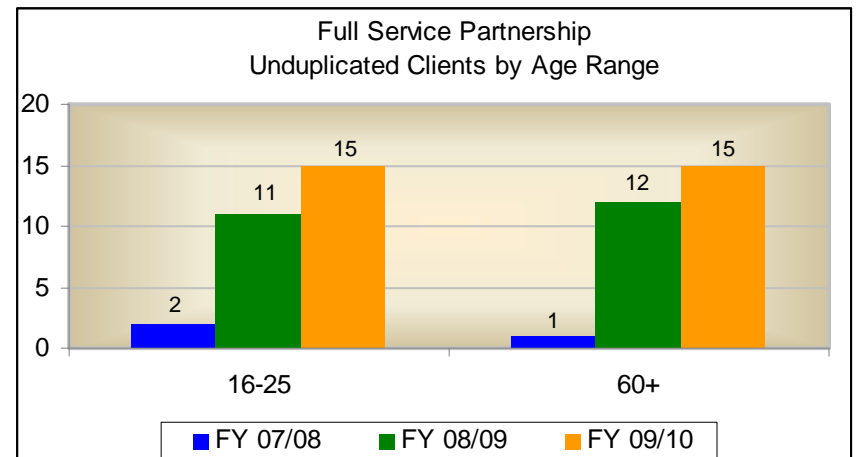
1. Briefly report on the performance of the program during FY 09/10 including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities.

Key Accomplishments

- In Fiscal Year 2009/2010 Full Service Partnership enrollment contributed to the increase of services to previously unserved and underserved populations in the County.

Full Service Partnerships are progressing in their efforts to reduce disparities and increase cultural competence for partners who are Transition Age Youth and Older Adults, previously unserved and underserved populations.

From Fiscal Year 2007/2008 to Fiscal Year 2009/2010 mental health services for Transition Age Youth and Older Adult clients have increased from 2 to 15 and 1 to 15 respectively.

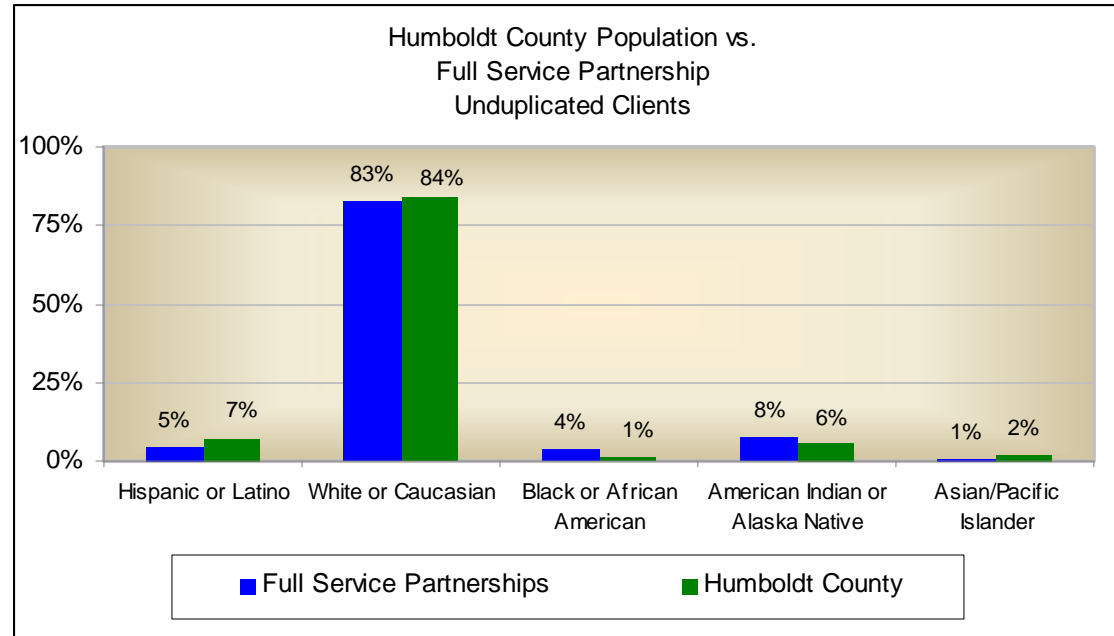


Full Service Partnerships serve previously unserved and underserved racial/ethnic populations.

Mental health services for Native American partners have increased from 3 unduplicated clients in Fiscal Year 2007/2008 to 10 in Fiscal Year 2009/2010.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

- Full Service Partnerships are progressing in their efforts to reduce ethnic and racial disparities. As the graph below illustrates, the percentage of people who are being served in Full Service Partnerships and identify with a race/ethnicity of Black or African American, and American Indian or Alaska Native, meet or exceed the percentage in the Humboldt County general population.



- Through partnering efforts with tribal community and Native American providers, clients who identify as Native American have accessed culturally appropriate supports and services in the community. In addition, coordinated responses occur for clients that are at risk for hospitalization and long term placement.
- Personal Services Coordinators availability has been increased to evening hours and weekends. A second Psychiatric Nurse has joined the program team.
- The services provided by the Comprehensive Community Treatment Team have supported the vision of the department, which is to reduce the use of long term placements and to increase the numbers of clients that reside in the community and are able to link with mental health services that enable them to retain their bonds to the community. The team is cohesive, dedicated and energized. Their conversations are filled with stories of day to day successes and new ideas for helping clients to meet their goals.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

2. Describe any key differences and any major challenges with implementation of this program as a result of the fluctuation in MHSA funding and overall mental health funding.

In Fiscal Year 2009/2010 there were no major challenges with implementation of this program as a result of the fluctuation in Mental Health Services Act funding or overall mental health funding.

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the service population to be served?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in services?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <tr> <th style="text-align: left;">FY 10/11 funding</th> <th style="text-align: left;">FY 11/12 funding</th> <th style="text-align: left;">Percent Change</th> </tr> <tr> <td style="text-align: center;">\$1,548,914</td> <td style="text-align: center;">\$1,161,686</td> <td style="text-align: center;">-25%</td> </tr> </table> b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or , For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?		FY 10/11 funding	FY 11/12 funding	Percent Change	\$1,548,914	\$1,161,686	-25%
FY 10/11 funding		FY 11/12 funding	Percent Change				
\$1,548,914		\$1,161,686	-25%				
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F1.

List the estimated number of individuals to be served by this program during FY 11/12, as applicable.

Age Group	#	%	#	%	#	%	Cost per Client Full Service Partnership Only
	Individuals Full Service Partnership		Individuals General System Development		Individuals Outreach and Engagement		
Child and Youth							
TAY	15	12%	15	12%			\$22,197
Adults	94	76%	94	76%			\$22,197
Older Adults	15	12%	15	12%			\$22,197
Total	124	100%	124	100%			
Total Estimated Number of Individuals Served (all service categories) by the Program during FY 11/12:						124	

**PREVIOUSLY APPROVED PROGRAM
Community Services and Supports**

<p>B. Answer the following questions about this program.</p>
<p>1. Provide a description of your previously approved program that includes the array of services being provided. Also provide information about targeted age group, gender, race/ethnicity and language spoken by the population to be served.</p>
<p>Full Service Partnerships serve transition age youth, adults and older adults with severe and persistent mental illness. This program provides intensive community services and supports (e.g.: housing, medical, educational, social, vocational, rehabilitative, or other needed community services) as defined by the partner to achieve recovery. Personal Services Coordinators (PSCs), including peer clients and peer family members, provide services to partners in the community. The mission of the program is to support people with severe mental illnesses live successfully in the community. Individualized services are provided to meet specific client needs. A team of providers collaborates to deliver integrated services of the recipients' choice, monitor progress towards goals, and adjust services over time to meet the recipient's changing needs. This program is Full Service Partnership based on the Assertive Community Treatment model with modifications for smaller rural communities. The program objectives are to work with individuals with severe mental illness to:</p> <ul style="list-style-type: none"> • Decrease mental health symptoms & prevent recurrent episodes • Meet basic needs & enhance quality of life • Improve functioning in social and employment settings • Assist family members/care providers • Provide support for people to stay in their communities
<p>2. If this is a consolidation of two or more programs, provide the following information:</p> <ol style="list-style-type: none"> a) Names of the programs being consolidated. b) How existing populations and services to achieve the same outcomes as the previously approved programs. c) The rationale for the decision to consolidate programs.
<p>N/A</p>
<p>3. If you are not requesting funding for this program during FY 11/12, explain how the County intends to sustain this program.</p>
<p>N/A</p>

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: Humboldt

No funding is being requested for this program.

Program Number/Name: Support to peer volunteers and staff

Date: March 12, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

This program has supported the coordination and development of activities throughout the Department that increase the participation of individuals with public mental health system lived experience into the mental health workforce and service delivery. Specifically people with experience as; clients and family members of clients, clients of CalWorks and HumWorks, and transition age youth with experience in foster care.



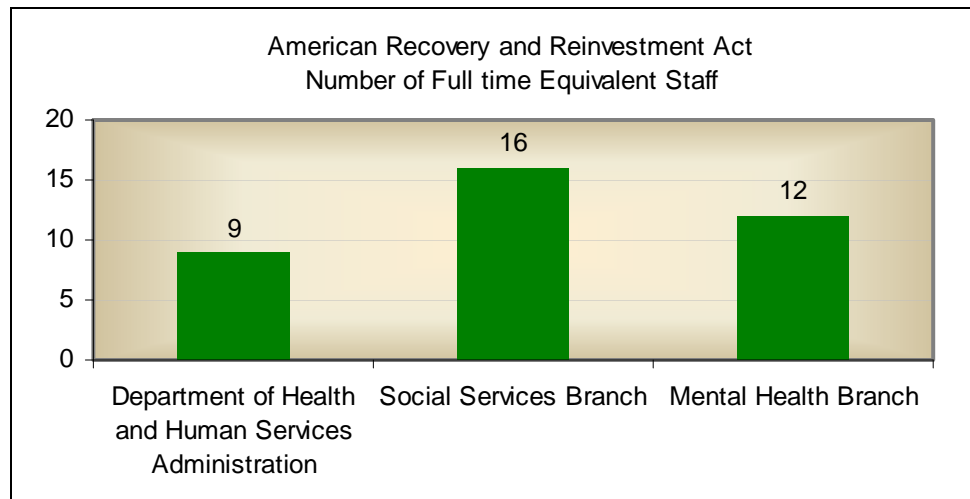
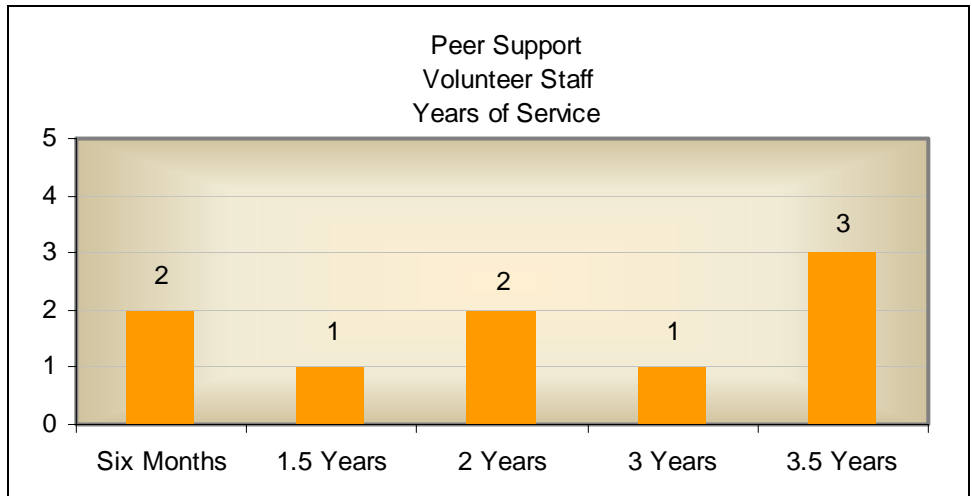
In Fiscal Year 2009/2010 the Hope Center facilitated five Peer Support Training sessions. Each Session is three hours long and typically volunteers complete three sessions for a total of nine hours of training. Sessions include topics such as basic duties of volunteers, healthy boundaries, crisis intervention (e.g. whom to contact in what situations), Wellness Recovery Action Plans (WRAP), privacy/confidentiality, and peer counseling.

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

Approximately 52% of the people who began the nine hour training have become "official" County Peer Support Volunteers and completed both the Health Insurance Portability and Accountability Act (HIPAA) training and the law enforcement background check (Live Scan) which are required for all County direct service providers.

Peer Support Volunteers also provide services to other programs such as the Full Service Partnership and participate on committees as members such as the MHSA Prevention and Early Intervention Implementation Team.

As this chart illustrates, there are currently nine Peer Support Volunteers who have volunteered for more than six months and three who have volunteered since the opening of the Hope Center in February 2008.



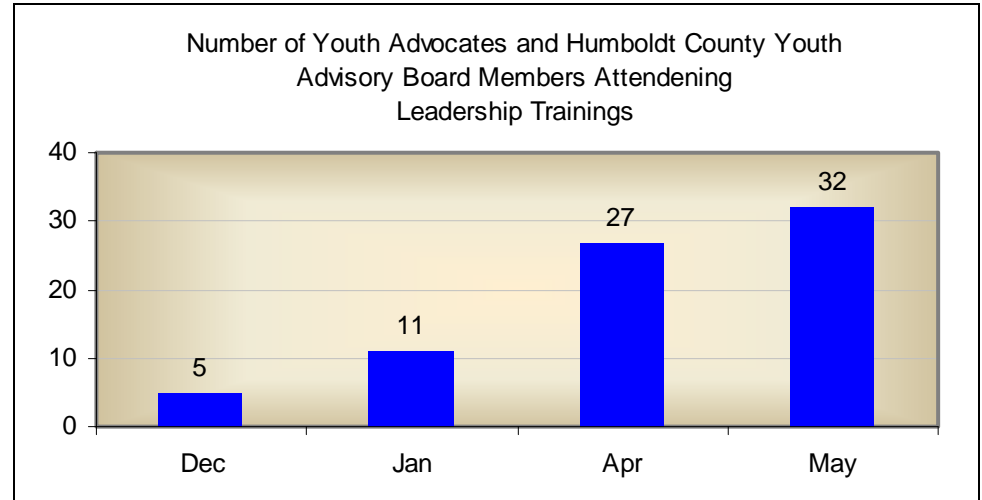
In 2009 a total of 37 positions were filled throughout the Department through the American Recovery and Reinvestment Act (ARRA).

This program increased the number of staff in the Department who have experience as CalWorks and HumWorks clients. Although this funding was temporary, these staff were supported as needed with guidance in the application process and participated in trainings such as Health Insurance Portability and Accountability Act (HIPAA), Client and Cultural Competency, Ethics, and Orientation to Evidence Based Practices.

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

In Fiscal Year 2009/2010 Humboldt County Transition Age Youth Collaboration Youth Advocates and Youth Advisory Board Members participated in eight youth leadership trainings to educate and better prepare them in their on-going participation in the Departments workforce policy development. These trainings included; Open Space Technology, Rose Jenkins Conference, Y.O.U.T.H. Training for Trainers, Day at the Capitol, Youth Professional Development Training, Making Change at the Policy Level, Take a Foster Youth to the Capitol, Youth Leadership Academy.

Of the approximately 20 youth who were peer mentored and regularly participated in leadership training events, six have become peer mentors themselves.



SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in the activities and strategies?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below: <table border="1" data-bbox="157 1291 955 1356"> <thead> <tr> <th>FY 10/11 funding</th> <th>FY 11/12 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>See note for 3c)</td> </tr> </tbody> </table> b) Is the FY 11/12 funding requested outside the $\pm 25\%$ of the previously approved amount, or , For Consolidated Programs, is the FY 11/12 funding requested outside the $\pm 25\%$ of the sum of the previously approved amounts?	FY 10/11 funding	FY 11/12 funding	Percent Change			See note for 3c)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
FY 10/11 funding	FY 11/12 funding	Percent Change					
		See note for 3c)					

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

<p>c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.</p>	
<p>Workforce Education and Training programs approved and funded in Fiscal Year 2009/2010. To the extent that resources are available, Humboldt County intends to provide support for Workforce Education and Training programs through Fiscal Year 2011/2012.</p>	
<p>NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.</p>	

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input checked="" type="checkbox"/>
Training & Technical Assistance	<input type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

B. Answer the following questions about this program.

<p>1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.</p>
<p>N/A</p>
<p>2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.</p>
<p>N/A</p>

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: Humboldt

No funding is being requested for this program.

Program Number/Name: Workforce development through e-learning technology

Date: March 12, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

This program provides the Department of Health and Human Services workforce opportunities for training and education that will; promote principles of recovery, wellness, resiliency, cultural competency, client and family member driven and integrated service delivery, promote proficiency of evidence based practices, provide licensed staff continuing education units (CEUs) requirements to maintain their clinical license, and support volunteer peer client and peer family member staff advancement to full time employment.

In Fiscal Year 2009/2010 the Department conducted a vendor selection process, selected a vendor and a contract was executed in June of 2010 for a web-based learning management system that will; assign training to staff, track training acquired by the staff, and upload locally acquired training materials. This system will utilize e-learning curriculum that; promotes recovery, wellness, and resiliency, addresses identified cultural competency needs, promotes client and family member workforce, encourages self-help and peer support, reduces stigma and discrimination and promotes suicide prevention.

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in the activities and strategies?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3) a) Complete the table below:	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
<table border="1" style="width:100%; border-collapse: collapse; margin-bottom: 10px;"> <thead> <tr> <th style="width:33%;">FY 10/11 funding</th> <th style="width:33%;">FY 11/12 funding</th> <th style="width:33%;">Percent Change</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td>See note 3c)</td> </tr> </tbody> </table>		FY 10/11 funding	FY 11/12 funding	Percent Change			See note 3c)
FY 10/11 funding		FY 11/12 funding	Percent Change				
			See note 3c)				
b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or ,							
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?							
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.							
Workforce Education and Training programs approved and funded in Fiscal Year 2009/2010. To the extent that resources are available, Humboldt County intends to provide support for Workforce Education and Training programs through Fiscal Year 2011/2012.							
NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.							

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input checked="" type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

B. Answer the following questions about this program.

1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.
N/A
2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.
N/A

PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training

County: Humboldt

No funding is being requested for this program.

Program Number/Name: Training for evidence-based practices and full service partnerships

Date: March 12, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

This program did not exist during FY 09/10.

1. Describe progress on the objectives achieved in this program during FY 09/10 (e.g. administrative and workforce policy support, the provision of financial relief, established partnerships among education and training that are connected to service needs, etc).

The Workforce Education and Training stakeholder process identified the need to further utilize evidence based practices that promote wellness and recovery for underserved and unserved clients and families. This program has provided the necessary training opportunities to ensure the proficiency of staff and the efficacy of programs.

Key Accomplishments

- In Fiscal year 2009/2010 Transformational Care Planning was identified as a practice to be adopted. An implementation team was formed including representation from children's services, adults, alcohol and other drugs, clinical, administrative, and quality assurance. Staff began a year long training cohort with the California Institute for Mental Health (CiMH) which included attending a two day workshop and ongoing periodic conference calls. Approximately 15 staff including alcohol and drug counselors, case managers, clinicians, clinical psychologists, and nursing staff has been trained in Transformational Care Planning.

“A key challenge for providers is to respect a consumer’s goal even if it seems unattainable. This acceptance is empowering for both the individual and the provider. This is the core of transformational care planning. Acceptance of individual or family goals demonstrates respect, understanding, hope, and empathy by the provider. Establishing a connection with their dreams and aspirations is the first step to a successful, effective plan”

~ Staff member trained in Transformation Care Planning

PREVIOUSLY APPROVED PROGRAM
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“This training educated staff to the art of writing client centered assessments, treatment plans, progress notes and discharges. This practice describes a whole person with strengths, obstacles and goals rather than a set of symptoms. It is a collaborative approach to treatment between the client and the clinician. It promotes their naturally occurring supports such as family, their religious and ethnic preferences.”

~ Staff member trained in Transformation Care Planning

Transformational Care Planning is a client centered format for assessments, treatment plans and progress notes. This evidenced based practice is designed to advance recovery, resiliency and wellness. It is a treatment planning process that is developed around the clients, child, or families' perception of needs and goals. The plan is directed by the client and completed in partnership with the care provider and natural supporters of the client. This process is referred to as person-centered practice which involves working with clients in an individualized way to assist them in their personal recovery journey. It is about helping the individual make decisions rather than the provider being the decision making authority. It is a critical component of our Integrated Dual Diagnosis Treatment Program.

- In Fiscal Year 2009/2010 Integrated Dual Diagnosis Treatment (IDDT) was identified as a practice to be adopted. Staff attended initial trainings, workbooks were purchased, and further training and implementation plan was developed. Integrated Dual Disorder Treatment is an evidence-based practice that has been found to be effective in the recovery process for clients with a dual diagnosis. The same clinicians or teams of clinicians, working in one setting, provide mental health and substance abuse interventions in a coordinated fashion. As an evidence-based psychiatric rehabilitation practice, this practice aims to help the client learn to manage both illnesses so that he/she can pursue meaningful life goals. The critical ingredients assertive outreach, motivational interventions, and a comprehensive, long-term, staged and individualized approach to recovery. There are seven core elements to Integrated Dual Disorder Treatment: Integrated services meaning mental health and substance abuse treatment are integrated to meet the needs of people with co-occurring disorders, cross-trained practitioners are trained to treat both substance use disorders and serious mental illnesses, stage-wise treatment in which integrated treatment specialists match services to the consumer's stage of recovery, motivational interventions are used to help consumers identify and pursue personal recovery goals, a cognitive-behavioral approach is used to help consumers identify and change their thoughts and behaviors related to their co-occurring disorders, multiple formats for services are available such as individual, group, self-help, and family formats, and integrated medication services.
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) was identified as a practice to be adopted. It is a psychosocial treatment model designed to treat posttraumatic stress and related emotional and behavioral problems in children and adolescents. Initially developed to address the psychological trauma associated with child sexual abuse, the model has been adapted for use with children who have a wide array of traumatic experiences, including domestic violence, traumatic loss, and the often multiple

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

psychological traumas experienced by children prior to foster care placement. The treatment model is designed to be delivered by trained therapists who initially provide parallel individual sessions with children and their parents (or guardians), with conjoint parent-child sessions increasingly incorporated over the course of treatment. In Fiscal Year 2009/2010 a training and implementation plan was developed. Trainers were identified and 30 staff were trained in the practice.

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1) Is there a change in the work detail or objective of the existing program(s) or activity(s)?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
2) Is there a change in the activities and strategies?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
<p>3) a) Complete the table below:</p> <table border="1" data-bbox="157 800 961 865"> <thead> <tr> <th>FY 10/11 funding</th> <th>FY 11/12 funding</th> <th>Percent Change</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>See note for 3c)</td> </tr> </tbody> </table> <p>b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, or,</p> <p><u>For Consolidated Programs</u>, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?</p> <p>c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.</p>	FY 10/11 funding	FY 11/12 funding	Percent Change			See note for 3c)	<p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>
FY 10/11 funding	FY 11/12 funding	Percent Change					
		See note for 3c)					

Workforce Education and Training programs approved and funded in Fiscal Year 2009/2010. To the extent that resources are available, Humboldt County intends to provide support for Workforce Education and Training programs through Fiscal Year 2011/2012.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Please complete an Exhibit F2.

**PREVIOUSLY APPROVED PROGRAM
Workforce Education and Training**

A. Type of Funding by Category

WET Funding Category	Check the Box that Applies
Workforce Staffing Support	<input type="checkbox"/>
Training & Technical Assistance	<input checked="" type="checkbox"/>
Mental Health Career Pathway	<input type="checkbox"/>
Residency & Internship	<input type="checkbox"/>
Financial Incentive	<input type="checkbox"/>

B. Answer the following questions about this program.

<p>1. If there have been changes to this program within the scope of what was originally proposed, describe any new objectives, actions, or strategies.</p>
<p>N/A</p>
<p>2. If this is a consolidation of two or more previously approved programs, provide the following information: a) Name of the programs. b) The rationale for the decision to consolidate programs. c) How the objectives identified in the previously approved programs will be achieved.</p>
<p>N/A</p>

Mental Health News

IDDT – What is it?

by Kathi Rose-Noble, LCSW, Supervising Mental Health Clinician for HumWorks

Integrated Dual Disorders Treatment (IDDT) is an Evidence-Based Practice (EBP) to treat alcohol and other drug use disorders and mental illness together – by the same team, at the same time, in the same location.



Historically, the treatment of mental illness and substance abuse disorders can be seen on a continuum from sequential, concurrent or parallel to integrated. Sequential treatment involves treating one disorder at a time. Many of us can remember the outdated notion that addicts or alcoholics needed to get clean and sober before they could address their mental health issues. This myth persists today among some mental health and alcohol and other drug (AOD) treatment professionals.

In the concurrent or parallel treatment philosophy, different providers in different programs treat both disorders at the same time. Parallel treatment involves separate admission criteria, different funding sources and different licensing requirements for mental health and substance abuse treatment providers. To complicate matters further, mental health and AOD programs operate under different confidentiality laws with different documentation standards. Treatment for each disorder is provided separately.

Integrated services are provided under one umbrella by the same staff in the same location. Current research shows that substance abuse is common in persons who suffer from mental illness. More than 50 percent of people suffering from schizophrenia, bipolar disorder and other severe mood disorders experience substance abuse disorders, along with one-third of people with anxiety and depressive disorders. These statistics provide compelling reasons for treating both disorders simultaneously.

In fact, studies have shown that treating both disorders together is more effective than separate treatment. Research indicates dual disorder treatment programs lead to better outcomes including:

- Reduced psychiatric hospitalizations
- Improved levels of abstinence from alcohol and other drugs
- Improvement in management of mental health symptoms
- Decreased rates of arrests and incarcerations
- Better physical health – decreased number of emergency room visits and medical hospitalizations
- Increased ability to participate in work, school or other meaningful activities
- Improved family relationships
- Increased ability to maintain stable housing.

Moving to an integrated treatment approach for mental illness and substance abuse is a big undertaking, yet one well worth our time and effort.

To provide the best possible services to our clients, the Mental Health Branch is leading an effort to introduce IDDT to address these significant problems. Thankfully, we are aware of new and hopeful treatment alternatives to assist our friends and loved ones, colleagues and community members who are struggling with mental health and alcohol and other drug disorders.

Integrated Dual Diagnosis Treatment is one such solution. In these times of increasing need and shrinking resources, IDDT is a way we can eliminate costly duplication of services and have better outcomes for our community. It is a strategy in harmony with the recovery philosophy adopted by our organization for clients suffering with both substance abuse and mental health issues.

Program Highlight

Program Highlight Integrated Treatment for Dual Diagnosis by Steven Roth, PH.D

DHHS Mental Health Branch is developing a therapeutic and challenging new vision of treating individuals who have both mental health and substance use problems. It has been traditional in the mental health field to treat individuals with both serious mental health problems and alcohol and/or drug problems as if they were two individuals. One goes for mental health counseling; while the other goes for alcohol and other drug counseling and never the twain shall meet.

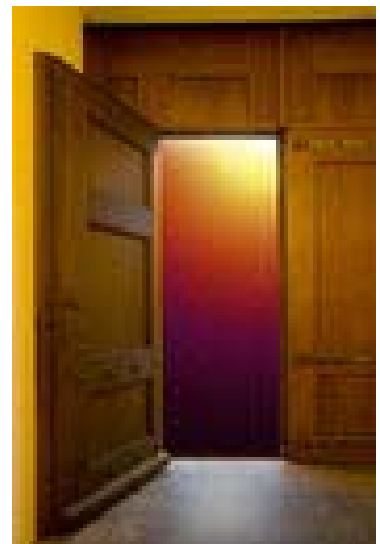
We are in the midst of implementing an evidence-based new program called Integrated Treatment for Dual Diagnosis, which is an important step towards Humboldt County offering holistic behavioral health services. These services will no longer require separate entrances for separate problems, but will treat the whole human being.

There are powerful reasons for doing this, particularly for individuals who have both serious mental health and alcohol and/or drug use concerns. Individuals with a serious mental illness such as schizophrenia or bipolar disorder are several times more likely to also experience substance use difficulties. These difficulties lead to many other life problems such as homelessness, health issues, contact with the criminal justice system and incarceration, as well as suffering and despair. Individuals with serious mental disorders are more vulnerable to the effects and impact of substance use than normal individuals, both from the biological perspective as well as the social. You can't treat one without treating the other.

We are in the process of initiating an intake service which is seamless and welcoming. Those with serious mental health issues will also get assistance necessary to treat their substance use issues.

We are currently working on the conceptualization of putting together a multi-disciplinary treatment team which will consist of a psychiatrist, a mental health clinician, substance abuse counselor, case manager and nursing staff. This treatment team will be able to support the whole person and not force an artificial split into a client's life.

Debby Brown, L.C.S.W., Supervising Mental Health Clinician and Steven Roth, Ph.D., Supervising Mental Health Clinician for Alcohol and Other Drugs are leading the collaboration, both in practice and in spirit, and we are looking forward to opening this innovative and single door for the betterment of our clients and our community.



PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Humboldt

Program Number/Name: Suicide Prevention

Please check box if this program was selected for the local evaluation

Date: March 12, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

A total of 317 individuals participated in Prevention and Early Intervention Suicide Prevention activities in Fiscal Year 2009/2010 with 246 individuals (78%) providing demographic information.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	#	%	Race and Ethnicity	#	%	Primary Language	#	%	Culture	#	%
	Individuals			Individuals			Individuals			Individuals	
Child and Youth	6	2%	White	193	61%	English	221	70%	LGBTQ	37	12%
Transition Age Youth	40	13%	African American	7	3%	Spanish	4	1%			
Adult	181	57%	Asian / Pacific Islander	2	2%	Other	3	1%			
Older Adult	14	4%	Native American	8	3%	Unknown	89	28%			
Unknown	76	24%	Hispanic or Latino	11	1%						
			Multiracial	15	5%						
			Other	10	3%						
			Unknown	71	22%						

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

There are four central components of the Suicide Prevention Program

- Create & Maintain a System of Suicide Prevention
- Implement Training and Workforce Enhancements to Prevent Suicide
- Educate Communities to Take Action to Prevent Suicide
- Improve Suicide Prevention Program Effectiveness and Accountability

Create & Maintain a System of Suicide Prevention

Key Accomplishments

- Establishment of the integrated Humboldt County Department of Health and Human Services Prevention and Early Intervention Oversight Committee with diverse representation including mental health, public health, social services, clinical, administrative, people with lived experience as clients and family members of clients of mental health services, and transition age youth.
- Establishment of the integrated Humboldt County Department of Health and Human Services Suicide Prevention Implementation Team with diverse representation including mental health, public health, social services, clinical, administrative, people with lived experience as clients and family members of clients of mental health services, transition age youth, and Spanish language interpreter/translator.
- Designation of a Humboldt County Department of Health and Human Services Prevention and Early Intervention staff liaison to the State Office of Suicide Prevention.
- For the purpose of orienting implementation staff to this new program, staff participated in a total of 18 conferences, trainings and webinars on topics such as resiliency, wellness and recovery, stigma and discrimination reduction, the client and family member

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Prevention and Early Intervention**

movement and culture, transition age youth, the American Association of Suicidology Conference, Crisis Intervention, and certification in the suicide prevention evidence based practice Question-Persuade-Refer (QPR).

- For the purpose of increasing capacity to provide a coordinated community response to suicide prevention and early intervention through community partnerships, especially those that serve unserved and underserved communities, the Suicide Prevention Program goals and activities were promoted through eight in-service informational sessions as well as participation in community partnerships including: Humboldt County Transition Age Youth Collaboration, Domestic Violence Coordinating Council, National Alliance on Mental Illness (NAMI), Mental Health Board, Hope Center, Client and Cultural Diversity Advisory Committee, LatinoNET Promotores, Prenatal/Postpartum Mood Disorder Task Force, Child Abuse Prevention Coordinating Council, Multiagency Juvenile Justice Coordinating Council, Alcohol and Other Drug Advisory Board, NET meetings, Homeless and Housing Coalition, Death Review Teams, and the Support after Suicide support group.

Success and Challenges

- Suicide Prevention staff has developed considerable expertise in the areas of suicide prevention, wellness and recovery, and stigma and discrimination reduction. Through the integrated approach, relationships between individuals across agencies and disciplines have formed and strengthened. As a result of this structure and the implementation of program activities, there is increased awareness of the Mental Health Services Act Prevention and Early Intervention program throughout the Department of Health and Human Services and the community.
- A challenge has been the identification of community resources and gaps in services especially for racially and culturally diverse populations and for outlying areas which is being addressed through partnering with community stakeholders.

Implement Training and Workforce Enhancements to Prevent Suicide

Key Accomplishments

- Completed review of Humboldt County Department of Health and Human Services training and education activities including the Mental Health Services Act Community Services and Supports Integrated Programs Training, Education and Supervision Unit and the Workforce Education and Training Component programs.
- Coordinated an American Association of Suicidology Training Webinar on “Recognizing and Responding to Suicide Risk in Primary Care” for the Department of Health and Human Services and community providers. As an incentive the Department provided payment of continuing medical education units.

**PREVIOUSLY APPROVED PROGRAM
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- For the purpose of promoting effective and consistent suicide prevention, early intervention, referral, and follow-up care across all service providers, the program developed and distributed at all training and outreach activities; a comprehensive resource and referral list including local and national suicide prevention information, resource and educational materials to specific occupations, and information on reducing access to lethal means.
- The Program implemented 14 sessions of the evidence based practice, Question-Persuade-Refer Suicide Prevention gatekeeper trainings. Sessions were tailored to specific audiences and continuing education units were provided at no cost to participants. Evaluations and pre and post testing showed positive results on all outcomes. In addition 10 Mental Health Services Act in-service and informational sessions were presented to a total of 86 people.

Success and Challenges

- As shown in the tables below, the 14 Question-Persuade-Refer training sessions were able to reach a total of 317 people in various disciplines throughout the Department and the community

Location of Training Session	Service Provider/ Agency Representation	#	%
		Individuals	
Department of Health and Human Services (5 sessions)	Education	5	2%
Probation (2 sessions)	Mental Health Provider	48	15%
Hope Center	Health Care Provider	52	16%
Six Rivers Planned Parenthood	Social Services	6	2%
Youth Summit	Law Enforcement	36	11%
Multiple Assistance Center	Family Resource Center	2	1%
Ecology of Family Violence	Employment	1	0%
Youth Services Bureau - RAVEN	Other	5	2%
Public Health Nurse Staff In-Service	Unknown	162	51%
Note: of the 317 attendees, 246 (78%) completed demographic forms	Total	317	

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Prevention and Early Intervention**

- The majority of participants reported this training as necessary and beneficial to their work. This chart shows that the results on pre/post tests indicated a positive change in knowledge and attitudes related to the objectives of the trainings.

"Great training! Very informative. I'm so much more comfortable with the subject now."

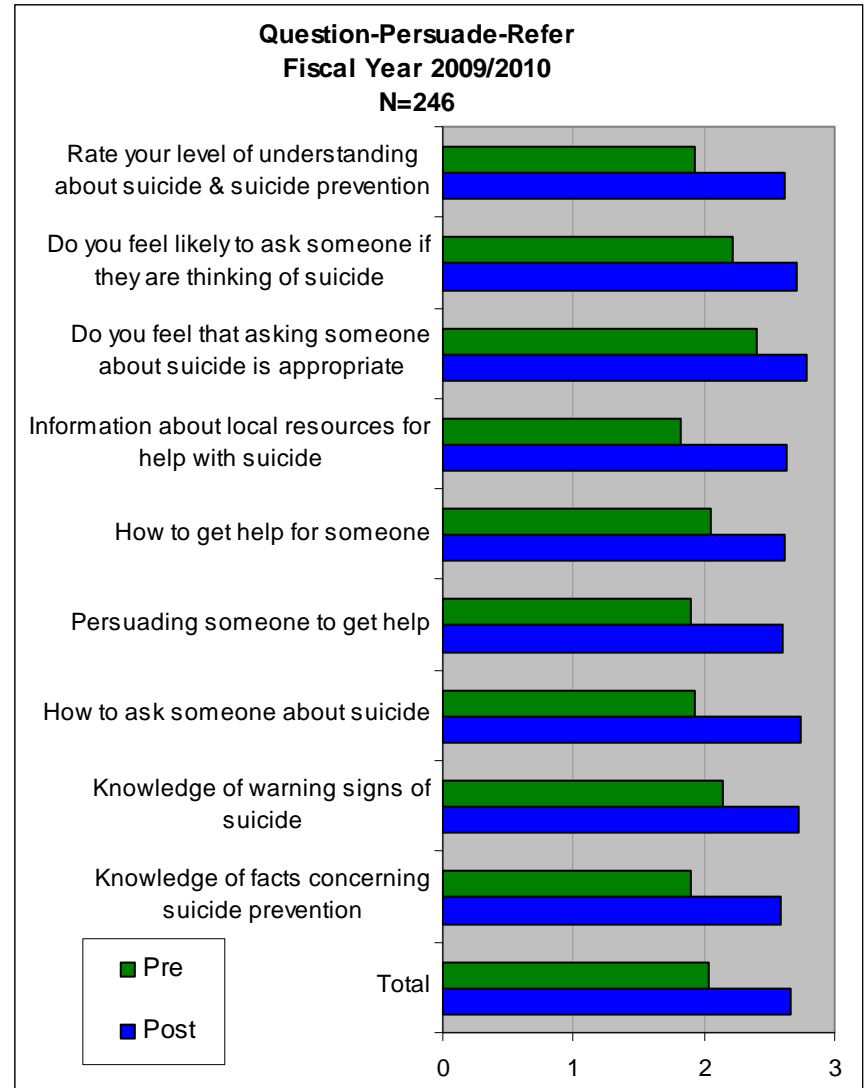
"I will use this in the field."

Excellent! I feel more confident about asking someone if they're thinking of suicide and how to get help."

"I learned how important it is to listen, look for warning signs and ask someone directly if they're thinking of suicide"

~ Participants at Question Persuade Refer training

- As Question-Persuade-Refer is a universal prevention strategy designed for the general community, a challenge has been to meet the need of providers whose clients are at a high risk for suicide. To address this need a skill-based selective suicide prevention evidence based practice will be identified and implemented.



PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

Educate Communities to Take Action to Prevent Suicide

Key Accomplishments

- Established workgroups charged with the coordination, development and implementation of local outreach events, activities and educational materials including Suicide Prevention Week and the Suicide Prevention Website Resource Handout (see attachment).
- Expanded a comprehensive community resource list with local and national suicide prevention information distributed at all trainings (see attachment).
- Designed suicide prevention wallet cards and distributed to youth, parents, and the general public that contain information about warning signs, how to help, and local/state/national resources (see attachment).
- Distributed informational handout titled How to Access Mental Health Services developed by the Mental Health Branch implementation partners.
- Participated in local community awareness and outreach activities and events including: LatinoNet's Festejando de Nuestra Salud (community celebration and health fair for Spanish speakers), St. Joe's Health Fair, Sexual Assault Awareness Month, Domestic Violence Awareness Month, Humboldt County Transition Age Youth Collaboration Thanksgiving celebration, Hoopa Health Fair, Child Abuse Prevention Month, May is Mental Health Month, and Suicide Prevention Week.
- In partnership with the Hope Center and the Mental Health Branch, identified and obtained resources on suicide prevention, early intervention and peer support for program library.
- Established relationships with and supported activities with the Prenatal/Postpartum Mood Disorders Task Force including: monthly meetings, identification and distribution of information on Postpartum Mood Disorders, participation in focus group organized through the task force with community partners such as Paso a Paso, the faith community, Promotores and Mobile Medical to identify supports, barriers and strengths in addressing depression and suicide in the Latino community.
- Began translating and adapting Question-Persuade-Refer suicide prevention materials for Spanish speakers.
- Implemented training on suicide prevention, stigma and discrimination reduction within the Transgender Community. Participants included approximately 65 individuals from various Department of Health and Human Services programs and community organizations.

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Prevention and Early Intervention**

Success and Challenges

- The participation in suicide prevention activities of people with lived experience as clients and as family members of clients with the mental health system is a program priority. As this table illustrates, of the 246 people who responded on the demographic form, 51 identified themselves as a person with experience as a client of the mental health system and 113 people identified themselves as a family member. The program’s implementation team outreach efforts continue to engage clients and family members in suicide prevention activities.

Lived Experience	Yes	No	Unknown
Have you been diagnosed with a mental health condition?	16%	56%	28%
Are you a family member of someone diagnosed with a mental health condition?	36%	35%	29%

- The community planning process identified three additional populations as people who are underserved and at-risk. The program implementation team developed outreach strategies to engage people in suicide prevention activities who have had experience with homelessness, the juvenile or adult justice system or the child welfare system. Capturing this information on the participant demographic forms began in earnest in April 2010, therefore only 32% of participants in Fiscal Year 2009/2010 responded to these demographic questions. Consequently the “Unknown” percentage is sizeable for this Fiscal Year. However as these charts illustrate, of the approximately 100 people who responded, 33 identified themselves as having experience with homelessness, 41 people identified themselves as having experience with the juvenile or adult justice system, and 16 people identified themselves as having experience with the child welfare system.

Lived Experience	Yes	No	Unknown
Have you ever experienced homelessness?	10%	21%	69%
Have you or your family ever been involved in the juvenile or adult justice system?	13%	19%	68%
Have you or your family ever been involved in the child welfare system?	5%	27%	68%

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- Approximately half of Humboldt County’s population resides in the relatively urban areas of Eureka and Arcata while the remainder resides in more rural outlying areas such as Garberville and Willow Creek. These populations were identified in the community planning process as uniquely rural in their culture and as underserved.
- As this table illustrates a challenge for this program in its first year of implementation, was to provide suicide prevention activities to residents in the outlying areas of the County. Through collaboration with Department of Health and Human Services and community organizations that provide services to these communities, outreach is occurring to engage them in suicide prevention activities.

Residence	#	%
Arcata	70	22%
Eureka	116	37%
Fortuna	23	7%
Garberville	4	1%
Willow Creek	3	1%
Unknown	101	32%

Improve Suicide Prevention Program Effectiveness and Accountability

Key Accomplishments

- For the purpose of collecting and reporting data on suicide prevention program activities, protocol and procedures were developed to collect the pre and post Question-Persuade-Refer measure and the Participant Demographic Form. The pre and post Question-Persuade-Refer measure was adopted and formatted to meet program requirements. The Participant Demographic Form was developed to ensure program activities are reaching traditionally unserved and underserved ethnic and cultural populations, diverse disciplines, and all regions of Humboldt County. The categories of data collection on the form include gender identity, age range, ethnicity and race, zip code, primary language, sexual orientation, provider representation, identification as a client or family member, experience with homelessness, the juvenile or adult justice system, or the child welfare system.
- For the purpose of increasing capacity for local suicide data collection and reporting, program staff participates in four existing Humboldt County death review teams when the death is determined as suicide related. They are the Child Death Review, the Domestic Violence Death Review, and the Alcohol and Other Drugs Death Review. Death review teams are made up of interagency representatives such as law enforcement, child or adult protective services, district attorney, medical examiner, health provider, emergency medical services, public health, and mental health. The purpose is to ensure the accurate identification and consistent reporting of the cause and manner of a death, to improve communication and linkages among agencies and enhance coordination of

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

efforts, to improve delivery of services, to identify specific barriers and system issues, to identify significant risk factors and trends, and to identify and advocate for needed changes in policy and practices.

- The Humboldt County Department of Health and Human Services *Suicide in Humboldt County* report was updated. This report includes data on suicide deaths and non-fatal suicide injuries by zip code, method, gender, age range, and race/ethnicity. The report also includes important facts about suicide and effective approaches to suicide prevention. The purpose of the report is to provide accurate information as part of the ongoing public discussion about what the data can tell us about suicide in Humboldt County and what steps we can take to prevent suicide.

2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:
- a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
 - b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
 - c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
 - d) Specific program strategies implemented to ensure appropriateness for diverse participants
 - e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

Please see available data in response to question #1 above. This program was not selected for local evaluation.

¹ Note that very small counties (population less than 100,000) are exempt from this requirement

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
2. Is there a change in the type of PEI activities to be provided?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
3. a) Complete the table below:								
<table border="1" style="width:100%; border-collapse: collapse; margin-left: 20px;"> <thead> <tr> <th style="padding: 2px;">FY 10/11 funding</th> <th style="padding: 2px;">FY 11/12 funding</th> <th style="padding: 2px;">Percent Change</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px; text-align: center;">\$307,315</td> <td style="padding: 2px; text-align: center;">\$230,486</td> <td style="padding: 2px; text-align: center;">-25%</td> </tr> </tbody> </table>	FY 10/11 funding	FY 11/12 funding	Percent Change	\$307,315	\$230,486	-25%		
FY 10/11 funding	FY 11/12 funding	Percent Change						
\$307,315	\$230,486	-25%						
b) Is the FY 11/12 funding requested outside the \pm 25% of the previously approved amount, or ,	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
<u>For Consolidated Programs</u> , is the FY 11/12 funding requested outside the \pm 25% of the sum of the previously approved amounts?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>						
c) If you are requesting an exception to the \pm 25% criteria, please provide an explanation below.								

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

N/A

2. If this is a consolidation of two or more previously approved programs, please provide the following information:

- a. Names of the programs being consolidated
- b. The rationale for consolidation
- c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

N/A

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:	500	
Total Families:	1000	

Humboldt County Department of Health and Human Services
Mental Health Services Act: Prevention and Early Intervention invites you to:



Question~Persuade~Refer

Suicide Prevention Gatekeeper Training

A gatekeeper is someone in a position to recognize a crisis and the warning signs that someone may be thinking about suicide.

Gatekeepers include: parents, friends, neighbors, teachers, ministers, nurses, police officers, caseworkers, and many others who are in positions to recognize and refer someone at risk of suicide.

As a QPR Gatekeeper you will learn to:

- Recognize the warning signs of suicide
- Know how to offer hope and get help
- Identify community resources and supports

Date	Time	Place
August 20	9:00am-12:00pm	Humboldt County Office of Education Madrone Room 901 Myrtle Avenue, Eureka

Please Register with
Kris Huschle: khuschle@co.humboldt.ca.us or call: 441-5554
Space is limited

Continuing Education Credit Offered

Provider approved by the California Board of Registered Nursing; Provider Number CEP 15353, Public Health Dept., for 3.0 contact hours. This course meets the qualifications for 3.0 hours of continuing education credit for MFTs and LCSWs as required by the California Board of Behavioral Sciences, Provider Number PCE 250, Department of Health and Human Services.

No Continuing Education fee will be charged for this training.



AMERICANS WITH DISABILITIES ACT: The County does not discriminate on the basis of disability in services, programs, activities or employment. Persons with disabilities requiring special assistance or accommodation, contact (707) 268-2132.

Frequently Asked Questions about Accessing Mental Health and/or Substance Abuse Services

How do I get help for myself?

- Any time of the day or night, seven days a week, a person can call the Mental Health Branch Crisis Line at 445-7715 or toll-free 888-849-5728 to speak to a trained clinician.
- A person in crisis can also call 911 to get help from emergency responders.
- Anyone can call the main Mental Health campus at 268-2900.
- Children, parents, and schools may call our clinic, Children, Youth and Family Services (CYFS) at 268-2800, or local mental health providers can help with our access process.
- During regular business hours (8:00 to 4:00, Monday through Friday), anybody can come to Same Day Services located at 720 Wood Street in Eureka
 - People can be seen by a clinician who will provide an assessment and referrals to additionally needed outpatient services, including medication and therapy, to the extent that our resources allow.
 - If necessary, a person in crisis can be referred from Same Day Services to Psychiatric Emergency Services (PES) in the same building, for immediate assessment and treatment of emergency mental health problems.
 - PES services are available to anyone who needs emergency services 24 hours a day, seven days a week.

NOTE: Because a person comes to County Mental Health for help does not mean he or she will get “locked up”. Most people who ask for help are provided it through outpatient services.

How do I get help for somebody else?

- If you know somebody, child, youth, or adult, who is having mental health and/or substance abuse problems, you can bring them in to Same Day Services at 720 Wood Street in Eureka for assessment and referrals to services.
- You can call the Crisis line at 445-7715 or toll-free 888-849-5728 for support and to get assistance accessing services.
- You can also call 911 and have an emergency responder provide access to mental health services.
- If you are seeking to get help for somebody else, you can call 911 and request a “welfare check” be made on the person you are concerned about. A welfare check means that officers will contact the person you are concerned about at their residence or in the community and see if they need to be taken to County Mental Health.
- When somebody in the community gets placed on a “5150 hold”, by law enforcement, they may get taken to a local Emergency room (ER) to be checked, or they may get brought directly to Psychiatric Emergency services (PES) at County Mental Health, located at 720 Wood Street in Eureka.
- Psychiatric Emergency services (PES) is like an emergency room for mental health treatment. Once a person arrives at PES, the discussions and decisions about the kind of services that person needs and about how best to get those needs met, begin to happen.

What is a 5150 hold?

- A 5150 hold is based on California law in the Welfare and Institutions Code.
- It allows a person to be taken to a treatment facility for up to 72 hours because they appear to be a danger to themselves or others, or gravely disabled, due to mental illness.
 - The law says that someone who is unable to provide for their own food, shelter or clothing due to a mental illness, may be gravely disabled.
- A person on a 5150 hold may spend less than 72 hours in the hospital or on the Psychiatric Emergency Services (PES)
- Most people are discharged in less than one day after receiving treatment in the form of medication and referrals to continued outpatient treatment.
- The criteria for a 5150 hold are clearly spelled out in the law. Some people may be seen as needing mental health help, but because they are not gravely disabled or seen as a danger to themselves or others due to mental illness, they need to be access services voluntarily.

Are there alternatives to involuntary treatment?




- The principle used to determine access to services at County Mental Health is “to provide services in the least restricting setting possible.”
- Mental Health services provided by the County include:
 - Outpatient therapy
 - Medication support
 - Inpatient treatment, if required
- The County and the people who work at Mental Health do not want to “lock people up” or keep them in the hospital.
- The law prevents people from being involuntarily hospitalized unless they demonstrate being gravely disabled or danger to themselves or others, due to a mental illness.

How is my privacy protected when I get mental health help?

- County Mental health staff, like all professional healthcare providers, is governed by overlapping federal and state regulations known as “HIPAA” laws.
- We are only allowed to use personal health information in limited ways in order to protect individuals’ privacy, and, except in unusual, emergency situations, are required to have a signed release of information from any consumer before disclosing information to outside parties.
- In other words, when a person comes to Mental Health for help, that information is not shared with any outside parties unless we are specifically allowed to share it.



ADA Statement: The County does not discriminate on the basis of disability in services, programs, activities, or employment. Persons with disabilities requiring special assistance or accommodations should contact Lara Weiss at 707-268-2132.

 <h2 style="text-align: center;">Suicide Prevention Resource Card</h2> <p>Local 24-Hour Hotlines</p> <p>All Emergencies.....911 Humboldt County Mental Health 24-hour Crisis Line.....445-7715 Toll Free.....(888) 849-5728 Child Welfare Services, Emergency Response.....445-6180 Adult Protective Services.....476-2100 After 5pm or weekends445-7715 YSB Youth & Family 24-hour Crisis Line.....444-CARE/ 444-2273 Humboldt Domestic Violence Services Crisis..... 443-6042 Toll Free.....(866) 668-6543</p>	<h2 style="text-align: center;">Warning Signs</h2> <ul style="list-style-type: none"> • Past suicide attempts and threats • Family history of suicide • Access to guns, saving up medication • Alcohol and other drug abuse/ relapse • Loss (death, break up, job ended) • Feeling hopeless or helpless
<p>North Coast Rape Crisis Team Hotline.....Eureka445-2881 (NCRCT Accepts collect calls).....Del Norte.....465-2851 Alcoholics Anonymous.....442-0711</p> <p>National 24-Hour Hotlines</p> <p>Suicide Prevention 24-hour Crisis Line.....1(888) SUICIDE National Suicide Prevention Lifeline.....1(800) 273-TALK Spanish Language Suicide Prevention Lifeline.....1(888) 628-9454 Veterans Administration 24-hour Suicide Hotline.....1(800) 273-TALK California Poison Control 24-hour Hotline.....1(800) 876-4766 The Trevor Project.....1(866) 4UTrevor</p> <p><small>This publication provided by: Humboldt County Department of Health & Human Services, Mental Health Services Act, Prop 63 Prevention and Early Intervention</small></p>  	<h2 style="text-align: center;">Ask Questions</h2> <ul style="list-style-type: none"> • “When people are as upset as you seem to be, they sometimes think of suicide. Are you thinking about suicide?” • “Have you ever tried killing yourself before?” • “Do you have a plan? How would you do it?” <p>Show you care, and listen. If possible remove access to lethal means.</p>
<h2 style="text-align: center;">How to Find Help</h2> <ul style="list-style-type: none"> • Ask the person who else can help (family, friends, spiritual leaders, counselors). Take the person directly to help. • Know what services are available and how to get them. • Do not leave the person alone, unless you fear for your safety. You may need to call 911. Follow up, if possible. <p style="text-align: center;">Find support and take care of yourself!!</p>	<h2 style="text-align: center;">How to Encourage Someone to Get Help</h2> <p>Offer hope. Find out what is important to them (core beliefs, spiritual & cultural values, responsibilities to other people and companion pets).</p> <ul style="list-style-type: none"> • “I’m here to help you, will you go with me to get help?” • “Let’s call the crisis line.” • “Let’s look at what help is out there.”

SUICIDE PREVENTION RESOURCES
NATIONAL RESOURCES

National Suicide Prevention Lifeline: 1-800-273-TALK (8255) www.suicidepreventionlifeline.org.

American Association of Suicidology: www.suicidology.org. Research, training, education, links to national support groups, crisis centers

American Foundation for Suicide Prevention: www.afsp.org. Research, education, support, advocacy

Center for Disease Control: www.cdc.gov.

Go Ask Alice!: www.goaskalice.columbia.edu. Information about health and well-being Answers questions about relationships, sexuality, emotional health, alcohol and other drugs, and other topics. The addresses of e-mails sent to Go Ask Alice! are electronically scrambled to preserve the senders' confidentiality

High School Blues: (<http://www.highschoolblues.com/>) features information and resources for high school students on mental health, anxiety, loneliness, alcohol abuse, coming out, and other social and emotional issues

Inspire USA Foundation: www.reachout.com interactive site with resources for young people, digital stories, mission is to help young people lead happier lives

The Jason Foundation: www.thejasonfoundation.org. The Jason Foundation works to help educate young people, parents, teachers, and others about youth suicide

The Jed Foundation: www.jedfoundation.org. College-age campus information on suicide prevention, mental health

The Link Counseling Center: www.thelink.org. Grief support, education and counseling for families

Means Matter Project: www.meansmatter.org. Information on restricting access to lethal means

National Alliance on Mental Illness: www.nami.org. Support, education, advocacy. Stigma Busters—works to raise awareness about mental health. What a difference a Friend Makes Local: NAMI-Humboldt: 707 444-1600, www.nami-humboldt.org

National Organization of People of Color Against Suicide: www.nopcas.org. Community-based suicide prevention for underserved communities

National Youth Violence Prevention Resource Center: www.safeyouth.org.

Samaritans: www.samaritans.org. Telephone counseling and support

SAVE (Suicide Awareness/Voices of Education): www.save.org. Suicide prevention through public awareness and education. Works to eliminate stigma

Substance Abuse and Mental Health Services Administration: www.samhsa.gov. "What a Difference a Friend Makes" campaign

Suicide Prevention Resource Center (SPRC): www.sprc.org. Prevention support, training, and resources to assist development of suicide prevention programs, interventions and policies

The Trevor Project: www.thetrevorproject.org. Crisis and suicide prevention efforts among lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth. National 24-hour, toll free confidential suicide hotline for gay and questioning youth (866) 4-U-TREVOR (488-7386)

The Youth Suicide Prevention Program: www.yspp.org. Dedicated to reducing youth suicide through training, public awareness and communities in action

LOCAL RESOURCES

24-HOUR HOTLINES

Humboldt County Mental Health 24-hour Crisis Line445-7715
YSB Youth and Family Crisis Line444-CARE/444-2273
North Coast Rape Crisis Team Hotline (Will accept collect calls)
Victim advocacy at scene, hospitals, & court proceedings
Eureka 24-Hour Crisis Line445-2881

SUICIDE-RELATED RESOURCES

Support After Suicide.....839-3349
Support for family and friends suffering from a loss due to suicide, meets 7 pm, 3rd Mon. each month at the Adorni Center, Eureka
Hospice of Humboldt.....445-8443
Free bereavement support groups and individual services, 2010 Myrtle Ave, Eureka

MENTAL HEALTH SUPPORT & SERVICES

National Alliance on Mental Illness (NAMI) Humboldt.....444-1600
Advocacy, education and support for people with mental illness and their families

YSB RAVEN Project443-7099
Youth-led street outreach and drop-in center for youth, 10-21, peer mentors, support groups, computers, clothing closet, laundry, shower, call for days/times, 523 T St., Eureka

Humboldt Community Switchboard for assistance and referral.....441-1001
www.theswitchboard.org helps individuals and professionals find the services they need

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Humboldt

Program Number/Name: Stigma and Discrimination Reduction Please check box if this program was selected for the local evaluation

Date: March 12, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

A total of 357 individuals participated in Prevention and Early Intervention Stigma and Discrimination Reduction activities in Fiscal Year 2009/2010 with 243 individuals (68%) providing demographic information.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	#	%	Race and Ethnicity	#	%	Primary Language	#	%	Culture	#	%
	Individuals			Individuals			Individuals			Individuals	
Child and Youth	3	1%	White	195	55%	English	234	66%	LGBTQ	56	16%
Transition Age Youth	13	4%	African American	4	1%	Spanish	7	2%			
Adult	185	52%	Asian / Pacific Islander	5	1%	Other	2	1%			
Older Adult	41	11%	Native American	7	2%	Unknown	114	31%			
Unknown	115	32%	Hispanic or Latino	21	6%						
			Multiracial	3	1%						
			Other	8	2%						
			Unknown	114	32%						

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

There are four central components of the Stigma and Discrimination Program

- Create and Maintain a System of External Influence Strategies to Reduce Stigma and Discrimination
- Implement Training and Workforce Enhancements to Reduce Stigma and Discrimination
- Educate Communities to Take Action to Reduce Stigma and Discrimination.
- Improve Stigma and Discrimination Reduction Program Effectiveness and Accountability

Create and Maintain a System of External Influence Strategies to Reduce Stigma and Discrimination

Key Accomplishments

- Establishment of the integrated Humboldt County Department of Health and Human Services Prevention and Early Intervention Oversight Committee with diverse representation including mental health, public health, social services, clinical, administrative, people with lived experience as clients and family members of clients of mental health services, and transition age youth.
- Establishment of the integrated Humboldt County Department of Health and Human Services Stigma and Discrimination Reduction Implementation Team with diverse representation including mental health, public health, social services, clinical, administrative, people with lived experience as clients and family members of clients of mental health services, transition age youth, and Spanish language interpreter/translator.
- For the purpose of orienting implementation staff to this new program, staff participated in a total of 18 conferences, trainings and webinars on topics such as resiliency, wellness and recovery, stigma and discrimination reduction, social inclusion, the client and family member movement and culture, transition age youth, and suicide prevention.
- For the purpose of creating community strategies to reduce stigma and discrimination through community partnerships, especially those that serve unserved and underserved communities, the Stigma and Discrimination Reduction Program goals and activities were developed and promoted through participation in community partnerships including: Humboldt County Transition Age Youth Collaboration, Domestic Violence Coordinating Council, National Alliance on Mental Illness (NAMI), Mental Health Board, Hope Center, Client and Cultural Diversity Advisory Committee, LatinoNET Promotores, Prenatal/Postpartum Mood Disorder Task Force,

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

Child Abuse Prevention Coordinating Council, Multiagency Juvenile Justice Coordinating Council, Alcohol and Other Drug Advisory Board, NET meetings, Homeless and Housing Coalition, and the Support after Suicide support group.

- Developed a plan to create a speakers bureau. The speakers bureau includes individuals with lived experience as clients and family members who share their personal stories with providers and the community of stigma and discrimination. The plan includes a reimbursement and stipend protocol, speaker's agreement, an evaluation of the speaker's experience participating in the program, and training opportunities for public speaking and storytelling.

Successes and Challenges

- Stigma and Discrimination Reduction staff has developed considerable expertise in the areas of stigma and discrimination reduction, client and family member culture, and wellness and recovery. Through the integrated approach, relationships between individuals across agencies and disciplines have formed and strengthened. As a result of this structure and the implementation of program activities, there is increased awareness of the Mental Health Services Act Prevention and Early Intervention programs throughout the Department of Health and Human Services and the community.
- The program continues to work in a collaborative manner with community stakeholders through reporting on progress and receiving input on planning and activities to ensure achievement of program goals.

Implement Training and Workforce Enhancements to Reduce Stigma and Discrimination

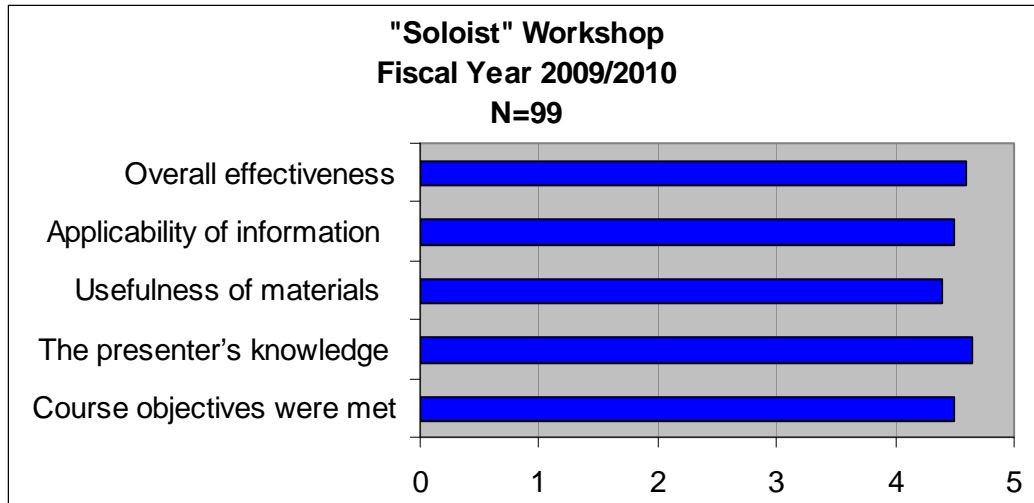
Key Accomplishments

- Supported multiple stigma and discrimination reduction collaborative efforts with the Humboldt County Transition Age Youth Collaborative, Hope Center, Mental Health Branch, Social Services Branch, and Public Health Branch in activities such as "Creating a Positive Place for Youth", "Digital Stories", Mental Health Awareness Week in October 2009, and Mental Health Month in May 2010.
- Developed and facilitated four "Soloist" training sessions with a total of 120 Department of Health and Human Services employees in attendance. The training focused on homelessness, and the stigma and discrimination experienced by individuals with a diagnosis of severe mental illness.
- Coordinated the Transgender Communities training with a total of 64 service providers in attendance. The training focused on the effects of the disproportionate stigma, discrimination and high risk for suicide that gender non-conforming people face.

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

Successes and Challenges

- The film, “The Soloist” is based on true events and tells the poignant story of a friendship between a Los Angeles Times newspaper reporter and a man who is an amazing musician, homeless, and struggling with mental illness. The film was utilized in training sessions as a base for discussion of the workshop’s four objectives. The objectives were to have a better understanding and ability to describe; the complexities of mental health and related stigma, the relationship between homelessness and mental health, how creative expression is a mode of interpersonal communication, and cultural competency skills as they relate to mental health. After viewing the film, attendees broke into groups of six. Each group included a facilitator and two guests with lived experience as mental health clients and/or family members. The guests answered questions and shared personal stories of homelessness, stigma and discrimination, and the types of help and support that was meaningful in their lives. Discussion questions included: What are the advantages of voluntary and person centered treatment plans? If you knew that a co-worker had a diagnosed mental health challenge how would you respond? In what ways does the film’s story fit your preconceptions about people facing homelessness, and in what ways has it changed your ideas? Since viewing the film and hearing the guest’s personal stories, how will your work with clients change?
- The “Soloist” workshops were well received by staff in attendance. The workshops received an average 4.5 out of 5 for overall effectiveness and applicability.



“This was the best Department of Health and Human Services training I have ever attended!”

~ Participant at “Soloist” workshop

**PREVIOUSLY APPROVED PROGRAM
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- Of the 120 staff in attendance at four sessions, 99 (83%) completed demographic information forms. As the charts below illustrate the Department of Health and Human Services staff who attended the “Soloist” workshops represented diverse cultures and lived experience.

Race/Ethnicity	#	%	Humboldt County
Hispanic or Latino	8	8%	7%
White or Caucasian	79	80%	84%
Black or African American	1	1%	1%
American Indian or Alaska Native	4	4%	6%
Asian/Pacific Islander	4	4%	2%
Multiracial	3	3%	

Age Range	#	%
Transition Age Youth	3	3%
Adult	78	79%
Older Adult	17	17%
Unknown	1	1%

Lived Experience	Yes	No	Unknown
Have you been diagnosed with a mental health condition?	33%	62%	5%
Are you a family member of someone diagnosed with a mental health condition?	69%	28%	3%
Have you ever experienced homelessness?	28%	68%	4%

“Recovery and what people use to help them through it are as diverse as the issues and people themselves.”

“I am not alone.”

“Recovery is individual and possible.”

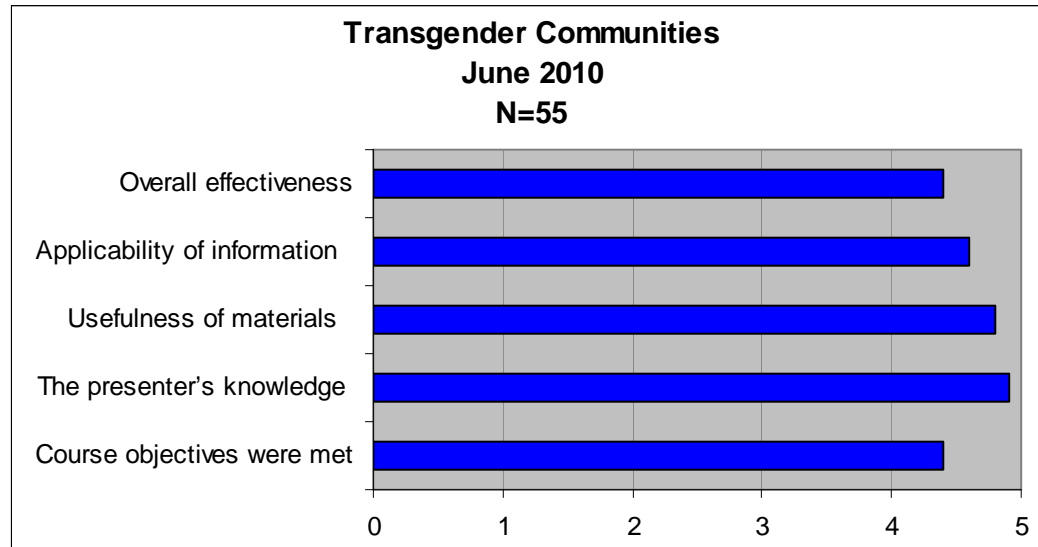
~ Responses to the question: What is something you learned from the training that you will take back and use when you return to work?

- The Transgender Communities training had four objectives; to understand challenges that transgender clients face navigating systems related to mental health and other human services in Humboldt County, to discover what we can do in our area to ensure equitable access, to understand California state law regarding transgender issues in the workplace and public accommodations, and to develop an understanding of the unique challenges faced by transitiona age transgender youth. Presenters included people from

**PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention**

the Transgender Law Center, Project HEALTH, Equality California and a panel of local people with lived experience in the transgender community.

- The Transgender Communities training was well received. The training received an average 4.5 out of 5 for overall effectiveness and applicability.



While the majority of attendees reside in the Eureka Arcata area, 27% traveled from outlying areas. One person traveled over 80 miles from a neighboring county for this informative training.

Residence	#	%
Arcata	20	36%
Eureka	25	45%
Fortuna	5	9%
Garberville	4	7%
Crescent City	1	2%

- Of the 64 providers in attendance, 55 (86%) completed demographic information forms. As the charts below illustrate, providers who attended the Transgender Communities Training represented diverse agencies, cultures and lived experience.

Service Provider/Agency Representation	#	%
Education	11	20%
Mental Health Provider	16	29%
Health Care Provider	10	18%
Social Services	12	22%
Family Resource Center	1	2%
Employment	1	2%
Other	4	7%

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Prevention and Early Intervention**

Age Range	#	%
Transition Age Youth	4	4%
Adult	45	45%
Older Adult	6	6%

Race/Ethnicity	#	%	Humboldt County
Hispanic or Latino	9	16%	7%
White or Caucasian	38	69%	84%
Black or African American	2	4%	1%
American Indian or Alaska Native	2	4%	6%
Asian/Pacific Islander	1	2%	2%
Multiracial	3	5%	

Lived Experience	Yes	No
Have you been diagnosed with a mental health condition?	27%	73%
Are you a family member of someone diagnosed with a mental health condition?	62%	38%
Have you ever experienced homelessness?	27%	73%
Have you or your family ever been involved in the juvenile or adult justice system?	55%	45%
Have you or your family ever been involved in the child welfare system?	27%	73%

“Excellent training!”

“Presenters were sensitive and clearly knowledgeable.”

“Wonderful information about stigma.”

~ Participants at Transgender Communities training.

- The participation of local people with lived experience of stigma and discrimination as panel members and speakers has proven to have a tremendous impact in prevention and early intervention activities. A challenge this program is addressing is to ensure that people who are so graciously and powerfully sharing their personal stories are provided the required support through the creation of a speaker’s bureau that will include training and administrative structure.

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Educate Communities to Take Action to Reduce Stigma and Discrimination

Key Accomplishments

- Supported multiple stigma and discrimination reduction collaborative efforts with the Humboldt County Transition Age Youth Collaborative, Hope Center, Mental Health Branch, Social Services Branch, and Public Health Branch in activities such as screening the film “Minds on the Edge” (See Attachment), the youth led workshop “Overcoming the Odds” at the North Coast Youth Summit, and the May is Mental Health Month 2010 planning team.
- Program staff facilitated a weekly quilt-making workshop at the Hope Center. The group creates quilts that contain messages to reduce stigma and discrimination. The first quilt, which focused on the theme of *Hope and Recovery*, was displayed at the May 2010 community screening of “The Soloist”.
- Organized and implemented a public screening of the film “The Soloist” with over 170 community members in attendance. The film was followed by a panel discussion with local people who have lived experience with stigma and discrimination related to homelessness and mental illness.
- Coordinated a poster contest using the themes of resiliency, recovery, and respect, for May is Mental Health Month 2010 with 14 entries.



2010 May is Mental Health Month Poster Contest flyer

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

Successes and Challenges

- The film, “The Soloist” was open to the public at no cost. It was screened on Saturday May 1st, 2010 as a kick-off for May is Mental Health Month and an opportunity to bring people from throughout the community together to share in an opportunity to learn about the stigma experienced by people with a mental health diagnoses. Advertisements for the event appeared in six local newspapers the largest with a 23,000 circulation. The event was also advertised in two May is Mental Health Month sponsored radio interviews. The venue was quite glamorous as the film was screened at a downtown arts center where the live performance ticket prices are often a barrier for many to attend. Following the film’s screening, there was a local panel of speakers with lived experience of homelessness and mental health diagnosis, who shared their stories and answered questions from the audience. There were approximately ten volunteers at the event who acted as ushers and helped distribute and collect the demographic information forms. Volunteers included participants from the peer run Hope Center, the National Alliance on Mental Illness (NAMI), and the Humboldt County Mental Health Board. One Hope Center volunteer played beautiful music in the lobby of the theatre as people arrived.



Community screening of “The Soloist” at a downtown theatre arts center

“This was such an interesting film. I had no idea what the impact of stigma can have on people with a mental health diagnosis.”

“I learned so much especially from the local speakers. I wish everyone in the community could have been here today!”

~ Guests at the “The Soloist”

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- Of over 170 guests at the film screening in attendance, 89 (52%) completed demographic information forms. As the charts below illustrate, guests who attended the “The Soloist” screening represented diverse cultures and lived experience.

Age Range	#	%
Children and Youth	3	3%
Transition Age Youth	6	7%
Adult	62	70%
Older Adult	18	20%

Race/Ethnicity	#	%	Humboldt County
Hispanic or Latino	4	4%	7%
White or Caucasian	78	88%	84%
Black or African American	1	1%	1%
American Indian or Alaska Native	1	1%	6%
Multiracial	5	6%	

Lived Experience	Yes	No
Have you been diagnosed with a mental health condition?	49%	51%
Are you a family member of someone diagnosed with a mental health condition?	54%	46%
Have you ever experienced homelessness?	31%	69%
Have you or your family ever been involved in the juvenile or adult justice system?	45%	55%
Have you or your family ever been involved in the child welfare system?	20%	80%

Residence	#	%
Arcata	18	20%
Eureka	50	56%
Fortuna	7	8%
Garberville	2	2%
Out of County	12	13%

- Though 12 people travelled to Humboldt from neighboring counties for this event, as this chart reflects, the majority of guests reside in the Eureka and Arcata area.
- An on-going challenge for Prevention and Early Intervention programs is to provide activities in the County’s outlying areas. This is being addressed by staff’s collaboration with representatives in those areas.

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- The May is Mental Health Month Poster Contest's theme this year was *Hope and Recovery*. The contest itself raised awareness in the community to reduce stigma and discrimination through newspaper advertisements and flyers that contained the messages to; "Build Resiliency", "Recognize Recovery", and "Promote Respect". The contest accepted 14 entries from diverse community members, including Hope Center participants, Crestwood clients, Humboldt State University students, a Mental Health Board member, and youth from a local arts project at the Ink People. Print ads of the winning poster (See Attachment) were placed in seven local newspapers including two high school newspapers. The winning poster was also translated into Spanish. Both the English and the translated Spanish language winning poster were used in advertisements on the inside of 25 local buses. And as social marketing products including 500 posters, almost 600 t-shirts and sweatshirts, and over 100 book bags that will be distributed throughout the County.

The winning poster used as an advertisement
on the back of a Humboldt County bus



Improve Stigma and Discrimination Reduction Program Effectiveness and Accountability

Key Accomplishments

- For the purpose of collecting and reporting data on Prevention and Early Intervention Stigma and Discrimination Reduction activities the Participant Demographic Form was developed to ensure program activities are reaching traditionally unserved and underserved

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ethnic and cultural populations, diverse disciplines, and all regions of Humboldt County. The categories of data collection on the form include gender identity, age range, ethnicity and race, zip code, primary language, sexual orientation, provider representation, identification as a client or family member, experience with homelessness, the juvenile or adult justice system, or the child welfare system.

Successes and Challenges

- Of the 357 individuals participating in Prevention and Early Intervention Stigma and Discrimination Reduction activities in Fiscal Year 2009/2010, 243 (68%) completed a Participant Demographic Form. This allows the implementation team to evaluate population disparities and develop plans to address those disparities.
- In addition to capturing the demographic information of those participating in program activities, the implementation team is researching and developing appropriate outcome and evaluation tools. This undertaking has been supported by technical assistance such as the California Institute for Mental Health (CiMH) Prevention and Early Intervention Coordinator’s presentation *Foundations for Prevention and Early Intervention Program Evaluation*.

<p>2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:</p> <ul style="list-style-type: none"> a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants d) Specific program strategies implemented to ensure appropriateness for diverse participants e) Changes and modifications made during the program’s implementation, if any, and the reason(s) for the changes
<p>Please see available data in response to question #1 above. This program was not selected for local evaluation.</p>

¹ Note that very small counties (population less than 100,000) are exempt from this requirement

PREVIOUSLY APPROVED PROGRAM
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SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs?

Yes

No

2. Is there a change in the type of PEI activities to be provided?

Yes

No

3. a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$192,251	\$144,188	-25%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or**,

Yes

No

For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts?

Yes

No

c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.

NOTE: If you answered YES to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.

A. Answer the following questions about this program.

1. Please include a description of any additional proposed changes to this PEI program, if applicable.

N/A

2. If this is a consolidation of two or more previously approved programs, please provide the following information:

- a. Names of the programs being consolidated
- b. The rationale for consolidation
- c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s)

**PREVIOUSLY APPROVED PROGRAM
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N/A		
B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:	600	
Total Families:	1000	

NORTH COAST & STATE

Light of hope for those with mental illness



JOSE QUIZADA/FOR THE TIMES-STANDARD



Some two dozen people held a candlelight vigil in front of the Humboldt County Courthouse on Monday to honor those who have the strength to understand and live with mental illness. At left, Ann Anderson of Eureka, left, has her candle lit by Susan Hoffman, a facilitator with the HOPE center. Two more events are planned to bring attention to issues involving mental health. A video screening of "Minds on the Edge" will occur at 6:30 p.m. Wednesday at the Community Wellness Center at Seventh and J streets in Eureka. An art show is scheduled in the Rainbow Room of the Mental Health Branch main building at 720 Wood St. in Eureka. The Humboldt County Department of Health and Human Services and its peer support HOPE program are organizing the events. For more information, call DHHS media contact Leslie Lollich at 476-4763.

Every BODY has an issue



Anxiety Disorders Diabetes Kidney Disease Bipolar Heart Murmur

Treat US all with Respect

 Funded by the Mental Health Services Act
Department of Health and Human Services

TODOS tenemos una preocupación



Trastornos de ansiedad Diabetes Enfermedad del Riñón Desorden bipolar Soplo Cardíaco

Trátenos con respeto

 Funded by the Mental Health Services Act
Department of Health and Human Services

PREVIOUSLY APPROVED PROGRAM
Prevention and Early Intervention

County: Humboldt

Program Number/Name: Transition Age Youth Partnership Program
evaluation

Please check box if this program was selected for the local evaluation

Date: March 12, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this PEI program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

A total of 65 individuals participated in Prevention and Early Intervention Transition Age Youth Partnership Program activities in Fiscal Year 2009/2010 with 63 individuals (97%) providing demographic information.

A. List the number of individuals served by this program during FY 09/10, as applicable. (NOTE: For prevention, use an estimated number.)

Age Group	#	%	Race and Ethnicity	#	%	Primary Language	#	%	Culture	#	%
	Individuals			Individuals			Individuals			Individuals	
Child and Youth	6	3%	White	39	61%	English	58	92%	LGBTQ	17	27%
Transition Age Youth	32	50%	African American	6	10%	Spanish	4	6%			
Adult	23	37%	Asian / Pacific Islander	1	2%	Other	0				
Older Adult	0		Native American	5	8%	Unknown	1	2%			
Unknown	2	1%	Hispanic or Latino	7	11%						
			Multiracial	4	6%						
			Other	1	2%						

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B. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

There are three components to the Transition Age Youth Partnership Program

- Transition Age Youth Plus
- Transition Age Youth Advocacy
- Transition Age Youth Education and Outreach

Transition Age Youth Plus

Key Accomplishments

- Identified integrated implementation team members including mental health, public health, and social services.
- Researched and identified potential evidence based practices.

Transition Age Youth Advocacy

Key Accomplishments

- Continued development of the Humboldt County Transition Age Youth Collaboration which is made up of organizations and individuals committed to making change for youth in Humboldt County including: the Humboldt County Department of Health and Human Services; Y.O.U.T.H. Training Project, which provides many years of experience in youth leadership development and project development; California Youth Connection, which is a statewide foster youth advocacy organization; Youth in Mind, which is an emerging mental health youth advocacy organization; and most importantly, the transition age youth in Humboldt County who have utilized county services and want to make a positive difference for themselves and the future.
- Developed a staffing structure to carry out the project's work plan and established a shared understanding of the Collaboration's goals.
- Recruited and trained the Youth Advisory Board composed of Humboldt County transition age youth who are sharing the expertise they gained through their firsthand experiences with the county's youth services.

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- Continued to develop youth leadership, giving them the tools to make lasting improvements to the systems of care for transition age youth in Humboldt County.
- Developed county-wide mechanisms for collecting and responding to feedback from transition age youth regarding county services, ensuring youth are receiving timely, appropriate, efficient, and complete services as they transition to adulthood and independence.
- Established compensation and support policies for transition age youth participating in program development, system improvement, and other leadership development opportunities.

Successes and Challenges

- Developed a website and brochure to communicate the strategies used by the Humboldt County Transition Age Youth Collaboration to the larger public (See Attachment).
- Created the handout “Culture Change: Youth as Partners. Committing to Youth Engagement: Creating an Environment that Encourages and Respects Youth Voices in Meetings and Decision-Making”. The handout was created to educate staff in making a genuine commitment to youth engagement that requires most adult-run programs to make cultural and structural adjustments to calling and running meetings. It states that too often youth participation is seen as a gesture of good will, an easy way to demonstrate an agency’s commitment to youth rather than viewing youth participation as a necessity for sound decision making and a significant asset to the decision-making process. The hand out describes necessary elements for genuine partnership such as: youth should be invited to meetings early in the decision-making process and be included in every step, youth should not be invited to meetings only when their opinions will be “interesting,” or only when it is convenient for staff to host youth. A culture shift toward seeing youth as partners is the first step that needs to be taken as agencies invite youth to their tables. The handout describes steps to be taken such as: welcoming youth to meetings, identifying youth participants, preparing and supporting youth in effective participation, building youth participation into your meetings and compensating youth for participation (See Attachment).



“I see myself as a leader, and I now have the ability to make presentations. I am attending an online university course working on a bachelor’s degree for health and human services. I never thought I would be able to do that prior to the Humboldt County Transition Age Youth Collaboration.”

~Youth Advisory Board member

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- Ten youth traveled to the Bay Area and participated in a five day Digital Storytelling training by attending workshops where they gained technical skills in using the medium. The training culminated in the production of their own personal digital story which told their own story of experiences in foster care and mental health. Digital Stories are used in conjunction with highly specialized training curriculums created and presented by youth to professionals in the social service and mental health fields.

“I really liked the ‘what I bring’ activity; it reminded me that I’m not useless and/or irrelevant.”

~Youth training participant

- 26 youth participated at the Policy Training in which youth learned about how policy is created and implemented, the value of working on policy, and how to join the Collaborative in its policy work.
- 22 youth participated in the Community Organizing Training where youth learned skills that contribute to effective grassroots campaign work as well as system change. Youth learned the building blocks of campaign development, base building for success, how to plan a successful event, models of power and oppression, and the power of a collective voice.

Transition Age Youth Education and Outreach

- Establishment of the integrated Humboldt County Department of Health and Human Services Prevention and Early Intervention Oversight Committee with diverse representation including mental health, public health, social services, clinical, administrative, people with lived experience as clients and family members of clients of mental health services, and transition age youth.
- Establishment of the integrated Humboldt County Department of Health and Human Services Stigma and Discrimination Reduction Implementation Team with diverse representation including mental health, public health, social services, clinical, administrative, people with lived experience as clients and family members of clients of mental health services, transition age youth, and Spanish language interpreter/translator.
- Developed community partnerships for the purpose of creating community strategies to advocate for transition age youth, especially those that serve unserved and underserved communities. The Humboldt County Transition Age Youth Collaboration goals and activities were promoted through participation in community partnerships including: Humboldt County Transition Age Youth Collaboration, Domestic Violence Coordinating Council, National Alliance on Mental Illness (NAMI), Mental Health Board, Hope Center, Client and Cultural Diversity Advisory Committee, LatinoNET Promotores, Prenatal/Postpartum Mood Disorder Task Force, Child Abuse Prevention Coordinating Council, Multiagency Juvenile Justice Coordinating Council, Juvenile Justice Delinquency

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Prevention Committee, Alcohol and Other Drug Advisory Board, NET meetings, Homelessness and Housing Coalition, and the Support after Suicide support group.

- Worked with the Prevention and Early Intervention teams in various ways such as implementation committee members and speakers at events. They provide input on program development, participated in training activities and were fundamental to the success of the suicide prevention and stigma and discrimination reduction activities.
- Provided youth development trainings for the purpose of including the broader participation of transition age youth in Humboldt County services including in facilitation, digital storytelling, policy, and public speaking.

“I feel a little different about myself through gaining the power that I have gained, knowing what I know, and having the ability to talk to people about what I know. It feels empowering.”

~Youth training participant



- Provided youth led trainings focusing on transition age youth experiences in human services and empowering youth to advocate for change including Overcoming the Odds: Youth in Transition - North Coast Youth Summit, Humboldt County Transition Age Youth Digital Stories, Building Power: How to Lead Change Through Community Organizing, and Innovative Youth Engagement Strategies to Improve Mental Health Services for Transition Age Youth – California Mental Health Advocates for Children and Youth (See Attachment).
- A total of 65 individuals participated in Prevention and Early Intervention Transition Age Youth Partnership Program activities in Fiscal Year 2009/2010 with 63 individuals (97%) providing demographic information.

Residence	#	%
Arcata	16	22%
Eureka	21	37%
Fortuna	7	7%
Willow Creek	1	1%
Unknown/Out of County	18	32%

An on-going challenge is to provide activities in the County’s outlying areas. This is being addressed by staff’s collaboration with representatives in those areas.

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Lived Experience	Yes	No	Unknown
Have you been diagnosed with a mental health condition?	37%	61%	2%
Are you a family member of someone diagnosed with a mental health condition?	45%	46%	9%
Have you ever experienced homelessness?	41%	57%	2%
Have you or your family ever been involved in the juvenile or adult justice system?	25%	73%	2%
Have you or your family ever been involved in the child welfare system?	37%	60%	3%

The Community Planning Process identified several populations as underserved and at high-risk. They are youth who have lived experience with a mental health diagnosis themselves or with a family member, youth involved in the child welfare system, youth involved in the juvenile justice system, LGBTQ youth, and youth that have experienced homelessness. As this table illustrates, on average, over one third of participants identify with one or more of these populations. These populations were prioritized for education and engagement activities because experience and research show that these youth often face poorer outcomes as compared to youth in the general population.

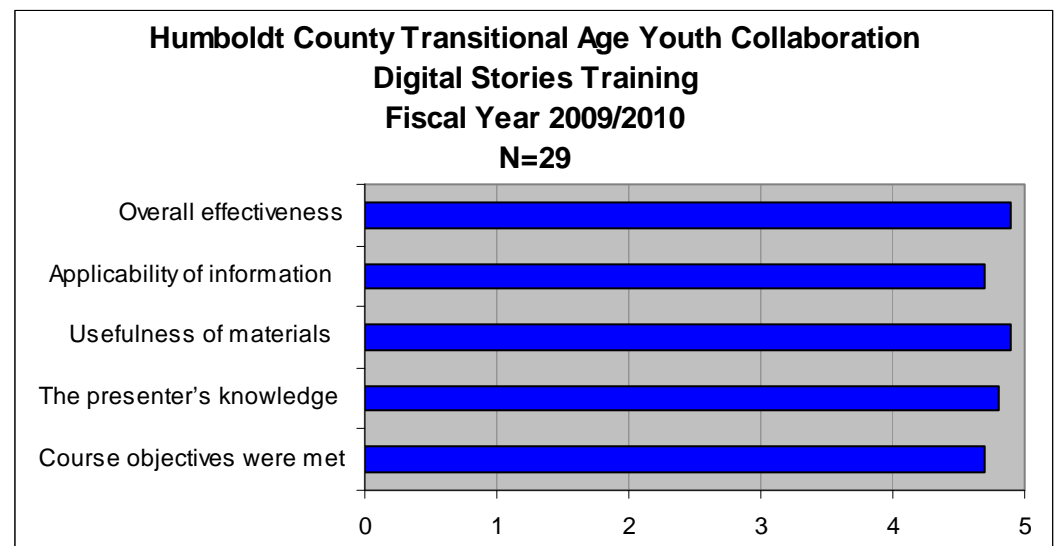
- Provided staff trainings at the Humboldt County Department of Health and Human Services utilizing the digital stories of local youth who have experienced foster care and mental health services in Humboldt County.

The Digital Stories trainings were well received by staff in attendance. The workshops received an average 4.7 out of 5 for overall effectiveness and applicability.

“It was truly amazing to see and listen to the personal stories of these highly intelligent young adults.”

“Sometimes it is so painful to acknowledge what our system does wrong but after today I feel like I learned about ways to make it better”.

~Participants at Digital Stories training



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2. Please provide any available data on program outcomes. If this program was selected for the local evaluation of a PEI program¹, please provide an analysis of results or progress in the local evaluation. The analysis shall include, but not be limited to:

Please see response above to B1 and attached Humboldt County Transition Age Youth Collaboration First (Attachment A) and Second Year Evaluations (Attachment B)

- a) A summary of available information about person/family-level and program/system-level outcomes from the PEI program
- b) Data collected, including the number of program participants under each priority population served by age, gender, race, ethnicity, and primary language spoken
- c) The method(s) used in this evaluation, including methods to ensure that evaluation results reflect the perspectives of diverse participants
- d) Specific program strategies implemented to ensure appropriateness for diverse participants
- e) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the Priority Population or the Community Mental Health Needs? Yes No

2. Is there a change in the type of PEI activities to be provided? Yes No

3. a) Complete the table below:

FY 10/11 funding	FY 11/12 funding	Percent Change
\$701,262	\$525,947	-25%

b) Is the FY 11/12 funding requested outside the ± 25% of the previously approved amount, **or**, Yes No

For Consolidated Programs, is the FY 11/12 funding requested outside the ± 25% of the sum of the previously approved amounts? Yes No

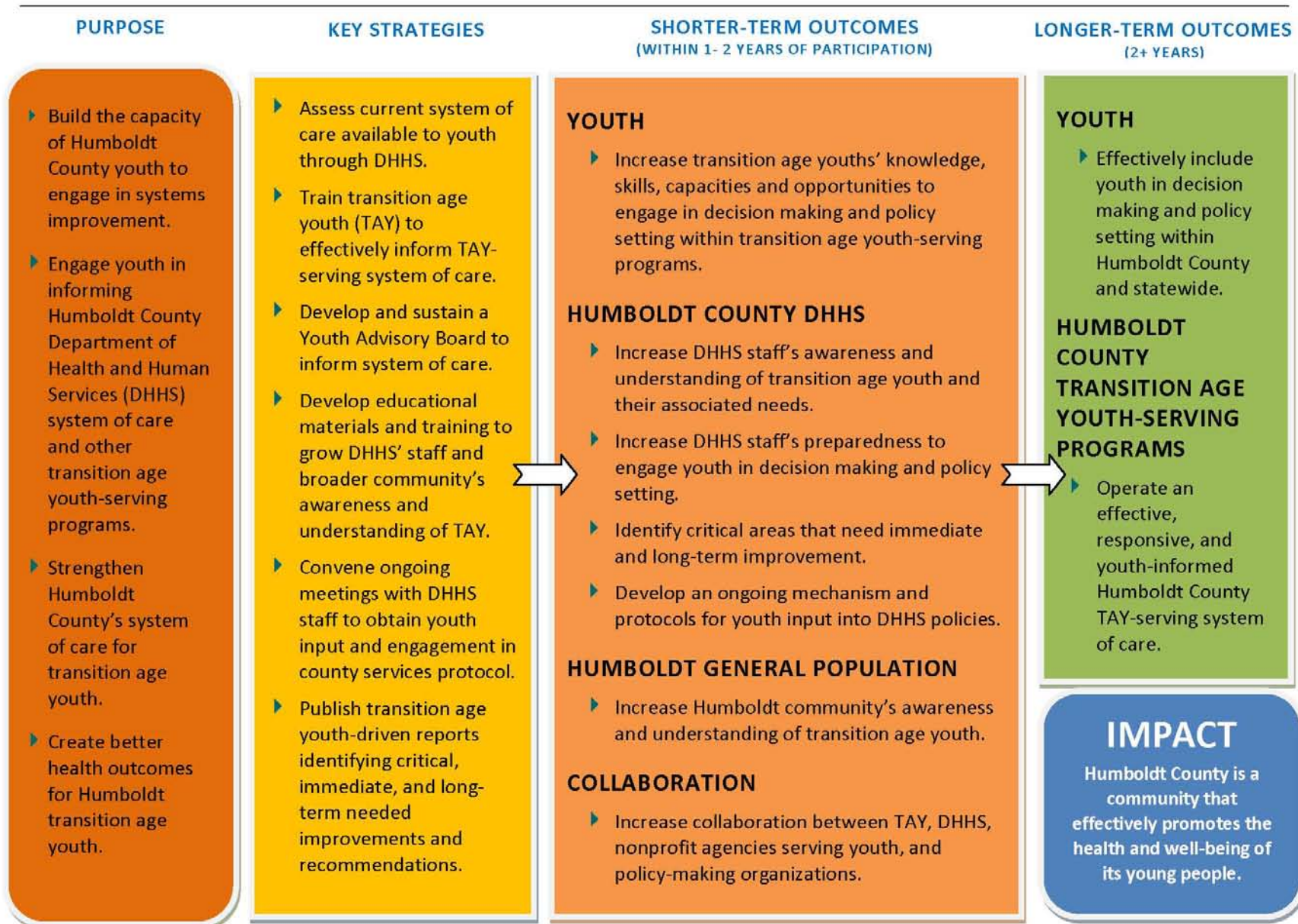
c) If you are requesting an exception to the ±25% criteria, please provide an explanation below.

¹ Note that very small counties (population less than 100,000) are exempt from this requirement

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Prevention and Early Intervention**

NOTE: If you answered <u>YES</u> to any of the above questions (1-3), the program is considered Revised Previously Approved. Complete Exhibit F3.		
A. Answer the following questions about this program.		
1. Please include a description of any additional proposed changes to this PEI program, if applicable.		
N/A		
2. If this is a consolidation of two or more previously approved programs, please provide the following information: <ul style="list-style-type: none"> a. Names of the programs being consolidated b. The rationale for consolidation c. Description of how the newly consolidated program will aim to achieve similar outcomes for the Key Priority Population(s) and Community Mental Health Need(s) 		
N/A		
B. Provide the proposed number of individuals and families to be served by prevention and early intervention in FY 11/12.		
	Prevention	Early Intervention
Total Individuals:	150	5
Total Families:	50	5

Humboldt Collaborative Theory of Change



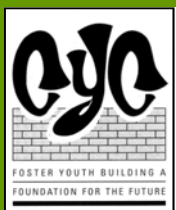
Who are we?



The **transition age youth in Humboldt**, including our Youth Advisory Board, who utilize county services and want to make a positive difference for themselves and the future!



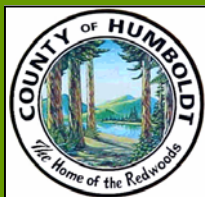
The **Y.O.U.T.H. Training Project** develops the leadership and inherent expertise of youth to improve systems of care. We support youth-led training and youth engagement opportunities in child welfare, mental health, education, and other social welfare agencies.



California Youth Connection is a foster youth advocacy organization that promotes the participation of foster youth in policy development and legislative change to improve the foster care system.



Youth in Mind is a statewide organization of youth impacted by mental health systems seeking to promote positive change in the mental health field through leadership and advocacy.



The **Humboldt County Department of Health and Human Services** is the integrated agency that offers many of the transition age youth services we're trying to improve, and is also funding this collaboration.

HCTAYC

HCTAYC Main Office (in ILS office)
134 D St., Suite 101
Eureka, CA 95501
707.476.2260

HCTAYC Bay Area Office
SFSU - Bay Area Academy
2201 Broadway, Suite 100
Oakland, CA 94612
510.419.3606

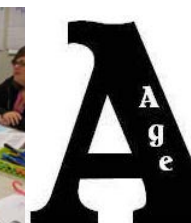
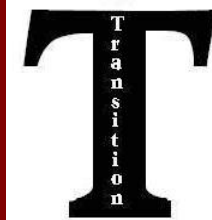
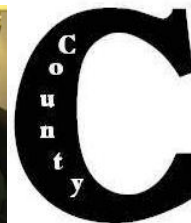
Visit us on the web:
www.humboldtyouth.org

Y.O.U.T.H. Training Project
SFSU - Bay Area Academy
2201 Broadway, Suite 100
Oakland, CA 94612
www.youthtrainingproject.org

California Youth Connection
CYC Northern Regional Office
717 K St., Suite 432
Sacramento, CA 95814
www.calyouthconn.org

Youth in Mind
2147 Oregon St.
Berkeley, CA 94705
www.yimcal.org

Humboldt County Department
of Health and Human Services
The Professional Building
507 F St.
Eureka, CA 95501
co.humboldt.ca.us



www.humboldtyouth.org

Welcome to the Humboldt County Transition Age Youth Collaboration!



We are bringing together organizations and individuals to improve the services youth receive as they transition into adulthood in Humboldt County. The work of our collaboration requires experience and specialized knowledge in youth development, policy change, youth advocacy, and community engagement. That's why we have partnered youth development leaders in the mental health, foster care and social services fields. But most important to this collaboration is the input of people who have experience with the systems we are reviewing: the transition age youth of Humboldt County. By combining the existing resources and knowledge of respected and established organizations and the knowledge of the transition aged youth, we have created a very powerful collaboration!

The Humboldt County Transition Age Youth Collaboration (HCTAYC) invites your participation and input as we develop recommendations for Humboldt County's Department of Health and Human Services. We are bringing all parties to the table and beginning to make thoughtful and effective system changes.

Our areas of focus for systems improvement include: foster care, mental health, homelessness, alcohol and drug abuse, transitional housing, employment services, and any other services transition age youth use.

What are our goals?

We want to ensure that youth are receiving timely, appropriate, youth-friendly, efficient, and complete services as they transition to adulthood. Getting there means the service-providing agencies need to hear from the youth who have experience with, and who currently or formerly depended on, these services. HCTAYC's first goal is to support the leadership development of Humboldt youth and equip them to make lasting improvements to systems of care for transition age youth in their county. Our second goal is to develop ongoing mechanisms for feedback about services and opportunities for youth to partner with service providers in the creation and planning of services.

When will we see change?

Humboldt County's Department of Health and Human Services has committed to funding this project through 2013.

We will use this time to make and implement many recommendations. Some changes will happen overnight and have an impact on the youth receiving services immediately. Some changes will be substantial and will require months of development, planning and implementation and may take longer to impact services. We will use the recommendations of transition age youth in the county, our Youth Advisory Board, county officials, and our collaborators to prioritize our areas of focus.



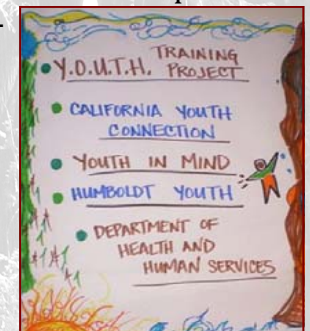
Youth Advisory Board

HCTAYC has a five-member Youth Advisory Board composed of Humboldt County transition age youth who are sharing the expertise they gained through their first-hand experiences with the county's youth services.



Why are we doing this?

The Humboldt County Department of Health and Human Services (DHHS), led by Director Phillip R. Crandall, wants to engage youth in its plans to improve systems and service delivery to transition age youth. The county enlisted the Y.O.U.T.H. Training Project and other collaborators to facilitate the process. Humboldt's DHHS provides funding, logistical support, and help in various ways as needed, but the direction of this project is guided by transition age youth. We know that when youth consumers of services are included at the decision-making table, it improves the outcomes for youth, workers, the county, our economy and the state. We anticipate the positive improvements we collaboratively make in Humboldt to be used as a model for other counties, states and various agencies.





Humboldt County Transition Age Youth Collaboration

- Home
- About HCTAYC
- Youth Advisory Board
- Calendar
- Get Involved
- Forum
- Multimedia
- Resources
- Contact

Welcome to the Humboldt County Transition Age Youth Collaboration!

We are bringing together organizations and individuals to improve the services youth receive as they transition into adulthood and become independent. By using the experience and skills of our collaborators and the expertise gained through experience by Humboldt County's youth, we can find ways to make the systems of care for transition age youth better and more responsive to young people's needs and feedback.



Our areas of focus for systems improvement include: mental health, homelessness, foster care, juvenile justice, alcohol and drug abuse, transitional housing, employment services, and any other services transition age youth use.

The Humboldt County Transition Age Youth Collaboration invites your participation and input as we develop recommendations for Humboldt County's Department of Health and Human Services. We are all in this together, and we all have the expertise earned through our life experiences to contribute.

UPCOMING EVENTS

- March 4 & 5: 17th Annual Social Justice Summit
- March 7: Confronting Bullying, Creating Community
- March 13-16: HCTAYC's 2011 Digital Storytelling Workshop

Check out HCTAYC's Calendar and ways to Get Involved.



HumboldtYouth@gmail.com
 ©2009-11 Humboldt County Transition Age Youth Collaboration



Web Site Design by Alice Manning Design



7th Annual NORTHCOAST Youth Summit: “Connect for a Cause!”

February 27th, 2010

College of the Redwoods

***Overcoming the Odds: Youth in Transition:* Rochelle Trochtenberg & Jan Alcock plus youth;
DHHS, Social Services Branch**

In this workshop, you will meet youth who have faced homelessness, mental health issues and foster care. By viewing their Digital Stories, you will learn how they are able to build lives of strength, hope and resilience. This is an interactive workshop and participation and questions are encouraged.

BUILDING POWER:

HOW TO LEAD CHANGE THROUGH COMMUNITY ORGANIZING



Saturday, April 24: 1pm to 5pm

A training for Humboldt County youth, 16–26, to help you make a difference in mental health, foster care, housing and other transition age youth-serving systems.

At the DHHS Professional Building: 507 F Street (at 5th Street), Eureka
Transportation may be provided – call Rochelle for more information at 707.476.2260

How can this Workshop Help YOU?

Community organizing skills can help you get people involved and excited about making changes that matter to you. If you're passionate about making a positive impact in your community, we will give you skills to make changes effectively and in a way that gets attention and respect.

About HCTAYC (Humboldt County Transition Age Youth Collaboration)

We are working to improve services to youth in Humboldt by sharing our experiences and good ideas and making sure we have a seat at the table when decisions are made that affect our lives.

Who's Teaching?

Lane Levine has many years of experience in community organizing in New York, and recently moved to Humboldt County. He is committed to empowering community members to make positive change.

What You'll Learn

- ✓ Understanding What Organizing Is
- ✓ Timeline of Social Action and Youth Organizing
- ✓ Life of a Campaign
- ✓ Tricks and Skills
- ✓ 1:1 (Building Allies)

Never doubt that a small group of thoughtful, committed people can change the world. Indeed, it is the only thing that ever has.
-Margaret Mead

And Afterward....

Youth who participate in the full training are welcome to stay with us for a social event. We will be celebrating our good work at Cyber City – laser tag, Rock Band and many more games will be available. Dinner will be provided.

Committing to Youth Engagement: Creating an Environment that Encourages and Respects Youth Voices in Meetings and Decision-Making

Culture Change: Youth as Partners

Making a genuine commitment to youth engagement requires most adult-run programs to make cultural and structural adjustments to calling and running meetings. Too often youth participation is seen as a gesture of good will, an easy way to demonstrate an agency's commitment to youth rather than viewing youth participation as a necessity for sound decision making and a significant asset to the decision-making process. Youth should be invited to meetings early in the decision-making process and be included in every step. Youth should not be invited to meetings only when their opinions will be "interesting," or only when it is convenient for staff to host youth. A culture shift toward seeing youth as partners is the first step that needs to be taken as agencies invite youth to their tables.

1. Welcoming Youth to Meetings

Youth participation requires additional attention to scheduling and logistics. Most youth are unable to attend meetings during school hours, and are unable to get to remote locations that are not serviced by public transit. It is important that when preparing agendas for youth-focused discussions, meetings are scheduled at times of day when youth can attend. It is also helpful to group agenda items so that youth do not have to be present for the entire meeting if there are completely unrelated agenda items youth may not need or want to be present for.

When youth arrive at a meeting or event, it is important that they are welcomed in a way that gives them equal footing in the room. Welcome youth as equals, and treat their presence and input as you would any participant. Efforts to welcome youth with fanfare, such as pizza parties or games, can actually prove to tokenize youth and minimize their status in the group. Youth may need a staff member to mentor or provide guidance through meetings. Mentors should engage youth in professional development and avoid approaching the relationship as direct service oriented.

2. Identifying Youth Participants

An ongoing relationship with a youth organization, or individual youth, will help with recruiting appropriate youth to be present at appropriate meetings, events and committees. The main goal should be to connect youth with causes that they are familiar with, have an interest in, and have input on improving. Staff should become familiar with local youth organizations and include their staff on email distributions and mailing lists. Once a partnership has been formed with a group or individual, keep the parties aware of meetings and send minutes afterward.

Ensure that youth with a diversity of experiences and viewpoints are being engaged. If only the highest functioning, formally educated youth on your committee, you're missing out on some very important contributions from other youth consumers. No one individual youth can represent the voice or experience of all youth.

3. Preparing and Supporting Youth in Effective Participation

Ensure youth have the preparation needed to learn your meeting procedures, expectations, and roles. Ensure that a youth is clear on the role they will have as a member of a committee or meeting attendee. It is important to remember when inviting youth to participate in meetings and committees that they are coming to the table with less structural support than other members. Youth often lack support that other participants may take for granted such as: years of experience and growth, supportive relationships and financial security built over time, or readily available physical and mental health care, etc. Therefore, it is important to make space for a learning curve and don't unfairly expect transition aged youth to NOT be transition aged youth.

Make an effort to provide youth with feedback privately so that they can learn and grow from their participation. If work is being assigned, make sure to give youth appropriate work for their unique abilities, the technology they have access to, and the time they have to give. Youth will be able to give specifics on what they can do. It is important that the work given to youth is legitimate, and is not "busy work."

4. Building Youth Participation into Your Meetings

Youth are eager to share their personal and collective experiences, but need the space to do so in a meeting environment. Meetings must be structured thoughtfully for any consumer participation, so make sure to build time for youth input into the meeting, and allow youth to suggest remedies for any issues they bring up. Youth input can guide the process of finding ways to improve the system or policy being discussed.

In order to increase youth's successful participation at meetings, be mindful about clarifying professional language used in meetings, refrain from making inside jokes that are alienating and confusing to youth who are not "in the know," create a handout on commonly used acronyms, and find out if your youth participant has use of email. If they don't have access to e-mail then send communication via snail mail, etc. Most people attending meetings are also aware of and intimidated by power dynamics and chain of command. It's always a good idea to have the person with the most institutional power in the room make a special effort to greet the youth and check in with the youth before she/he leaves the meeting.

5. Compensating Youth for Participation

Youth are often asked to sit in committees or on boards alongside paid professionals. The youth offer unique experiences and give the same time and attention to a committee as others, and yet often they do not receive payment for their time and efforts. This creates an inequality that may

communicate that a youth's input is less important. So, whenever possible, youth should be compensated for their participation in a manner that matches the expected time and effort of their commitment level. Just as for other participants, the compensation is also for youth's travel and time spent preparing for participation.

When a youth is paid to serve, it gives youth a sense of ownership of the work and a sense of pride in the accomplishments. It is essential that youth are respected for the unique experiences and position they bring to the meetings and the value they lend to the decision-making process.

PREVIOUSLY APPROVED PROGRAM
Innovation

County: Humboldt

Program Number/Name: Adaptation to Peer Transition Age Youth Support

Date: March 12, 2011

SECTION I: PROGRAM SPECIFIC PROGRESS REPORT FOR FY 09/10

Please check box if your county did not begin implementation of this INN program in FY 09/10. Please provide an explanation for delays in implementation and then skip to Section II: Program Description for FY 11/12.

The approved Innovation Plan was not scheduled to begin implementation in Fiscal Year 2009/2010. A project implementation team which includes but is not limited to people who represent clients, family members, transition age youth, mental health, public health, social services, and other stakeholder groups was identified.

A. Please complete the following questions about this program during FY 09/10.

1. Briefly report on the performance of the program during FY 09/10, including progress in providing services to unserved and underserved populations, if applicable, with emphasis on reducing ethnic and cultural disparities. Please describe any key differences and major challenges with implementation of this program, if applicable.

2. Please provide an analysis of how the program is meeting its learning goals to date. The analysis shall include, but not be limited to:
- a) A summary of what has been learned from the program, to date, including how the program affected participants, if applicable
 - b) Primary methods used to determine how the Innovation program is meeting its learning goals, including methods to ensure that evaluation results reflect the perspectives of stakeholders
 - c) Data collected, including data available on program outcomes and elements of the programs that contributed to successful outcomes. Please also include the number of program participants served by age, gender, race, ethnicity, and primary language spoken, if applicable
 - d) Changes and modifications made during the program's implementation, if any, and the reason(s) for the changes

PREVIOUSLY APPROVED PROGRAM
Innovation

SECTION II: PROGRAM DESCRIPTION FOR FY 11/12

1. Is there a change in the primary purpose ¹ ?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
2. Is there a change to the learning goals?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
<p>NOTE: If you answered <u>YES</u> to any of the above questions (1-2), the program is considered Revised Previously Approved. Complete Exhibit F4.</p>		
3. Please include a description of any additional proposed changes to this INN program, if applicable.		
N/A		

¹ The term “essential purpose” has been replaced with the term “primary purpose” for INN.

	MHSA Funding					
	CSS	WET	CFTN	PEI	INN	Local Prudent Reserve
A. FY 2011/12 Component Allocations						
1. Published Component Allocation	\$2,750,400			\$592,300	\$175,800	
2. Transfer from FY 11/12 ^{a/}						
3. Adjusted Component Allocation	\$2,750,400					
B. FY 2011/12 Funding Request						
1. Requested Funding in FY 2011/12	\$2,750,400	\$377,648	\$1,400,347	\$1,069,938	\$554,029	
2. Requested Funding for CPP						
3. Net Available Unexpended Funds						
a. Unexpended Funds from FY 09/10 Annual MHSA Revenue and Expenditure Report	\$1,543,041	\$566,648	\$1,400,347	\$1,219,785	\$517,400	
b. Amount of Unexpended Funds from FY 09/10 spent in FY 10/11 (adjustment)	\$1,543,041	\$189,000	\$0	\$742,147	\$139,171	
c. Unexpended Funds from FY 10/11						
d. Total Net Available Unexpended Funds	\$0	\$377,648	\$1,400,347	\$477,638	\$378,229	
4. Total FY 2011/12 Funding Request	\$2,750,400	\$0	\$0	\$592,300	\$175,800	
C. Funds Requested for FY 2011/12						
1. Unapproved FY 06/07 Component Allocations						
2. Unapproved FY 07/08 Component Allocations						
3. Unapproved FY 08/09 Component Allocations						
4. Unapproved FY 09/10 Component Allocations ^{b/}						
5. Unapproved FY 10/11 Component Allocations ^{b/}						
6. Unapproved FY 11/12 Component Allocations ^{b/}	\$2,750,400			\$592,300	\$175,800	
Sub-total	\$2,750,400	\$0	\$0	\$592,300	\$175,800	
7. Access Local Prudent Reserve						
8. FY 2011/12 Total Allocation^{c/}	\$2,750,400	\$0	\$0	\$592,300	\$175,800	

NOTE:

1. Line 3.a and 3.b. should be completed if annual update is being submitted prior to the end of FY 10/11.
2. Line 3.a., 3.b., 3.c., and 3.d. should be completed if annual update is being submitted after the end of FY 10/11.
3. Line 3.a. should be consistent with the amount listed on the FY 09/10 Annual MHSA Revenue and Expenditure report, Enclosure 9, Total Unexpended Funds line.
4. Line 3.c. should be consistent with the amount listed on the FY 10/11 Annual MHSA Revenue and Expenditure report, Total Unexpended Funds line.
5. Line 3.c. will be verified upon receipt of the FY 10/11 Annual MHSA Revenue and Expenditure report and adjustments will be made as necessary.

^{a/}Per Welfare and Institutions Code Section 5892(b), in any year after 2007-08, Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve in an amount not to exceed 20% of the average amount of funds allocated to that County for the previous five years. The 20% limits are included in Enclosure 8.

^{b/}For WET and/or CFTN components, enter amount of unapproved funds being requested for use from any of the years a transfer from CSS was made.

^{c/} Must equal line B.4. for each component.

CSS FUNDING REQUEST

County: HUMBOLDT

Date: 3/2/2011

CSS Programs		FY 11/12 Requested MHSA Funding	Estimated MHSA Funds by Service Category				Estimated MHSA Funds by Age Group					
No.	Name		Full Service Partnerships (FSP)	General System Development	Outreach and Engagement	MHSA Housing Program	Children and Youth	Transition Age Youth	Adult	Older Adult		
Previously Approved Programs												
1.	1	RURAL OUTREACH SERVICES ENTERPRISE (ROSE)		\$509,124	\$17,492		\$28,935	\$43,403	\$422,450	\$31,828		
2.	2	HOPE CENTER		\$120,887				\$24,177	\$72,533	\$24,177		
3.	3	COMPREHENSIVE COMMUNITY TREATMENT (CCT)	\$1,065,346	\$41,948	\$54,392		\$18,439	\$138,296	\$866,655	\$138,296		
4.	4	OUTPATIENT MEDICATION SUPPORT EXPANSION		\$156,044			\$11,280	\$22,561	\$110,923	\$11,280		
5.	5	- discontinued, refer to PEI -	\$0	\$0								
6.	6	ALTERNATIVE RESPONSE TEAM EXPANSION (ART)		-\$7,886	\$148		-\$6,989	-\$749				
7.	7	OLDER & DEPENDENT ADULT EXPANSION		\$85,059					\$43,332	\$41,727		
8.	8	CRISIS INTERVENTION SERVICES		\$69,479	\$10,484			\$11,994	\$59,973	\$7,996		
9.	9	INTEGRATED PROGRAM & PLANNING SUPPORT		\$155,797			\$38,949	\$15,580	\$85,688	\$15,580		
10.			\$0									
11.			\$0									
12.			\$0									
13.			\$0									
14.			\$0									
15.			\$0									
16.	Subtotal: Programs ^{a/}		\$2,278,314	\$1,065,346	\$1,130,452	\$82,516	\$0	\$90,614	\$255,262	\$1,661,554	\$270,884	Percentage
17.	Plus up to 15% Indirect Administrative Costs		\$222,050									10%
18.	Plus up to 10% Operating Reserve		\$250,036									10.0%
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$2,750,400									
New Programs/Revised Previously Approved Programs												
1.			\$0									
2.			\$0									
3.			\$0									
4.			\$0									
5.			\$0									
6.	Subtotal: Programs ^{a/}		\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Percentage
7.	Plus up to 15% Indirect Administrative Costs											
8.	Plus up to 10% Operating Reserve											
9.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$0									
10.	Total MHSA Funds Requested for CSS		\$2,750,400									

a/ Majority of funds must be directed towards FSPs (Cal. Code Regs., tit. 9, § 3620, subd. (c)). Percent of Funds directed towards FSPs=

46.80%

Additional funding sources for FSP requirement:

County must provide the majority of MHSA funding toward Full Service Partnerships (FSPs). If not, the county must list what additional funding sources and amount to be used for FSPs. [In addition, the funding amounts must match the Annual Cost Report.]

**CSS Majority of Funding to FSPs
Other Funding Sources**

	CSS	State General Fund	Other State Funds	Medi-Cal FFP	Medicare	Other Federal Funds	Re-alignment	County Funds	Other Funds	Total	Total %
Total Mental Health Expenditures:	\$1,065,346	\$0	\$0	\$498,230	\$0	\$0	\$0	\$0	\$0	\$1,563,576	69%

Humboldt County note: Exhibit E1-CSS Budget Summary, line 6 Alternative Response Team (ART) Expansion: this Children, Youth and Families program indicates a funding request of (\$7,738) from MHSA due to other funding resources available; specifically FFP / EPSDT cost reimbursement for services to Medi-Cal beneficiaries.

Revised 12/29/10

WET FUNDING REQUEST

County: HUMBOLDT

Date: 3/2/2011

Workforce Education and Training			FY 11/12 Requested MSHA Funding	Estimated MSHA Funds by Service Category				
No.	Name	Workforce Staffing Support		Training and Technical Assistance	Mental Health Career Pathway	Residency and Internship	Financial Incentive	
Previously Approved Programs								
1.	1	Workforce Staffing Support - Support to Peer Volunteers and Staff	\$0	see note below				
2.	2	Training and Technical Assistance - Workforce Development through e-Learning Technology	\$0	see note below				
3.	3	Training and Technical Assistance - Training for Evidence-Based Practices and Full Service Partnerships	\$0	see note below				
4.			\$0					
5.			\$0					
6.			\$0					
7.			\$0					
8.			\$0					
9.			\$0					
10.			\$0					
11.			\$0					
12.			\$0					
13.			\$0					
14.			\$0					
15.			\$0					
16.	Subtotal: Programs ^{a/}		\$0	\$0	\$0	\$0	\$0	Percentage
17.	Plus up to 15% Indirect Administrative Costs							
18.	Plus up to 10% Operating Reserve							
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$0					
New Programs								
1.			\$0					
2.			\$0					
3.			\$0					
4.			\$0					
5.			\$0					
6.	Subtotal: WET New Programs ^{a/}		\$0	\$0	\$0	\$0	\$0	Percentage
7.	Plus up to 15% Indirect Administrative Costs							
8.	Plus up to 10% Operating Reserve							
9.	Subtotal: New Programs/Indirect Admin./Operating Reserve		\$0					
10.	Total MSHA Funds Requested		\$0					

Note: Previously Approved programs to be expanded, reduced, eliminated and consolidated are considered New.

Humboldt Co note: WET programs approved and funded in FY 2009-10. To the extent that resources are available, Humboldt County intends to provide support for WET programs through FY 2011-12.
Revised 12/29/10

PEI FUNDING REQUEST

County: HUMBOLDT

Date: 3/2/2011

PEI Programs			FY 11/12 Requested MHSA Funding	Estimated MHSA Funds by Type of Intervention		Estimated MHSA Funds by Age Group				
No.	Name	Prevention		Early Intervention	Children and Youth	Transition Age Youth	Adult	Older Adult		
Previously Approved Programs										
1.	1	Suicide Prevention	\$230,486	\$230,486		\$34,573	\$80,670	\$80,670	\$34,573	
2.	2	Stigma & Discrimination Reduction	\$144,188	\$144,188		\$50,466	\$50,466	\$21,628	\$21,628	
3.	3	Transitional Age Youth (TAY) Partnership Program	\$525,947		\$525,947		\$525,947			
4.			\$0							
5.			\$0							
6.			\$0							
7.			\$0							
8.			\$0							
9.			\$0							
10.			\$0							
11.			\$0							
12.			\$0							
13.			\$0							
14.			\$0							
15.			\$0							
16.	Subtotal: Programs*		\$900,621	\$374,674	\$525,947	\$85,039	\$657,083	\$102,298	\$56,201	Percentage
17.	Plus up to 15% Indirect Administrative Costs		\$72,050							8%
18.	Plus up to 10% Operating Reserve		\$97,267							10.0%
19.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$1,069,938							
New/Revised Previously Approved Programs										
1.			\$0							
2.			\$0							
3.			\$0							
4.			\$0							
5.			\$0							
6.	Subtotal: Programs*		\$0	\$0	\$0	\$0	\$0	\$0	\$0	Percentage
7.	Plus up to 15% Indirect Administrative Costs									
8.	Plus up to 10% Operating Reserve									
9.	Subtotal: Programs/Indirect Admin./Operating Reserve		\$0							
10.	Total MHSA Funds Requested for PEI		\$1,069,938							

*Majority of funds must be directed towards individuals under age 25. Percent of funds directed towards those under 25 years 82%

Note: Previously Approved Programs that propose changes to Key Community Health Needs, Priority Populations, Activities, and/or funding as described in the Information Notice are considered New.

INN FUNDING REQUEST

County: HUMBOLDT

Date: 3/2/2011

INN Programs		FY 11/12 Requested MHSAs Funding
No.	Name	
Previously Approved Programs		
1.	1 Peer Transition Age Youth (TAY) Support	\$457,875
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.	Subtotal: Programs	\$457,875
17.	Plus up to 15% Indirect Administrative Costs	\$45,788
18.	Plus up to 10% Operating Reserve	\$50,366
19.	Subtotal: Previously Approved Programs/Indirect Admin./Operating Reserve	\$554,029
New Programs		
1.		
2.		
3.		
4.		
5.		
6.	Subtotal: Programs	\$0
7.	Plus up to 15% Indirect Administrative Costs	
8.	Plus up to 10% Operating Reserve	
9.	Subtotal: New Programs/Indirect Admin./Operating Reserve	\$0
10.	Total MHSAs Funds Requested for INN	\$554,029

Percentage 10%
10.0%

Percentage

Note: Previously Approved Programs that propose changes to the primary purpose and/or learning goal are considered New.

Revised 12/29/10

CFTN FUNDING REQUEST

County: HUMBOLDT

Capital Facilities and Technological Needs Work Plans/Projects				TOTAL FY 11/12 Required MHSA Funding	Funding Requested by Type of Project	
No.	Name	New (N) Existing (E)	Capital Facilities		Technological Needs	
1.	1 Integrated clinical and administrative information system (ICAIS)	E	\$0		see note below	
2.			\$0			
3.			\$0			
4.			\$0			
5.			\$0			
6.			\$0			
7.			\$0			
8.			\$0			
9.			\$0			
10.			\$0			
11.			\$0			
12.			\$0			
13.			\$0			
14.			\$0			
15.			\$0			
16.			\$0			
17.			\$0			
18.			\$0			
19.			\$0			
20.			\$0			
21.			\$0			
22.			\$0			
23.			\$0			
24.			\$0			
25.			\$0			
26.	Subtotal: Work Plans/Projects		\$0	\$0	\$0	
27.	Plus up to 15% Indirect Administrative Costs		\$0			
28.	Plus up to 10% Operating Reserve		\$0			
29.	Total MHSA Funds Requested		\$0			

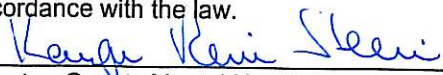
Percentage

Humboldt Co note: Existing IT Project approved and funded in FY 2009-10. This project will continue in FY 2011-12.
Revised 12/29/10

**Training, Technical Assistance and Capacity Building Funds Request Form
(Prevention and Early Intervention Statewide Program)**

Previously approved with no changes

New

Date: March 12, 2011	County Name: Humboldt
Amount Requested for FY 2011/12: \$19,000	
<p>A. Briefly describe your plan for using the Training, Technical Assistance and Capacity Building funding and indicate (if known) potential partner(s) and/or contractor(s).</p> <p>The PEI Training, Technical Assistance and Capacity Building funding will be used to provide the Humboldt County's Suicide Prevention, Stigma and Discrimination Reduction, and TAY Partnership project's staff training opportunities in areas such as:</p> <ul style="list-style-type: none"> • Best practices • Curriculum delivery • Program evaluation • Partnering with statewide projects. • Recovery, wellness and resiliency • Cultural Competency • Support Peer Client and Peer Family Member staff members 	
<p>B. The County and its contractor(s) for these services agree to comply with the following criteria:</p> <ol style="list-style-type: none"> 1) This funding established pursuant to the Mental Health Services Act (MHSA) shall be utilized for activities consistent with the intent of the Act and proposed guidelines for the Prevention and Early Intervention component of the County's Three-Year Program and Expenditure Plan. 2) Funds shall not be used to supplant existing state or county funds utilized to provide mental health services. 3) These funds shall only be used to pay for the programs authorized in Welfare and Institutions Code (WIC) section 5892. 4) These funds may not be used to pay for any other program. 5) These funds may not be loaned to the state General Fund or any other fund of the state, or a county general fund or any other county fund for any purpose other than those authorized by WIC section 5892. 6) These funds shall be used to support a project(s) that demonstrates the capacity to develop and provide statewide training, technical assistance and capacity building services and programs in partnership with local and community partners via subcontracts or other arrangements to assure the appropriate provision of community-based prevention and early intervention activities. 7) These funds shall be used to support a project(s) that utilizes training methods that have demonstrated the capacity to increase skills and promote positive outcomes consistent with the MHSA and PEI proposed guidelines. 	
<p>Certification</p> <p>I HEREBY CERTIFY to the best of my knowledge and belief this request in all respects is true, correct, and in accordance with the law.</p> <p style="text-align: center;"></p> <hr style="width: 40%; margin-left: 0;"/> <p>Director, County Mental Health Program (original signature)</p>	

Attachment A

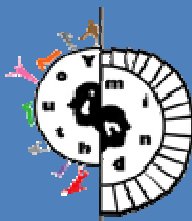


HUMBOLDT COUNTY

TRANSITION AGE YOUTH COLLABORATION

(HCTAYC)

FIRST YEAR EVALUATION



EXECUTIVE SUMMARY

In 2008, three state youth development leaders—the Y.O.U.T.H. Training Project, California Youth Connection, and Youth in Mind—came together to form a unique partnership with the Humboldt County Department of Health and Human Services (DHHS) on behalf of transition age youth. Together, they launched the Humboldt County Transition Age Youth Collaboration (HCTAYC), with the overarching goal of ensuring that transition age youth impacted by county’s mental health, foster care, and other county systems receive timely, appropriate, efficient, and effective services as they transition to adulthood and independence.

HCTAYC partners believe the most effective way to improve systems of care for transition age youth is to develop ongoing mechanisms for engaging youth about county services and to integrate this feedback into the systems and institutions responsible for providing those services. Using a capacity-building approach based on the principles of positive youth development, HCTAYC prepares and supports youth to participate in this process. The collaborative seeks to ensure that youth experience positive outcomes when they are in need of support, including, but not limited to, housing, physical and mental well-being, employment, and education.

The Y.O.U.T.H. Training Project, HCTAYC’s lead agency, contracted with Korwin Consulting, an independent evaluation firm, to evaluate the impact of HCTAYC through the experiences and insights of HCTAYC project staff, collaborative partners, county DHHS staff, and youth members. This evaluation is designed to capture both the strategies used and the outcomes resulting from HCTAYC’s efforts.

FINDINGS

During its first year, HCTAYC:

- ▶ Developed a staffing structure to carry out the project’s work plan and established a shared understanding of the collaboration’s goal,
- ▶ Recruited and trained a Youth Advisory Board and other transition age youth to participate in policy-setting efforts,
- ▶ Carried out several events to include the broader participation of transition age youth in Humboldt County services including youth development trainings in facilitation, digital storytelling, policy, and public speaking, and
- ▶ Developed a website and brochure to communicate the strategies used by HCTAYC to the larger public.

PARTICIPATION

Membership of the Youth Advisory Board was drawn from various populations of Humboldt County youth, including homeless youth, foster youth, and youth accessing mental health care services.

Fifty-six youth attended four capacity-building trainings. They ranged in age from 16 to over 25, with the largest proportion (43 percent or higher) being from 16 through 18 years old. The majority at the first three trainings was female (67 percent or more); while a vast majority (76 percent) at the fourth training (Public Speaking) was male. Participants represented various ethnic groups, including tribal/Native American, Caucasian, African

American/Black, and multi-racial. The largest proportion at the first, second, and fourth retreats was Caucasian (47, 67, and 54 percent, respectively), with the largest proportion at the third retreat (Facilitation) being tribal/Native American (43 percent). Most of the youth at each training identify as heterosexual, although gay, lesbian and bisexual youth also attended. Most have participated in the California Youth Connection and Youth in Mind, and many have used services from the county's Independent Living Skills (ILS) program and mental health services. *(Further details about participating youth are in the Appendix.)*

All HCTAYC stakeholders report that the first year of collaboration was a positive experience that yielded notable results.

IMPACT ON TRANSITION AGE YOUTH

HCTAYC provides leadership development and professional skills training to increase youth capacities in decision-making and policy-setting. Using a positive youth development model, HCTAYC applies strength-based principles to encourage positive behaviors among the youth, successfully engaging them in leadership roles and in decision-making.

The following examples illustrate the effectiveness of this model:

- ▶ Youth participating in HCTAYC report gaining new skills in public speaking and analyzing policy.
- ▶ HCTAYC youth report new leadership capacity that enables them to develop policy recommendations for Humboldt County staff on systems of care for transition age youth.

- ▶ An increasing number of youth have been invited by DHHS staff to sit in committee meetings and express their perspectives at the county level.
- ▶ Participating youth gained a sense of connection to one another as they work together on common goals.
- ▶ The collaboration enabled youth to create a strong support network among peers and adults.
- ▶ Youth feel empowered to take on other leadership roles in their community by serving on committees, volunteering, and working in youth development-related organizations. These activities, in turn, strengthen youth voices in the community and allow them to advocate for their needs.

HCTAYC's positive youth development approach applies strength-based principles that encourage positive behaviors among youth and successfully engages them in leadership roles and decision-making.

The impacts of HCTAYC are most profoundly felt by the Youth Advisory Board members, as they lead the project. Other HCTAYC youth receive a more limited direct impact through participation in skills training activities, as well as an indirect impact through interactions with the Youth Advisory Board members who solicit their input and ensure that their voices are heard at the county level. The gains in leadership and empowerment of all HCTAYC-participating youth also have a ripple effect on the larger community of youth, as they benefit from the systems change and

greater integration of youth voices in their community.

IMPACT ON HUMBOLDT COUNTY DHHS SYSTEMS

Youth, HCTAYC project staff and collaborative partners, and county department managers all cite a growing awareness among Humboldt County staff about the needs of transition age youth and the importance of youth involvement in county programs. Youth-led efforts, such as digital storytelling, staff training, and the *Museum of Lost Childhood* are having a profound impact on county staff. By giving staff a glimpse of what transition age youth experience in the county system, these efforts are leading to a greater appreciation for the insights and recommendations of transition age youth.

Youth Advisory Board members and HCTAYC project staff and partners identify several areas for improvement in the county, including:

- ▶ Providing transitional housing and assistance with meeting basic needs;
- ▶ Substance abuse, mental health, and physical health services;
- ▶ Training and recruitment of foster parents;
- ▶ Opportunities for youth engagement and development in the county; and
- ▶ The juvenile justice system's treatment of youth.

At HCTAYC's convening in which they shared policy recommendations, Youth Advisory Board members delivered recommendations for improvements in several mental health services and the Children's Center. **Remarkably, these departments reported that many of these**

recommendations were implemented within weeks.

Although formal mechanisms for further integration of youth input into county systems are not yet in place, county management is sincerely appreciative of the insight and changes that have resulted from HCTAYC, and staff members' increased awareness has already led to their actively engaging transition age youth in decision-making processes for county programs.

IMPACT ON YOUTH DEVELOPMENT STATE LEADERS

Another outcome of HCTAYC is the changes in youth development state leaders' understanding and awareness of transition age youth in Humboldt County. Although the three collaborative partners of HCTAYC have tremendous experience in youth development in the state, working in Humboldt County is new to some of them. All of the youth development leaders report that their involvement in HCTAYC has allowed them to gain a better understanding of transition age youth needs in Humboldt County and the county system, as well as a broader perspective of youth needs in the state. **Their increased understanding of Humboldt County systems and transition age youth needs enabled these leaders to better engage youth in decision-making and policy-setting in Humboldt County.** They have also gained knowledge on the different needs of rural, urban, and tribal youth. This allows youth development leaders to organize youth in a culturally appropriate way. Their new knowledge was an indispensable gain, as leaders began setting the stage for implementation of a project that would bring the voices of youth to county

institutions and agencies, and it continued to grow and inform their work throughout the year.

PROGRAM CHALLENGES

HCTAYC partners and youth encountered several challenges in the first year of their collaboration, including:

- ▶ Difficulty engaging youth when basic needs are not met,
- ▶ Transportation for youth in a rural area with limited public transportation,
- ▶ Differing levels of maturity and readiness for policy work among youth,
- ▶ Interpersonal conflicts among youth,
- ▶ Distances collaborative partners need to travel to meet in and have a strong presence in Humboldt County,
- ▶ Lack of readiness in some county departments for a culture shift to youth integration in decision-making, and
- ▶ Technology issues.

RECOMMENDATIONS

Each stakeholder provided a set of recommendations to improve the HCTAYC collaboration for future years:

Youth Advisory Board members believe that HCTAYC should make social events more accessible to the general youth population in Humboldt County, provide various avenues to encourage virtual participation from youth outside of Humboldt County, and better coordinate transportation for youth to participate in events.

Y.O.U.T.H. Training Project staff and

partners would like to see more frequent meetings between all involved in HCTAYC. This will enable them to communicate with one another and the county to ensure accountability in response to youth recommendations and to better prepare project activities with partner staff. HCTAYC needs to increase staff capacity to better support youth by engaging more staff from collaborative partners.

Humboldt County DHHS management

recognizes that more work must be done to deepen staff's full commitment to a system that fully honors and values youth engagement. They recommend that HCTAYC provide training for staff to increase their awareness of transition age youth. HCTAYC should also recruit young people who currently or formerly depended on county services from Humboldt County's college campuses to involve youth in more stable situations (e.g., housing and commitment to stay in the area).

EVALUATOR RECOMMENDATIONS

HCTAYC should consider each of the suggestions made by the youth, HCTAYC collaborative partners, and DHHS county staff listed above. In particular, HCTAYC should pay special attention to recommendations suggested by multiple stakeholders. These are:

- ▶ Reach out to a more diverse youth population that includes tribal youth, non-foster youth, and other transition age youth.
- ▶ Increase communication strategies between project staff, partners, and DHHS county staff.

- ▶ Create accountability protocols for DHHS county staff to follow up on youth policy recommendations.
- ▶ Incorporate capacity-building strategies, such as youth-led staff trainings and coaching, disseminating best practice materials, and sharing staff successes with other staff, that encourage a culture shift among DHHS County staff to be fully committed to youth involvement in decision making and policy setting.

In order to fully engage youth in a positive youth development model, HCTAYC might consider involving youth in future evaluation processes. For instance:

- ▶ Involve youth in developing indicators that reflect the changes and improvements of county services for transition age youth in Humboldt County. This can be done in an evaluation workshop where youth train other youth on evaluation tools and work with youth to identify indicators.
- ▶ Build on youths' digital storytelling skills by having them develop a story bank to document the ongoing needs, struggles, and success stories of transition age youth in Humboldt County. Youth may decide on the type of media they would like to use in creating these stories; for example, testimonials may be expressed in narrative short stories, poetry, drawings, or any other media.

CONCLUSION

The launch of Humboldt County Transition Age Youth Collaboration (HCTAYC) demonstrates the commitment of Humboldt County to improve its ability to serve transition age youth, including, homeless youth, former foster youth, and youth with mental health needs. With the contributions of collaborative partners, project staff, and local youth, HCTAYC has developed a unique model to successfully engage transition age youth in decision-making and policy-setting within Humboldt County's Department of Health and Human Services.

HCTAYC's unique strategy of positive youth development is building strong youth leaders who are able to effectively advocate for policy change that will improve county systems and better serve transition age youth in Humboldt County. Through HCTAYC, transition age youth are increasing their self-esteem and confidence to take on leadership roles in their community. Humboldt County has begun to integrate youth voices into decision-making and policy-setting processes, and youth development state leaders are gaining significant insight into engaging youth in a rural area. **The project has already begun to bring about a more effective and informed health and human services system, a strong community of youth voices in the county, and the profound empowerment of transition age youth to shape local systems of care.**

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INTRODUCTION

Due to lack of family or other adults to rely on, Humboldt County transition age youth in the foster care, mental health, and other systems frequently find themselves vulnerable and in need of support that is not there. While coping with the loss of their family or other trauma, many transition age youth struggle to find housing, appropriate mental and physical health care, employment and to meet other basic needs. Often, their only means of support is that provided by Humboldt County's Department of Health and Human Services (DHHS).

Recognizing the gap between the needs of transition age youth and the ability of Humboldt County's transition age youth services to meet those needs, DHHS allocated resources to increase transition age youth input and participation in improving its system of care. They chose the following three organizations to lead the effort to achieve this goal, recognizing their unique and collective strengths:

- ▶ **Y.O.U.T.H. Training Project (YTP)** has been training youth in facilitation and training skills and positive youth development since 2000. YTP is well respected for its expertise in building strong youth leaders by strengthening their skills, positive behaviors, and beliefs with strength-based principles.
- ▶ **California Youth Connection (CYC)** was established in 1988 to work with former and current foster youth to create institutional changes in the child welfare system through policy and advocacy efforts. CYC brings a strong history of mobilizing local youth for systemic change. CYC has a chapter in Humboldt County which convenes youth leaders and adult supporters to identify the most pressing problems facing current foster youth in Humboldt County.
- ▶ **Youth in Mind (YIM)** is an emerging statewide organization of youth impacted by the mental health system. YIM is working to make positive change in the mental health field through members' leadership and advocacy.

Through the collective efforts of these collaborative partners, the Humboldt County Transition Age Youth Collaboration (HCTAYC) was launched in late 2008. While HCTAYC's purpose and approach evolved throughout its first year, its main purposes are to:

- ▶ Build the capacity of transition age youth to engage in and develop policy recommendations to improve DHHS' current system of care for transition age youth.
- ▶ Create ongoing mechanisms and protocols for youth input into the county's system of care.
- ▶ Develop better transition age youth services so that the County meets the needs of youth, resulting in a community with "happier and healthier youth."

In its first year, HCTAYC formed a Youth Advisory Board, made up of transition age youth who have varied lived experiences and cultural identities. Many have been homeless, have been consumers of mental health services, are recovering from substance addiction, and are currently or formerly in foster care. The Board has included both tribal and non-tribal youth.

The Youth Advisory Board works with other Humboldt County youth to identify critical needs and develop policy recommendations to DHHS to change systems of care to better reflect the needs of transition age youth in Humboldt County. The input of these youth aims to guide Humboldt County's service agencies when setting priorities and practices.

The work of HCTAYC is guided by the collaboration's theory of change (which can be found in the Appendix of this report). **The desired outcomes of HCTAYC's work include:**

- ▶ Transition age youth will increase their knowledge, skills, and capacities to engage in decision-making and policy-setting within DHHS.
- ▶ There will be increased awareness and understanding within DHHS of transition age youth and their associated needs.
- ▶ Humboldt County will operate an effective, responsive, and youth-informed system of care for transition age youth.
- ▶ There will be a mechanism and protocols for integrating youth input into DHHS policies.
- ▶ HCTAYC collaborative partners—the three youth development state leaders—will strengthen their understanding and awareness of the needs of Humboldt County transition age youth.

Do transition age youth show increased capacity to engage in systems improvement efforts? What efforts contributed to this change in capacity? Is this increased youth involvement leading to changes in the County's system of care?

With these and other questions in mind, the Y.O.U.T.H. Training Project contracted with the independent evaluation firm of Korwin Consulting to evaluate the impact of HCTAYC and the strategies, experiences, and insights of HCTAYC project staff, collaborative partners, county staff, and Youth Advisory Board members in the first year of the collaboration. With data from post-training surveys and interviews with key stakeholders, this evaluation measures the progress of the first year of HCTAYC and its impact on youth development leaders, transition age youth, county staff, and the system of care in Humboldt County.

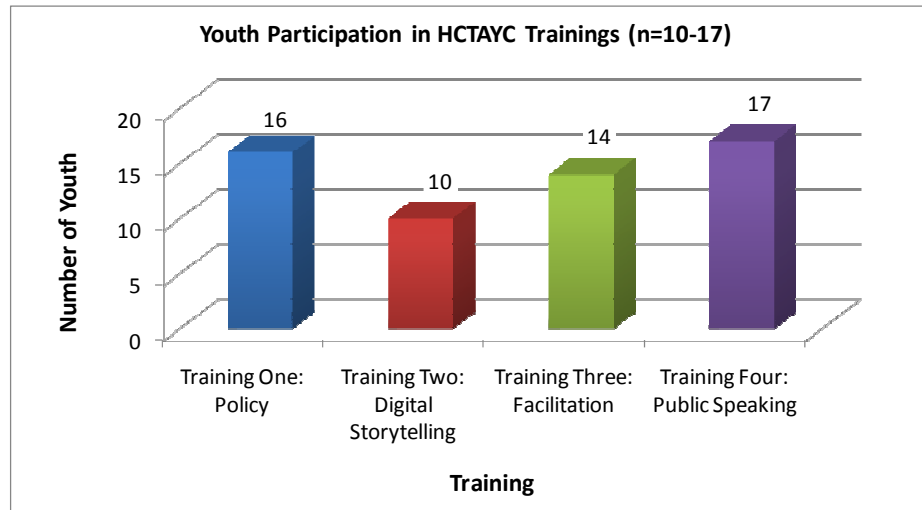
FINDINGS

PARTICIPATION

HCTAYC’s first year of work resulted in successful recruitment of a Youth Advisory Board from various populations of Humboldt County youth, including homeless youth, foster youth, and youth accessing mental health care services. HCTAYC developed a staffing structure to carry out the project’s work plan and established a shared understanding of the collaboration’s goal.

HCTAYC also carried out several events to include the broader participation of transition age youth in Humboldt County. Among these are youth development trainings in policy, digital storytelling, facilitation, and public speaking.

Fifty-seven youth attended the four trainings (this is a duplicative count, as several youth attended more than one training): 16 at Policy (Training One), 10 at Digital Storytelling (Training Two), 14 at Facilitation (Training Three), and 17 at Public Speaking (Training Four). They ranged in age from 16 to over 25, with the largest proportion (43 percent or higher) being from 16 through 18 years of age.



The majority of participants at the first three trainings was female (67 percent or more), whereas a majority at the fourth training (Public Speaking) was male (76 percent). Participants represented various ethnic groups, including tribal/Native American, Caucasian, African American/Black, and multi-racial. The largest percentage of participants at the first, second, and fourth retreats was Caucasian (47, 67, and 54 percent, respectively), with the largest proportion at the third retreat—Facilitation—being tribal/Native American (43 percent). Most of the youth at each training identify as straight, although gay, lesbian and bisexual youth also attended.

Most of the attendees have participated in California Youth Connection and Youth in Mind, and many youth participants have used services from the county’s Independent Living Skills (ILS) program and mental health services. *(Please see tables in the Appendix for further details about participating youth.)*

FIRST-YEAR ACTIVITIES OF THE COLLABORATION

The main focus of the first year included recruiting transition age youth to participate in HCTAYC, and training and developing their professional skills. During its first year, HCTAYC:

- ▶ Developed a staffing structure to carry out the project's work plan and established a shared understanding of the collaboration's goal,
- ▶ Recruited and trained a Youth Advisory Board and other transition age youth to participate in policy-setting efforts,
- ▶ Carried out several events to include the broader participation of transition age youth in Humboldt County, including youth development trainings in facilitation, digital storytelling, policy, and public speaking, and
- ▶ Developed a website and brochure to communicate the strategies used by HCTAYC to the larger public.

All stakeholders including HCTAYC project staff, collaborative partners, Humboldt County DHHS staff, and Youth Advisory Board members feel positive about the first year collaborative efforts. Humboldt County DHHS staff members notice that more youth are at the table and youth are able to present their perspectives in a professional manner. As one comments, "HCTAYC is helping them [youth] to not just tell their story, but to help us as an agency to have more supportive services for transition age youth."

IMPACT ON YOUTH

Did transition age youth increase their knowledge, skills and capacities to engage in decision-making and policy-setting within Humboldt County DHHS?

INCREASED KNOWLEDGE AND SKILLS

HCTAYC seeks to develop youth leaders by strengthening their skills and capacity to engage in system's change. In keeping with this purpose, the first year of collaboration focused largely on youth leadership and professional skills development. HCTAYC implemented a series of training workshops and social events to engage youth participation. The formal trainings covered digital storytelling, facilitation skills, policy, and public speaking. The digital storytelling training taught youth who have experienced the foster care, mental health and other systems, to tell their story to the community in powerful ways. The other training workshops were designed to develop skills in public speaking, making presentations, group facilitation, and problem-solving.

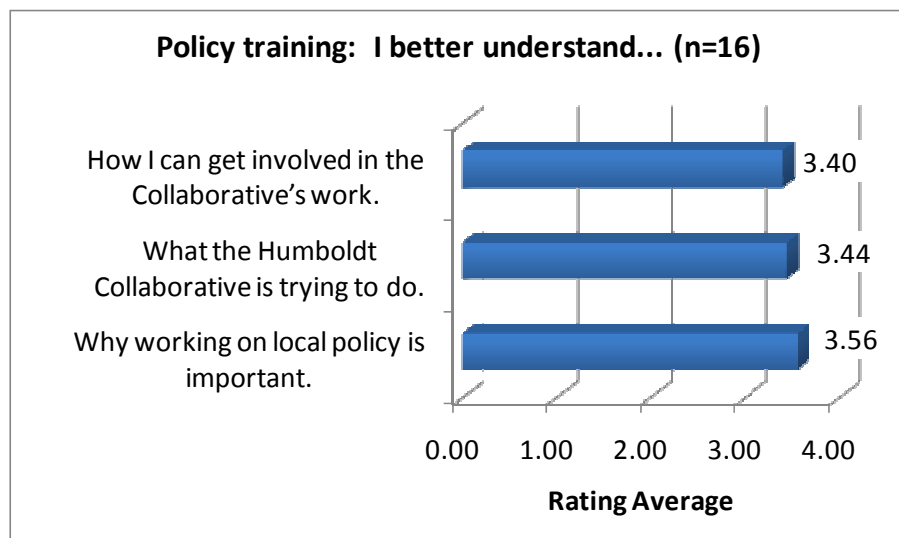
To complement these training opportunities, the HCTAYC youth members also participated and presented in a number of statewide conferences and local events to share the efforts of the collaborative, deliver recommendations for other youth development leaders considering replication, and represent the voices and needs of transition age youth in Humboldt County. These events included: California Youth Connection's Day at the Capitol Conference, Youth in Mind's Leadership Academy at the California Mental Health Advocates for Children and Youth

Conference, Pathways to Adulthood National Conference, the Youth in Mind Leadership Summit, and other local events or meetings held by county departments.

The following sections describe the impact of each of the formal trainings, as well as some broader, overarching youth impacts of HCTAYC's work in its first year of collaboration.

POLICY (Training One)

In order to effect lasting systems change that will improve the lives of transition age youth, HCTAYC has a strong focus on building involvement in the creation, promotion, and implementation of policies designed by and for transition age youth. In the policy training, youth learned about how policy is created and implemented, why working on policy is important, what HCTAYC's goals are, and how to join the collaborative in its policy work.



After this training, youth rated their gains in understanding on a scale of 1 to 4, with "4" being the highest possible rating. The above chart shows that youth made gains in all three of the major themes addressed that day, with the largest gain being in their understanding of why it is important to work on local policy. They also increased their understanding of what HCTAYC is trying to do and how to get involved in this work.

Youth comment on specific aspects of the training experience that they found most useful. Their list includes:

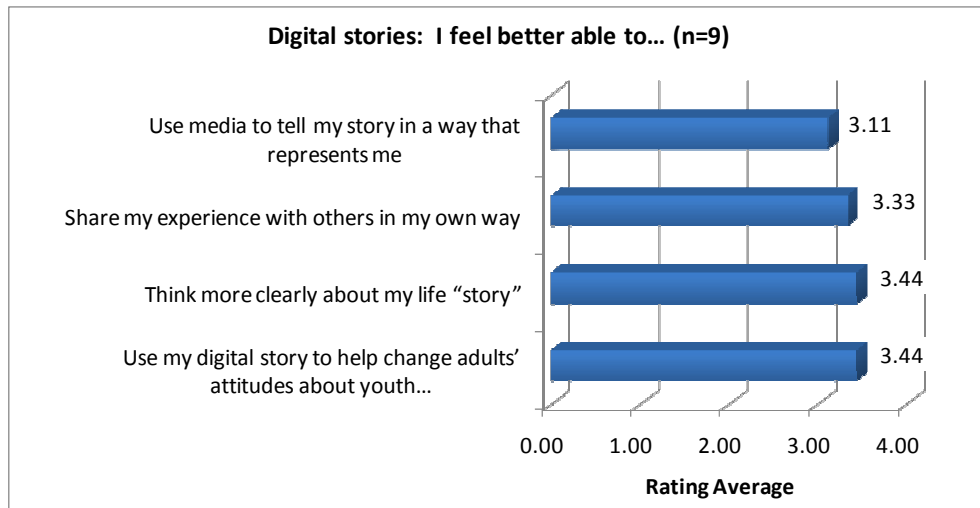
- ▶ Helping youth understand their rights,
- ▶ Understanding policy,
- ▶ Learning how to talk with "higher-ups,"
- ▶ Being able to practice interviews and stating the situation,
- ▶ Building a network to use in the future,
- ▶ Learning to speak "for myself," and
- ▶ Understanding what mental health is.

HCTAYC achieved its goals for this first training, building youth’s interest and increased belief in the value and their own ability to communicate their opinions and experience to those in power.

DIGITAL STORYTELLING (Training Two)

Participants in the digital storytelling training gained technical skills in using this medium to tell their life stories and share their experiences to employees of foster care, mental health, and other systems serving transition age youth.

The accompanying chart shows that following the training youth rate highly their abilities to use their digital story to change adults’ attitudes about youth, and to think more clearly about their life story. With the highest possible rating of “4,” (meaning “strongly agree”) youth participants at this training also indicate an increase in their ability to share their experiences in their own way, and to use media to tell a story that represents them.



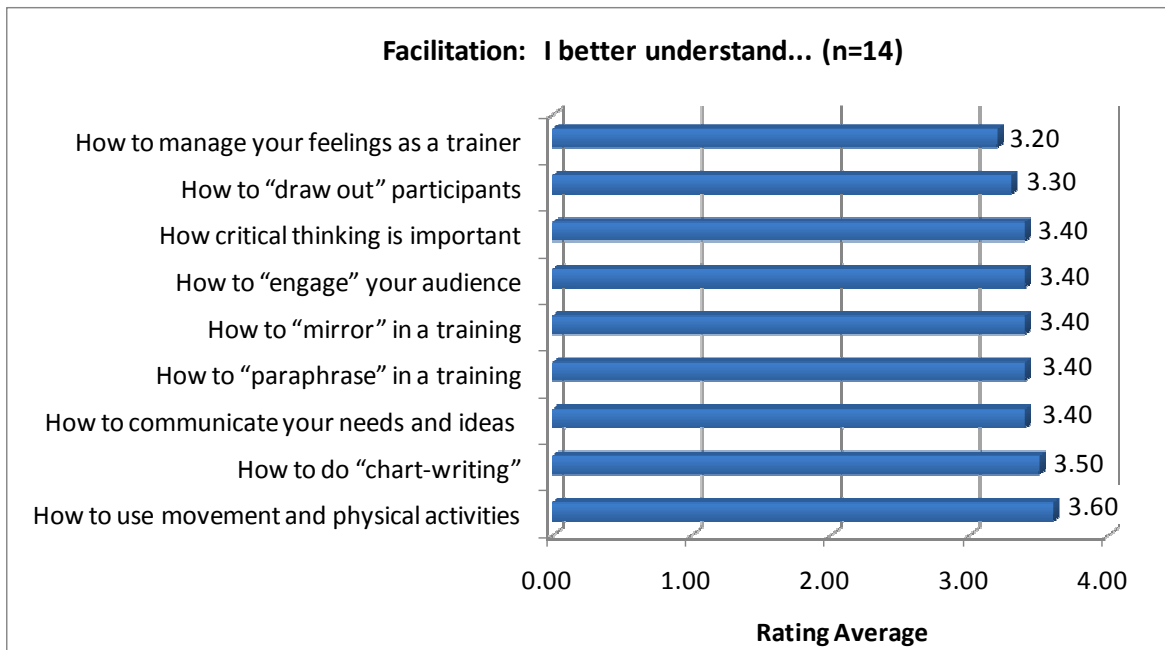
Many youth also reporting gaining technological skills from this training that they will likely use in the future. In fact, through this training, Humboldt County youth produced ten digital stories that are now being used to educate DHHS staff and other community members about the lived experience of transition age youth.

The benefits of the training go beyond learning new skills. Many youth say that they “feel more powerful in the world (more skillful, experienced, and braver) as a result of the training.” The following comments illustrate some of their important gains related to finding their voice, gaining confidence, and possibly even healing of past trauma:

- ▶ “Now I can easily tell my story and not be ashamed or scared.”
- ▶ “It helped me to get my story told, when for so long my story went untold.”
- ▶ “It helped me get stuff out that I haven’t been able to talk to anyone about.”
- ▶ “It helped me get through the emotions that I blocked out for so long.”

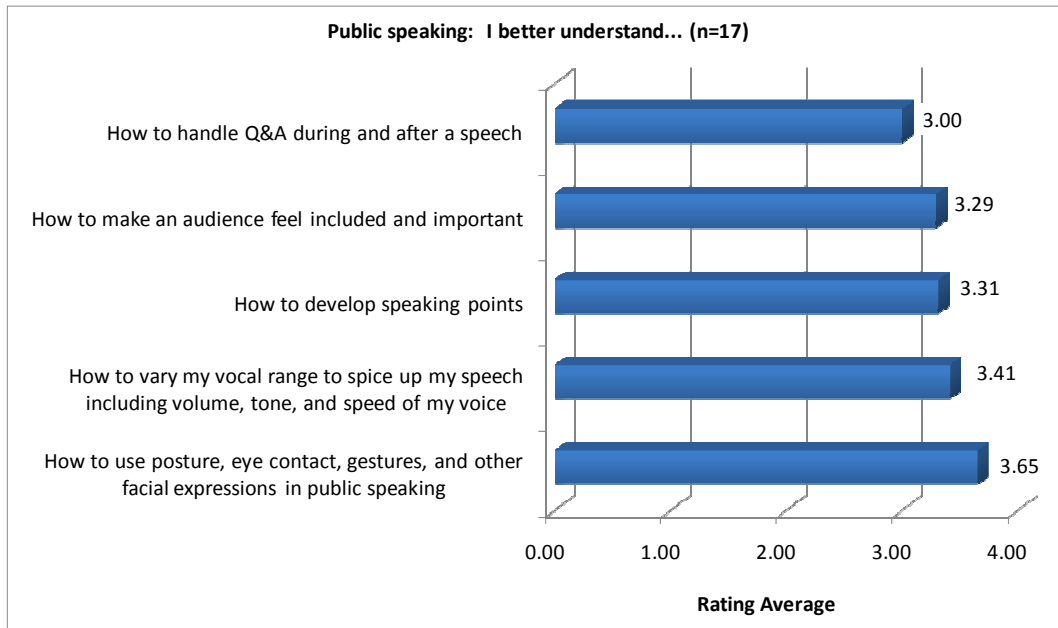
FACILITATION (Training Three)

At the facilitation training, participants learned skills that contribute to effective group facilitation, including how to use movement, how to paraphrase and mirror, chart-writing, engaging the audience/ participants, and managing their feelings. The accompanying chart shows their greatest gains. Rating each aspect of the training on a scale of 1 to 4, with “4” being the highest possible rating, the youth report their greatest gains in understanding how to use movement and physical activities, and how to do chart-writing when facilitating a meeting. They also report increasing their understanding of all other topics covered in the training.



PUBLIC SPEAKING (Training Four)

In the last session of the formal training series, youth learned to use various public speaking techniques as a tool to effectively communicate and participate in system change efforts. As with the other trainings, they rated gains in increased understanding and capacity. With “4” representing the highest possible rating, the youth report greatest gains in understanding how to use posture, eye contact, gestures, and other facial expressions in public speaking. As the chart on the next page shows, they also increased their understanding of the other topics covered in the training.



Youth describe the most important parts of the training to them, saying:

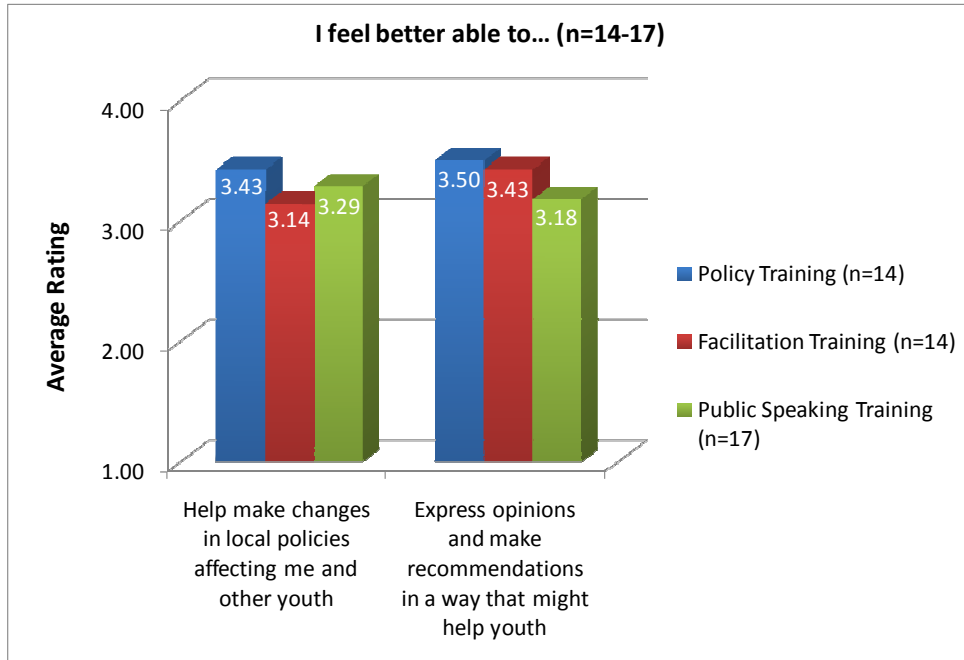
- ▶ "It helped to practice in small groups, because some were really shy about speaking."
- ▶ "I learned how to better give a speech."
- ▶ "Learning how to pinpoint key ideas and topics for my speech."
- ▶ "It helped me out a lot to look into people's eyes."
- ▶ "Learning not to use um's, and's, you know's, etc."
- ▶ "The 'positiveness' and the understanding that it is OK to mess up."

As the comments above show, a key strength that HCTAYC brings to the training is an awareness of and accommodation to the fears and insecurities experienced by the youth. HCTAYC delivered a training that heightened not only youth's self-confidence and awareness of current habits that limit their ability to communicate effectively but it also assisted them in building new communication skills that will help them be listened to when they speak up about their needs and rights.

INCREASED ABILITY TO EFFECT CHANGE

Following each of the trainings—policy, facilitation, and public speaking—youth also indicate gains in two areas that are integral to the success of the work of HCTAYC: their ability to help inform local policy, and their ability to speak effectively for all youth. As a result of their participation, they give a combined average rating of 3.14 or higher to show how much better able they feel to "help make changes in local policies affecting me and other youth in Humboldt." They give a combined average rating 3.18 or higher to describe how much better they feel able to "express opinions and make recommendations in a way that might help me and other youth in Humboldt."

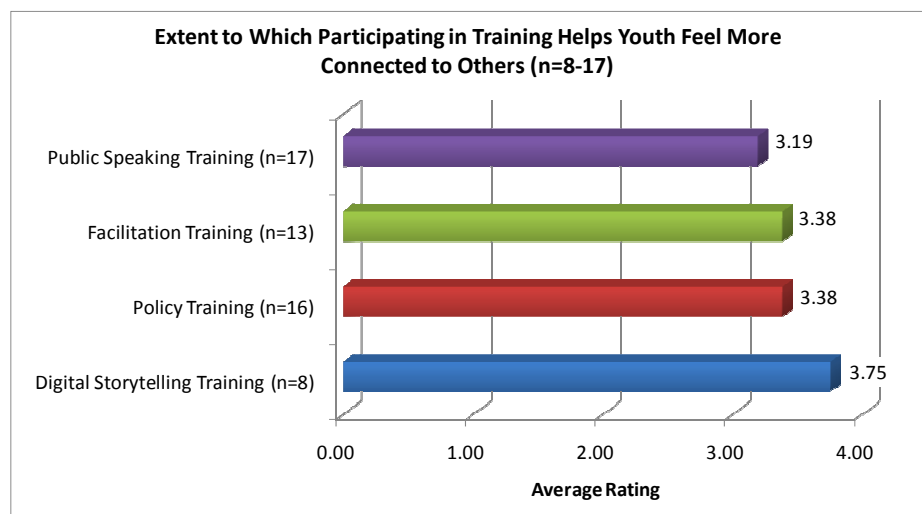
The accompanying chart shows how youth rated their confidence in these two areas after each of the three trainings where they were explicitly addressed. These gains speak to the relevancy and effectiveness of HCTAYC, even in its first year. *(Due to the focus of the digital storytelling training, participants were not asked about these two gains in their post-training survey.)*



CONNECTION AND COMMUNITY

Youth felt more connected to others after each of the four trainings. This finding reinforces the notion that HCTAYC creates a diverse community connected by a common goal. Youth Advisory Board members say that participation in HCTAYC allows them to connect with others because they can better relate to others and interact with other youth who may have views that differ from theirs. “When you learn to facilitate and be a trainer, you gain a lot of social skills. You are able to better relate to other people,” comments one member.

As the chart shows, youth feel that the digital storytelling training contributed more than any other to that feeling of being connected. Given comments described in the earlier section on Digital Storytelling, this training appear to



involve a level of self-revelation and vulnerability—and the development of mutual trust—to a greater extent than at the other trainings.

In addition to providing professional skills training and leadership development opportunities, HCTAYC provides a support network for youth to share their troubles and experiences with peers and find support during hard times. One HCTAYC project staff member comments, “HCTAYC has been a catalyst for bringing different youth together as a community and of peers.”

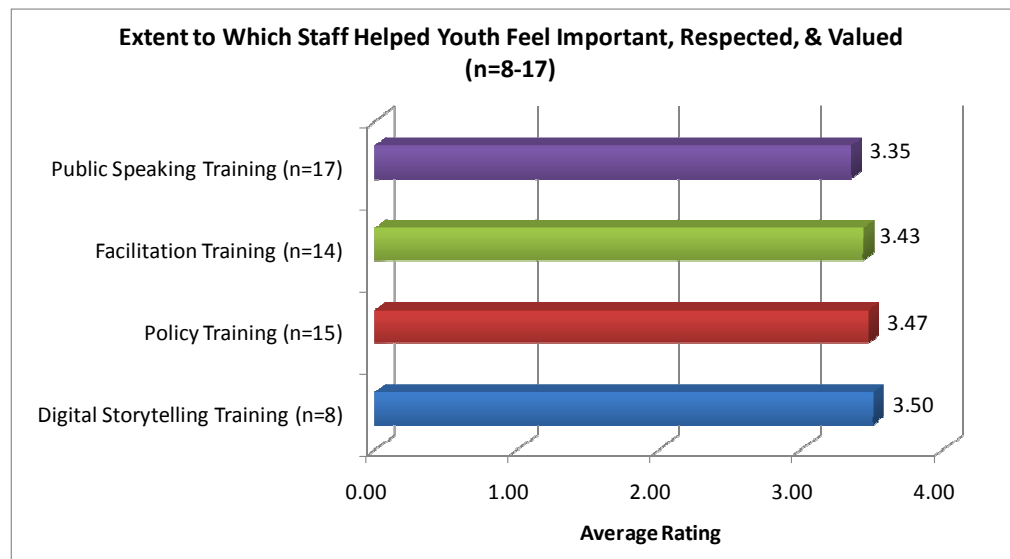
The comments of Youth Advisory Board members illustrate what it means to have a community of youth. One notes that being a part of HCTAYC has helped in dealing with life changes, “by giving me a support network. It is good to see people you know during this challenging process.” Another board member says “I received constant support from other HCTAYC members and staff....In the past I would not have been able to get through my troubles without this support.”

HCTAYC staff members, collaborative partners, and youth participants find success through uniting youth in order to engage them in systems change. Connecting youth and showing them that others care has been a key factor in bringing about this engagement.

YOUTH EMPOWERMENT

All of the Youth Advisory Board Members experienced major challenges in their personal life during their participation in HCTAYC. Some endured homelessness and joblessness; many experienced intense stress due to the loss of loved ones, a substance abuse relapse, or constantly moving from one place to another. Some youth had to stop going to school due to financial difficulties and other obstacles.

These youth received ongoing support from HCTAYC project staff and collaborative partners, as well as from other youth members, who motivated and encouraged them to overcome these challenges. They received assistance in finding jobs, housing, planning personal finances, and they learned that they could accomplish many things they did not think were possible.



As some of the youth explain:

- ▶ “HCTAYC helped me find a job and supported me to go back to school, even when I couldn’t afford to.”
- ▶ “With support from HCTAYC, I have been able to walk through these challenges with my head up and walk out with a positive experience.”
- ▶ “They picked me up and helped me get a place to live. They also provided me with conflict resolution training.”
- ▶ “HCTAYC helped with job interview skills by giving me training. They helped me with résumé building and boosted my confidence for the interview.”

Youth who participated in formal training activities report that HCTAYC project staff helped them feel important, respected, appreciated and valued. The above chart illustrates that in each of the four formal trainings, on a scale of 1 to 4, with “1” indicating “not at all” and “4” indicating “big time!,” youth give a rating of “3.35” and above to describe how much they felt supported by staff in each of the trainings.

“The other thing that’s really worked is caring about them! All of us have provided a degree of crisis counseling and have been staying in touch on Facebook. Regularly, I will get a Facebook message, ‘Just stopping by to say hi’ and ‘Hey, I just got my first job and I just wanted to tell you.’ They want to tell someone who cares.”

-YTP staff member

While becoming stronger leaders, Youth Advisory Board members have gained a deeper understanding of the different needs of transition age youth through interacting with various populations such as homeless youth, foster youth, and youth who have accessed mental health services. In order for the board members to make recommendations to the county, they were required to collect feedback from other youth and analyze the information collected. As a result, HCTAYC project staff and collaborative partners see a major broadening in the board members’ understanding of transition age youth needs. One explains, “Youth are starting to see that these problems are not at the individual level but they are a community problem,” and another observes, “They were very self-focused in the beginning. Now, they are starting to see the bigger picture and are starting to understand that transition age youth are facing a lot of complexities.”

All of the Youth Advisory Board Members feel that involvement in HCTAYC has increased their self-esteem and confidence. **Through participation in HCTAYC, transition age youth are gaining the confidence to speak their minds, the strength to be independent, the ability to see positive things within themselves, and the knowledge that they are part of a larger community.** They feel able to present and make recommendations to adults and county staff because they see that their voices are heard and the county is responsive to their suggestions. One Youth Advisory Board member reflects, “As a youth I didn’t think I had a voice in anything, and now I do have a voice.”

LEADERSHIP DEVELOPMENT

Youth Advisory Board members and other youth involved in HCTAYC have gained new knowledge regarding policy making, county systems, and youth rights. Some board members report that their newly-gained knowledge on youth rights has allowed them to educate other youth about their rights. Learning about the way county systems work and interact—including the juvenile justice, foster care, mental health, and other systems—gives board members a new perspective on these systems and the ways they interconnect, as well as on how to engage with them for change.

All youth who participated in HCTAYC report gains in new leadership skills and capacities through their involvement. The following comments by Youth Advisory Board members describe how they feel their participation in HCTAYC allows them to build new skills or strengthen existing ones:

- ▶ “I have developed leadership skills and meeting facilitation skills. I am more proficient and am aware of body language. I gained the ability to deal with negative attitudes that are not helping me to achieve my goals.”
- ▶ “I have developed problem-solving skills.”
- ▶ “This was the first time that I felt confident in making a presentation. I learned how to conduct myself in a professional manner.”
- ▶ “It gave me a chance to practice skills that I already had.”

One of the major milestones indicating new leadership roles among youth has been their development of insightful and useful policy recommendations for Humboldt County’s DHHS. From January through July 2009, the youth received training on policy-setting and a general education on the county systems. As a result of the various trainings and their own experiences in the county facilities, youth identified improvements needed to better serve transition age youth. This culminated in a set of policy recommendations from the Youth Advisory Board to Humboldt County staff regarding select mental health services and the Children’s Center. These recommendations were later presented to County staff at the HCTAYC Policy Recommendation meetings held in Humboldt County. *(Further discussion of their recommendations is provided below. The full list of policy recommendations made by youth is included in the Appendix.)*

HCTAYC youth members also presented their perspectives and suggestions for systems improvements to county staff, youth development leaders, and the larger community through a series of statewide youth conferences, local committee meetings, and events held in Humboldt County. For example, a group of youth was invited to present their experiences as transition age youth in the Humboldt County *Beyond the Bench* conference. This conference brings together lawyers and judges serving transition age youth.

County staff and youth development leaders recognize that youth have become more vocal in their communities over the past year by participating in different committees related to youth development. For example, Youth Advisory Board members are involved in the community as a teen court judge, a participant in local mental health board meetings, and various volunteer and professional roles in youth development work. To prepare youth for their

involvement, HCTAYC provides intensive training and development workshops enhancing the professional skills and leadership capacities of transition age youth.

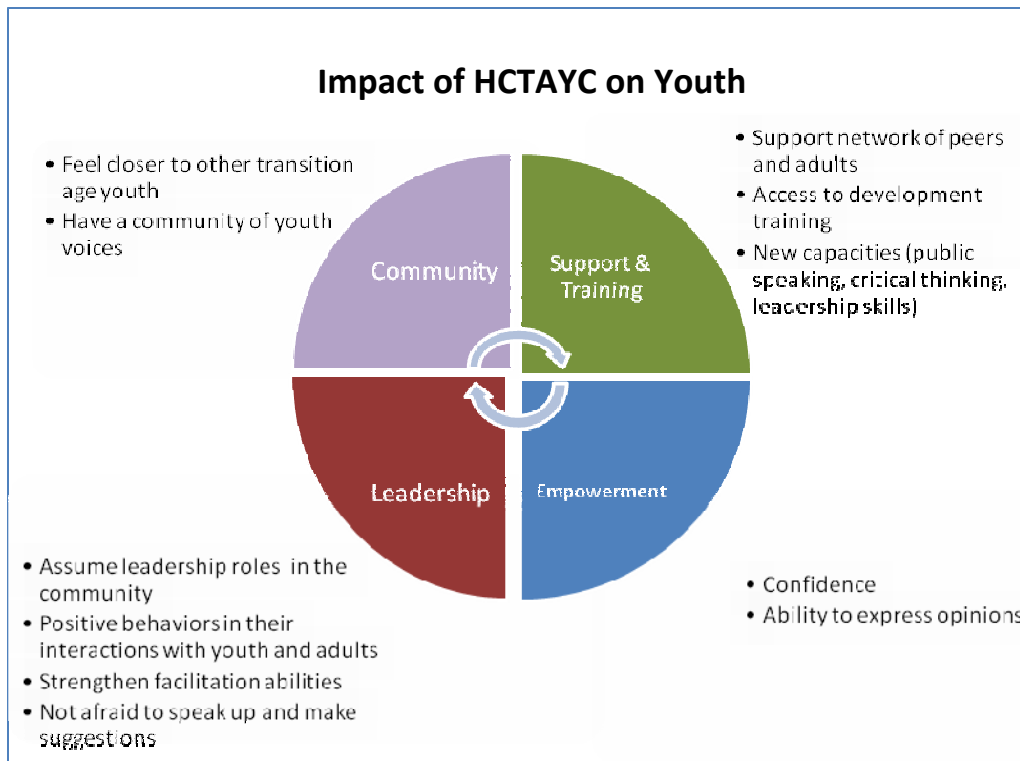
The outcomes resulting from these opportunities include the successful performance of youth as leaders and a shift in how adults, including county and collaborative partner staff, view the youth. HCTAYC project staff and collaborative partners provide the following observations:

- ▶ “There is a huge psychological shift in progress, given that foster youth are marginalized in our society. I think that they’re all in the process of becoming more and more empowered to feel that they are truly the experts.”
- ▶ “There are HCTAYC youth who are participating on California Youth Connection’s (CYC) advisory board, another is president of a CYC chapter, and some who have attended Youth in Mind meetings, and taught workshops at that organization’s leadership academy. I don’t think they ever would think that they could do something like that. One youth spoke before a crowd of 200 to 300 people for the first time.”
- ▶ “After the *Beyond the Bench* conference, adults were shocked at how youth can deal with sticky topics in a professional manner. Having county acknowledgement is an indicator to me that we are doing good things.”
- ▶ “The youth understand the importance of having a voice and knowing that they can make the change and be a role model. HCTAYC provided the avenue for dialogues such as conferences, preparing youth, and providing training.”

By building their skills and receiving ongoing support, transition age youth have been increasing their confidence and taking on new leadership roles throughout the community. Now, they are beginning to be noticed in a new way by others in the community: as valuable spokespersons for the transition age community.

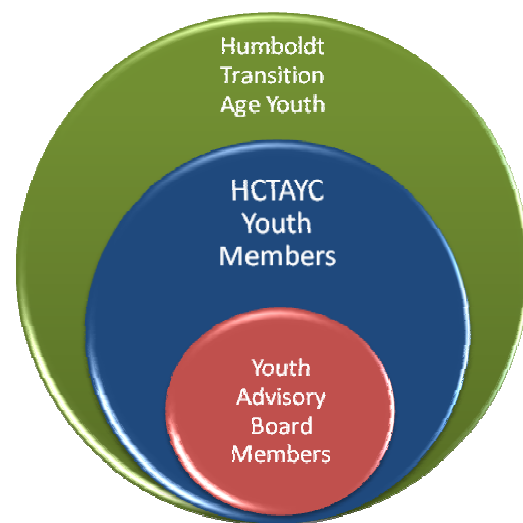
OVERALL IMPACT OF HCTAYC ON YOUTH

According to the positive youth development model implemented by HCTAYC, when youth receive appropriate support and training from a support network, they feel empowered to lead and participate in their community, and their voices grow stronger. The following chart reflects the four different categories of youth impact discussed by Youth Advisory Board members, HCTAYC project staff, collaborative partners, and county staff. The inner circle arrows in the chart indicate that the four categories are interrelated and reinforce each other.



HCTAYC’s impact on youth occurs on three different levels: Youth Advisory Board Members, HCTAYC youth members, and Humboldt County transition age youth. Each group of youth receives a varying degree of impact depending on the intensity of their involvement in HCTAYC. Youth Advisory Board members receive the most significant impact from HCTAYC, as they lead the project. Other HCTAYC youth members receive a more limited direct impact from the project through their participation in skills trainings and events, as well as an indirect impact through interactions with the Youth Advisory Board members who solicit their input and ensure that their voices are heard at the county level. The gains in leadership and empowerment of all HCTAYC-participating youth also has a ripple effect on the larger community of transition age youth, as they benefit from the systems changes and greater integration of youth voices in the systems of their community. The diagram illustrates this concept.

Ripple Effect of HCTAYC



Youth Advisory Board members reflect on the impact of HCTAYC:

- ▶ “HCTAYC has helped youth become their own advocates. Youth tell us that they have seen changes. Adults from the policy recommendation meetings have made changes based on our recommendations.”
- ▶ “It has made a difference for a lot of people. Youth can come to us when they need to say something and their voice will get through to others.”
- ▶ “This is the first successful step in creating youth-friendly and empowerment groups.”
- ▶ “I see that youth involved in the HCTAYC have experienced tremendous changes in empowerment. I have been in the county for ten years, I just see the changes.”
- ▶ “I am so much of a better person since I have joined: I understand people, I am nicer, and I can put myself in their shoes. In HCTAYC, we learn so many valuable lessons. It is just really helpful, and I am glad I joined.”

IMPACT ON DHHS COUNTY SYSTEMS

Has DHHS increased its awareness and understanding of transition age youth and their associated needs? Does Humboldt County operate an effective, responsive, and youth-informed DHHS system of care for transition age youth?

All HCTAYC stakeholders agree that there is a growing recognition from the county of the importance of youth involvement. This is reflected in the regular meetings held between HCTAYC and county staff and the active participation of county staff in HCTAYC activities. HCTAYC project staff members have seen county staff join in youth training activities to offer their support. **Youth and adult stakeholders alike say that the voices of youth are being heard at Humboldt County DHHS because of HCTAYC.**

Humboldt County’s increased awareness of transition age youth is a result of a series of HCTAYC efforts, as well as mandates from county management and program directors to include youth in decision-making. The Y.O.U.T.H. Training Project conducted trainings for Humboldt County child welfare workers about how to better serve youth. Efforts led by youth, such as digital stories and the *Museum of Lost Childhood*, have made a tremendous impact on county staff. These approaches give county staff a personal perspective on the challenges faced by transition age youth and a glimpse of what youth experience in the county system.

While all HCTAYC stakeholders report a general shift in awareness in the county systems, many also note challenges in changing an adult-led culture into a youth-led culture within Humboldt County. HCTAYC project and county staff agree that creating this culture shift will be a lengthy process, as some county staff and departments are not accustomed to letting youth take the lead in policy-setting.

Despite this staff dynamic within the county bureaucracy, county managers and directors are clearly committed to involving youth. Not only were they instrumental in the creation of HCTAYC through their expressed interest in bringing youth into a process of change and improvement in county services, they constantly reinforce the importance of involving youth

through internal newsletters and staff meetings. County staff, HCTAYC project staff, and youth offer the following observations about the changes in staff awareness they have witnessed over the past year.

County staff members say:

- ▶ “I don’t go into a project anymore without being reminded of the importance of youth voice. I don’t see things the same way anymore, because I know what their voices are like now.”
- ▶ “I’m so impressed that HCTAYC has been able to develop to a point where youth are comfortable working with us. Now if I see one of these youth around, they’ll say ‘Hi, how are you?’ I can think back five years ago, that never would have happened.”
- ▶ “The digital stories change staff’s awareness of what goes on in these young people’s minds and their experience. It makes a huge change in how the staff addresses youth concerns and issues.”

HCTAYC project staff members say:

- ▶ “County staff are viewing youth from a more strength-based perspective and seeing the challenges they are facing as individuals.”
- ▶ “County staff see youth now as collaborators, in some ways partners, and in some ways leaders.”
- ▶ “There is a culture shift in the county system to involve youth.”
- ▶ “County staff want to know what they can do for youth—individually and systemically. They’re super-responsive.”

A Youth Advisory Board member also sees signs of a culture shift:

- ▶ “Adults created a youth-friendly environment in the meetings. I think that youth voices are being heard, because adults changed meeting times to meet the needs of youth so we can go to the meeting.”

Youth development leaders from the collaborative partner organizations and county staff see a growing youth presence and involvement in decision-making. **Youth have been invited to various committee meetings, and county staff members are actively seeking suggestions from youth on related issues.** Humboldt County has proven to be responsive and receptive of suggestions made by the youth. Further, youth and partner organization staff see that county staff members are acting upon youth participants’ suggestions.

- ▶ “We’ve had HCTAYC as an active voice in Peer Quality Case Reviews and countywide self-assessment.” (*DHHS staff member*)
- ▶ “HCTAYC has now provided input for a number of our programs.”(*DHHS staff member*)
- ▶ “County staff are consistently asking for feedback from the youth. The Mental Health Board is asking feedback from the youth.” (*Collaborative partner*)

Are there ongoing mechanisms and protocols for youth input into DHHS policies?

In the first year of the collaboration, HCTAYC laid the groundwork—through research, relationship building, and dialogue—to develop future mechanisms and protocols for youth input into Humboldt County policies. The HCTAYC Policy Recommendation meetings (discussed earlier) were the most structured mechanism to engage youth input in Humboldt County’s policies. Based on their own personal experiences within the system of care, and the advocacy and communication skills developed through HCTAYC trainings, Youth Advisory Board members identified improvements needed within critical areas—several mental health services and the Children’s Center—to ensure that Humboldt County systems can better serve transition age youth.

In addition, HCTAYC project staff members identify the following critical needs:

- ▶ Transitional housing;
- ▶ Opportunities for youth engagement and leadership development in the county;
- ▶ Changes in the juvenile justice system, followed by a re-evaluation of how youth in the system are treated;
- ▶ Training of foster parents, and specific recruitment of foster homes for transition age youth;
- ▶ Improving service agencies capacity to better assist transition age youth with issues such as substance abuse, mental health, and physical health.

In August, HCTAYC held the county’s first Policy Recommendation meetings, in which the Youth Advisory Board delivered its policy recommendations to the management and staff of Humboldt County DHHS. After youth presented their recommendations, the county was asked to consider these recommendations and present written responses to HCTAYC.

The results of this process are notable: Several recommendations made by youth were institutionalized within just three months. HCTAYC project staff and Youth Advisory Board members have noticed changes in the Children’s Center, as well as at Sempervirens Psychiatric Health Facility and Psychiatric Emergency Services. For example, in the past, youth who came to the Children’s Center after dinnertime reported not being served a meal; now staff report putting food aside for youth who come in after-hours. Youth also report that following their recommendations, the Children’s Center has become more youth-friendly in other ways, including providing nice window coverings, more blankets, and replaced cubbies with armoires. The initial success of the youth policy recommendations process demonstrates the capacity of youth to develop productive recommendations, and a county agency to not only solicit this youth input but to respond by making changes based on those recommendations, where possible. HCTAYC staff and youth remain committed to ensuring that these and other youth-driven recommendations are implemented as intended.

While the county has demonstrated a greater responsiveness than ever before to transition age youth and their needs, there are no clear protocols in place at this point for how to best involve youth in future county process. County and HCTAYC project staff describe the efforts in developing concrete protocols to engage youth as a focus for their work in Year Two. County

staff recognize the need to develop policy and procedures around transition age youth participation in program decision-making. HCTAYC project staff see this as a next step in the coming year of the collaboration.

IMPACT ON COLLABORATIVE PARTNERS

Did HCTAYC develop Y.O.U.T.H. Training Project, Youth in Mind, and California Youth Connection's understanding and awareness of Humboldt County transition age youth health needs?

Each HCTAYC collaborative partner—Y.O.U.T.H. Training Project, Youth in Mind, and California Youth Connection—is recognized as a leader in youth development and known for its unique contribution in the child welfare and mental health fields in California. Even so, several of the state leaders' staff members are new to working in rural areas and in addressing the issues pertinent to rural youth. Their involvement in HCTAYC enabled these three youth development state leaders to gain a better understanding of Humboldt County in general, county systems, and transition age youth needs in Humboldt County. For example, the population of transition age youth in Humboldt County includes rural and tribal youth. Knowledge about cultural traditions and practices as expressed in youth culture helps the youth development leaders to effectively train and develop the professional skills of these youth.

Working in Humboldt County not only allows the collaborative partners to understand the needs of Humboldt County youth, it helps them to better prepare and engage youth to participate in systems change. Understanding the county system in Humboldt County enables collaborative partners to help youth identify issues and solutions related to the county system and to educate youth about how to navigate the system to make changes.

The impact of youth development leaders' involvement in HCTAYC extends further than their increased understanding of the needs of Humboldt County youth. **All collaborative partners say that they have gained new professional skills that contribute to their work in youth development and enhance their capacity to engage youth in systems change.** For instance, they comment:

- ▶ “I’ve gained more community organizing skills, and gotten much better at public speaking and making presentations.”
- ▶ “The top three benefits are becoming stronger and more experienced in working in collaboration—which brings so many things, budget management, and then probably providing quality and effective technical assistance long-distance.”
- ▶ “The policy training taught me a lot about getting youth to understand the perspective they share. Understand why they share those perspectives.”
- ▶ “I have learned a lot about federal and state program funding sources.”

It is clear that the collaborative partners have deepened their organizations' capacity to serve California's transition age youth through their participation in HCTAYC.

PROGRAM CHALLENGES

In addition to the many successes described throughout this year one evaluation report, HCTAYC experienced a number of challenges worth noting. One key challenge expressed by HCTAYC project staff and collaborative partners is engaging youth in capacity building training and policy efforts when their basic needs are not met: It is difficult for the youth to view HCTAYC as a priority in their life while they are constantly struggling to find housing and food. Also, because of the rural nature of the county, transportation is also a hindrance to youths' participation in HCTAYC events. Although there was some assistance from the county, for instance by allowing an HCTAYC project staff member (who is also employed by the county) to use a county van, and they also approved ILS staff to help with transportation at large events, there were struggles to manage the logistics of this part of the collaboration. Additionally, the project faced a number of challenges getting their technology set up, including telephone and computer access, impacting organizational communications and operations. Another challenge in engaging youth is the varying degrees of maturity and readiness of youth to participate in policy-setting and decision-making. Moreover, interpersonal conflicts sometimes hindered the progress of HCTAYC activities.

HCTAYC project staff and collaborative partners note a challenge in working in a county so far from their local offices. Due to their being centered outside of Humboldt County, it is difficult to meet and sometimes communicate regularly and have a strong presence in Humboldt County. Some county departments are not yet ready to make a culture shift to have youth as leaders in their decision-making processes. An increased presence by collaborative partners and staff would better enable them to reinforce the progress youth are making in the face of a bureaucratic culture within DHHS that has not traditionally looked to youth for input into the services meant to serve them.

"We had a youth come to one of our events who had housing at the beginning of the meeting and at the end of the meeting he didn't have housing. I remember it was the coldest night on record in Humboldt. It was too late for the young man to get into shelters. We asked if anyone could take him in for one night. Of the 12 youth who attended the event, 11 had marginal housing—two were sleeping in a car and others on a couch. Sometimes they don't have food. Not just 'I need a ride,' but 'I haven't eaten.' What do you do? There are no easy fixes."

-HCTAYC partner staff

RECOMMENDATIONS

The Youth Advisory Board members, project staff, partners, and county staff have all made several suggestions on how to better improve the collaboration in the coming year. The following are recommendations from each stakeholder.

Youth Advisory Board Members

- ▶ Each member would like YTP staff to address transportation and HCTAYC meeting scheduling issues, as these were challenges for them.
- ▶ HCTAYC social events should increase efforts to include the general population of youth from the Humboldt County community. This will expose them to the project and expand the project to encompass a more comprehensive youth voice.
- ▶ Hold county staff accountable for quicker responses to youths' policy recommendations.
- ▶ Use sophisticated technological tools, such as web conferencing, to allow virtual youth participation, and find other avenues for outside youth to participate virtually.

HCTAYC Collaborative Partners

- ▶ Increase Youth in Mind (YIM) staffing so that YIM can engage more with HCTAYC.
- ▶ Put more preparation work into the collaboration, and increased staffing to better support the youth.
- ▶ Increase staff capacity to better support youth by engaging more staff from collaborative partners.
- ▶ Convene more frequent meetings between YTP staff and other HCTAYC collaborative partners. For instance, have semi-monthly meetings rather than quarterly.
- ▶ Make more policy recommendations, partly through participation in local, state, and nationwide conferences.
- ▶ Hold more HCTAYC events to reach non-foster youth, like homeless, tribal, and youth accessing mental health services.
- ▶ Have more community organizing for transition age youth and more HCTAYC events.
- ▶ Create a youth commission to work with the Board of Supervisors in Humboldt County.
- ▶ Ensure accountability in the county to follow up with youth recommendations. There needs to be continuous follow-up and education about the needs of youth so that the county gains a better understanding of what those needs are.
- ▶ Develop mechanisms from various county departments to involve youth.
- ▶ Develop more avenues to increase Humboldt County general public's understanding and awareness of transition age youth needs.

DHHS Staff

- ▶ More work needs to be done in the county to involve youth.
- ▶ HCTAYC can provide training for county staff to increase staff's awareness of transition age youth.
- ▶ Continue shifting belief systems within the county to develop a culture of youth engagement.
- ▶ Recruit youth from Humboldt college campuses to find Youth Advisory Board members who are more likely to be in stable situations (in terms of housing and commitment to stay in the area).

EVALUATOR RECOMMENDATIONS

HCTAYC should consider each of the suggestions made by the youth, HCTAYC collaborative partners, and DHHS county staff listed above. In particular, HCTAYC should pay special attention to recommendations suggested by multiple stakeholders. These are:

- ▶ Reach out to a more diverse youth population that includes non-foster youth, tribal youth, and other transition age youth served by county systems.
- ▶ Increase communication between project staff, partners, and DHHS county staff.
- ▶ Ensure accountability in DHHS county staff in following up with youth policy recommendations.
- ▶ Incorporate capacity-building strategies, such as youth-led staff trainings and coaching, disseminating best practice materials, and sharing staff successes with other staff, that encourage a culture shift among DHHS County staff to be fully committed to youth involvement in decision making and policy setting.

In order to fully engage youth in a positive youth development model, HCTAYC should consider involving youth in future evaluation processes. This will allow them to participate in gathering knowledge about the program, thus informing ongoing project development and enhancing their sense of ownership of HCTAYC. Engaging youth in the evaluation process will also promote empowerment, confidence, and new skills, all of which are central to the purpose of HCTAYC. For instance:

- ▶ Involve youth in developing indicators that reflect the changes and improvements of county services for transition age youth in Humboldt County. This can be done in an evaluation workshop where youth train other youth on evaluation tools and work with youth to identify indicators.
- ▶ Build on youths' digital storytelling skills by having them develop a story bank to document the ongoing needs, struggles, and success stories of transition age youth in Humboldt County. Youth may decide on the type of media they would like to use in creating these stories; for example, testimonials may be expressed in narrative short stories, poetry, drawings, or any other media.

CONCLUSION

The launch of Humboldt County Transition Age Youth Collaboration (HCTAYC) demonstrates the commitment of Humboldt County to improve its ability to serve transition age youth, including homeless youth, current and former foster youth, and youth with mental health needs. With the contributions of collaborative partners, project staff, and local youth, HCTAYC has developed a unique model to successfully engage transition age youth in decision-making and policy-setting within Humboldt County's Department of Health and Human Services.

HCTAYC's unique strategy of positive youth development is building strong youth leaders who are able to effectively advocate for policy change that will improve county systems and better serve transition age youth in Humboldt County. Through HCTAYC, youth development state leaders are gaining significant insight into engaging youth in a rural area, transition age youth are increasing their self-esteem and confidence to take on leadership roles in their community, and Humboldt County has begun to integrate youth voices into decision-making and policy-setting processes. **The project has already brought about a more effective and informed county health and human services system, a strong community of youth voices in the county, and the profound empowerment of transition age youth to shape the local systems of care.**

METHODOLOGY

This evaluation was guided by the project's theory of change developed by Korwin Consulting in partnership with HCTAYC staff at the onset of the evaluation process. The first stage of this evaluation included a meeting between Korwin Consulting and HCTAYC project staff to develop an evaluation plan with key goals and strategies for the process. A timeline was also developed to guide the progress of the evaluation plan.

The theory of change for HCTAYC explains the logic of the project's strategies and anticipated outcomes and impact it seeks to achieve. The theory of change includes the overarching purpose of HCTAYC, key strategies used to achieve HCTAYC's goals, short- and longer-term outcomes resulting from HCTAYC strategies, and ultimately, the long term impact of this project. *(The complete HCTAYC theory of change chart can be found in the Appendix.)*

Based upon this theory of change, Korwin Consulting and HCTAYC project staff developed evaluation questions to learn more about the short-term outcomes resulting during HCTAYC's first year. Using a mixed methods evaluation, the evaluation process included:

- ▶ **Post-Training Surveys:** A post-training survey was administered after each of the four formal youth trainings: Policy, Digital Storytelling, Facilitation Skills, and Public Speaking. *(For detailed results of each survey please refer to the Appendix.)*
- ▶ **Individual interviews:** Protocols were developed for the Youth Advisory Board, HCTAYC project staff and collaborative partners, and Humboldt County DHHS staff interviews. During October and November, 2009, a total of 14, 30-60 minute telephone interviews, were conducted to collect feedback from these stakeholders.
- ▶ **Journals:** HCTAYC project staff members were asked to keep a personal journal to track their perspectives on the progress of HCTAYC. Each quarter, project staff created journal entries to document project events that occurred during that period and their reflections on the effectiveness and outcomes of project activities. Staff journal entries included the period of January 2009 through September 2009.
- ▶ **Project Documentation:** HCTAYC shared a set of internal and external project documents that tracked important data on the progress of the project. These documents include youth policy recommendations, Humboldt County DHHS written responses to HCTAYC policy recommendations, the Youth Advisory Board application form, the HCTAYC project work plan, and access information for the HCTAYC project website (www.humboldtyouth.org).

LIMITATIONS

When reviewing findings of this evaluation it is important to note some current and projected limitations of this methodology.

- ▶ This evaluation did not engage youth from the general public in Humboldt County. All youth feedback came from participants of HCTAYC. Therefore, the findings pertain to youth members of HCTAYC and certain assumptions are made about the impact of HCTAYC within the broader Humboldt County transition age youth population.
- ▶ HCTAYC youth participants are involved at two levels: HCTAYC members who attend training events, and Youth Advisory Board members who are responsible for leading the project. Although all participating youth completed post-training surveys, individual interviews were only conducted with Youth Advisory Board members. Therefore, some in-depth findings about the impact of the project on all youth participants are extrapolated from Youth Advisory Board interviews.

ACKNOWLEDGEMENTS

Korwin Consulting is sincerely grateful for the efforts and participation of the HCTAYC Youth Advisory Board, HCTAYC project staff, and the staffs and management of the Y.O.U.T.H. Training Project, California Youth Connection, Youth in Mind, and Humboldt County DHHS, whose collaboration, time, and insights made this evaluation possible.

The following individuals generously gave their time and thoughtfully contributed to this evaluation effort by agreeing to be interviewed and/or by providing comments on HCTAYC's formative evaluation materials.

- ▶ Jamie Lee Evans, MSW, *HCTAYC Project Director, Y.O.U.T.H. Training Project*
- ▶ Rochelle Trochtenberg, *HCTAYC Youth Organizer*
- ▶ Laura Forrest, *HCTAYC Project Assistant, Y.O.U.T.H. Training Project*
- ▶ Kristina Gelardi, *Northern Region Policy Coordinator, California Youth Connection*
- ▶ Jude Koski, *Northern Region Supervisor, California Youth Connection*
- ▶ Barbara LaHaie, *Assistant Director of Programs, Humboldt County Department Health and Human Services*
- ▶ Ann Lesser, *Deputy Director, Department of Health and Human Services, Mental Health Branch, Children, Youth and Family Services Division*
- ▶ Matt Lord, *Youth in Mind Board Member*
- ▶ Susan Manzi, *Youth Advisory Board Member*
- ▶ Preston Massey, *Youth Advisory Board Member*
- ▶ Tia Richardson, *Youth Advisory Board Member*
- ▶ Cindy Sutcliffe, *Program Manager, Humboldt County Child Welfare Services Division*
- ▶ Erik Thomsen, *Youth Advisory Board Member*
- ▶ Katherine D. Young, *Director, Humboldt County Social Services Branch*



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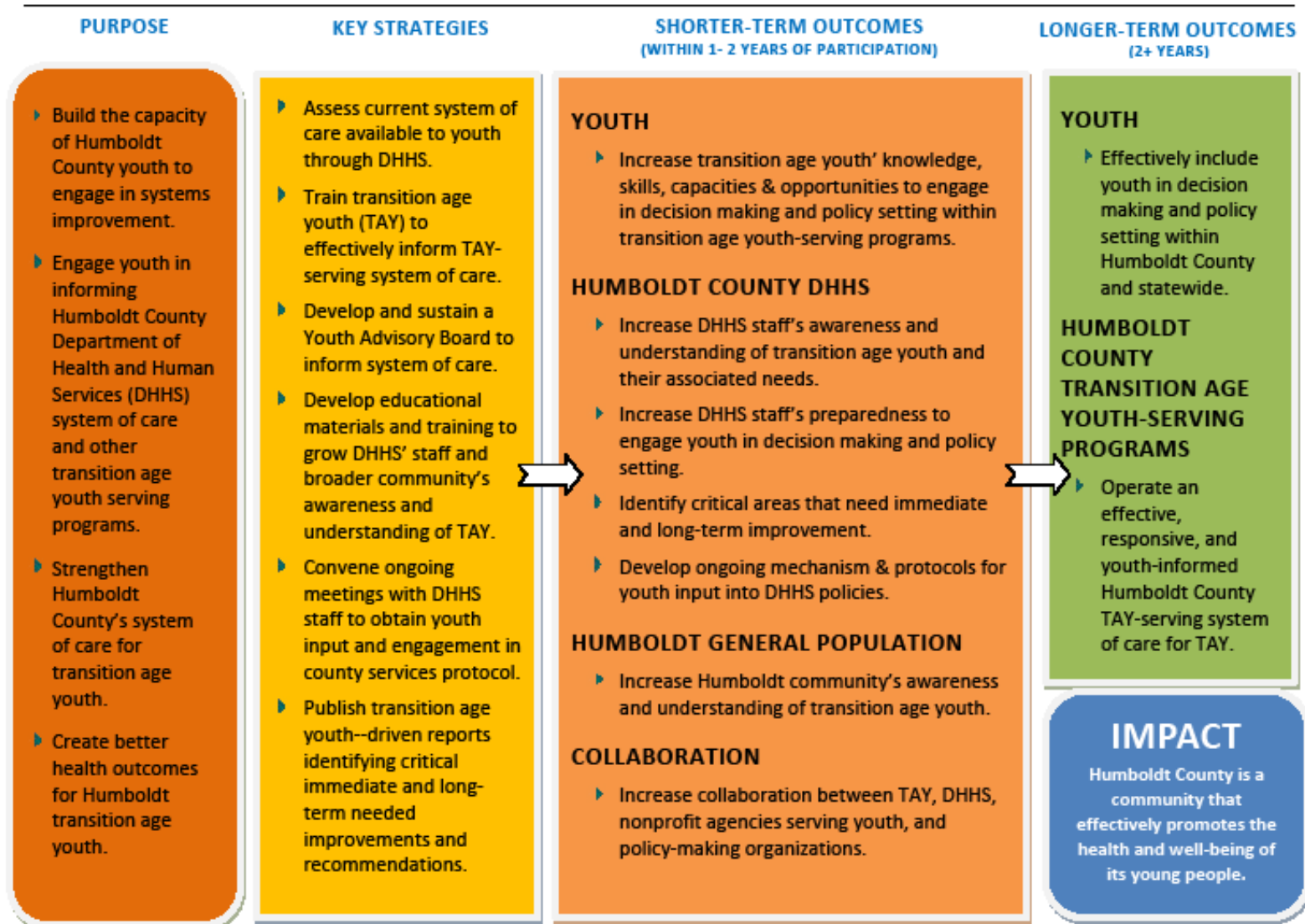
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Korwin Consulting, an evaluation and planning firm, advances social justice solutions by identifying community strengths, building organizational capacity, and evaluating impact. We have developed a reputation for producing high quality work that is not only responsive to our clients' needs but also engages our clients in interpreting preliminary findings to ensure that the information gathered is useful and accurate. More information on Korwin Consulting is available at www.korwinconsulting.com.

APPENDIX

- ▶ **HCTAYC Theory of Change**
- ▶ **Youth Policy Recommendations**
- ▶ **Post-Training Survey Tables**

Humboldt Collaborative Theory of Change



Humboldt County Transition Age Youth Collaboration

Policy Recommendations for the Children's Center

Youth placed at Humboldt's Children's Center are experiencing instability and trauma, thus need a temporary safe, nurturing, therapeutic family environment. Unfortunately, many youth report that the current environment in the Children's Center can be institutional, restrictive, insensitive to the needs of transition aged youth, and the cause of further trauma. Youth have identified the following concerns and proposed solutions to assist the Children's Center in becoming a home-like environment that utilizes a strengths-based approach to assist youth in transitioning to a stable placement.

A. Responding to Youth's Basic Needs

- A1. Require Children's Center to put aside meals and have adequate food available for youth who miss scheduled meal times for any reason.
- A2. Involve youth in selecting, buying and preparing food and meals.
- A3. Modify the physical environment to make youth feel welcome and valued by making changes such as placing dressers in all bedrooms, using real curtains, and designating storage containers/space for all resident belongings.

B. Eliminating Institutional Environment

- B1. Eliminate inappropriately restrictive and institutional rules within Children's Center such as restrictions on phone use, access to outside food, laundry, medical clearance, lock up of clothing and personal items that won't fit in a cubby, restrictions on stuffed animals, and use of contracts for behavioral modification.
- B2. Develop alternatives to the existing level system in partnership with HCTAYC and others to ensure that the environment is a therapeutic family one that supports the needs of transition aged youth.
- B3. Create more activities for youth to do, such as allowing youth to go off grounds unsupervised for longer than an hour and having regular outside time to help youth deal with the stress and isolation of being placed in the Children's Center.
 - a. Develop process for soliciting youth involvement in planning programming and activities within the Children's Center.
 - b. Ensure all youth have access to outings, regardless of level and whether they have their own money to pay for the outing.
- B4. Ensure Children's Center allows youth to attend Independent Living Skills events, programs that support positive youth development and religious services, regardless of their behavior, level, or points.
- B5. Create consistent computer and internet access for youth at the Children's Center so that youth are able to maintain connections, complete schoolwork and gain experience.

C. Developing a Safe Place

- C1. Create a former foster youth ombudsman position to help youth who are having a problem with services, staff or placement issues at the Children's Center that staff can't resolve or don't believe.
- C2. Require staff to receive training from former foster youth on how to interact respectfully with youth, and talk with youth who are having problems.
- C3. Eliminate calls or threats to call law enforcement on youth, unless youth are experiencing an actual emergency.

D. Creating Opportunities for Youth Feedback

- D1. Develop ongoing mechanisms for youth to provide feedback to the Children's Center about the quality of care, program strengths and/or issues.

E. Addressing Bigger Picture Issues

- E1. Create separate shelter placements for children aged 4-9, 10-13 and 14-18 so children are not placed inappropriately with youth of different age groups and needs.
- E2. Address licensing issues so that teen mothers don't have to be separated from their children at the Children's Center.

Humboldt County Transition Age Youth Collaboration Policy Recommendations on PES/Sempervirens, Counseling Center and Crisis Line

Youth who are experiencing severe emotional or mental health distress and crisis must rely on Humboldt County's Crisis Line, Sempervirens Psychiatric Health Facility and Counseling Center for adequate support and appropriate treatment to help them through a difficult time. Unfortunately, many youth report that difficulties in accessing services and getting appropriate, consistent treatment leave Humboldt County transition aged youth in greater crisis and at extreme risk for suicide, arrest and dangerous situations.

A. Ensuring Meaningful Inpatient Intake, Assessment and Treatment

- A1. Develop consistent standards for inpatient admission that can be communicated to youth and other consumers as well as alternative treatment options when beds are full.
- A2. Create an intake protocol that provides adequate privacy and appropriate support for youth experiencing a crisis.
- A3. Consistently develop and implement developmentally appropriate treatment plans that include personal check-ins, therapy, and team case management.
- A4. Address issues around psychologist, psychiatrist and good staff consistency and retention so youth have the opportunity to build a trusting relationship.
- A5. Work with HCTAYC and the Y.O.U.T.H. Training Project to develop and deliver training for mental health providers, psychologists, and psychiatrists on adolescent development and good practice.
- A6. Limit the use of sedation and restraints except when no alternative is available. Train staff on alternative methods of working with TAY in crisis.
- A7. Develop a continuum of inpatient and aftercare mental health services to help youth transition from services through providing independent living support and training, assistance in finding housing and employment and support and encouragement.
- A8. Develop a discharge protocol including required documents, referrals to services and automatic follow up after release.
- A9. Ensure TAY are educated about their rights as patients and have developmentally appropriate mechanisms for addressing concerns and complaints.

B. Creating a Humane Environment for Transition Aged Youth

- B1. Ensure facility meets the comfort and health needs of youth including access to at least 2 blankets per patient, maintenance of heat and hot water, adequate food and decent beds and pillows.
- B2. Decorate the facility to create a more welcoming environment.
- B3. Evaluate alternatives to security guard supervision of youth, such as university or mental health interns.
- B4. Create truly optional activities and services that are developmentally appropriate and consistently offered to transition aged youth patients including activities that promote coping skills, promote socialization, physical activity, outside time, creativity and overall mental well being.
 - a. Have appropriate art and reading material available.
 - b. Collaborate with the Humboldt holistic, healing, harm reduction and university community to create alternative treatment options and integrated services for youth.
- B5. Evaluate visitation rules and procedures to ensure they are conducive to healthy family visits.
- B6. Identify a new facility for TAY inpatient and counseling center services that is accessible to public transportation, has dedicated space for TAY separate from the adult facility, and is convenient to other TAY services.

C. Improving Support Available on the Crisis Hotline for Transition Aged Youth

- C1. Work with HCTAYC and the Y.O.U.T.H. Training Project to develop a plan for consistent supervision and training of Crisis Line staff on TAY issues.
- C2. Develop plan to ensure adequate, dedicated and supportive staffing of Crisis Line that incorporates consumer feedback.
- C3. Create youth positions or a specific youth Humboldt crisis line where youth volunteers can provide peer support with the supervision of a professional.

POST- TRAINING SURVEY TABLES

Demographic Information

What is your gender?	Training One: Policy		Training Two: Digital Storytelling		Training Three: Facilitation		Training Four: Public Speaking	
	#	%	#	%	#	%	#	%
Female	10	67%	7	78%	10	71%	4	24%
Male	5	33%	2	22%	4	29%	13	76%
Transgender	0	0	0	0	0	0%	0	0%
TOTAL	15	100%	9	100%	14	100%	17	100%
skipped question	1		1		0		0	
What is your age?	Training One: Policy Training		Training Two: Digital Storytelling		Training Three: Facilitation		Training Four: Public Speaking	
	#	%	#	%	#	%	#	%
Under 16 years	0	0%	0	0%	0	0%	0	0%
16 – 18 years	7	47%	6	67%	6	43%	9	53%
19 – 22 years	7	47%	1	11%	5	36%	6	35%
23 - 25 years	0	0%	1	11%	2	14%	2	12%
Over 25 years	1	6%	1	11%	1	7%	0	0%
TOTAL	15	100%	9	100%	14	100%	17	100%
skipped question	1		1		0		0	
What is your race or ethnicity?	Training One: Policy Training		Training Two: Digital Storytelling		Training Three: Facilitation		Training Four: Public Speaking	
	#	%	#	%	#	%	#	%
Tribal, Native American	4	27%	2	22%	6	43%	2	13%
Caucasian	7	47%	6	67%	5	36%	8	54%
African American/Black	1	7%	0	0%	1	7%	0	0%
Multi-racial	1	6%	0	0%	0	0%	2	13%
Other	2	13%	1	11%	2	14%	3	20%
TOTAL	15	100%	9	100%	14	100%	15	100%
skipped question	1		1		0		2	

Demographic Information Continued

What is your sexual orientation?	Training One: Policy Training		Training Two: Digital Storytelling		Training Three: Facilitation		Training Four: Public Speaking	
	#	%	#	%	#	%	#	%
Straight	11	73%	5	56%	10	72%	13	81%
Bisexual	3	20%	2	22%	2	14%	2	13%
Lesbian	0	0%	1	11%	1	7%	1	6%
Gay	1	7%	1	11%	1	7%	0	0%
Questioning	0	0%	0	0%	0	0%	0	0%
Queer	0	0%	0	0%	0	0%	0	0%
TOTAL	15	100%	9	100%	14	100%	16	100%
skipped question	1		1		0		1	

Participation with Organizations

Did youth at each training participate in...	Training One: Policy Training		Training Two: Digital Storytelling		Training Three: Facilitation		Training Four: Public Speaking	
	#	%	#	%	#	%	#	%
California Youth Connection	7	64%	3	60%	7	78%	12	75%
Youth in Mind	9	82%	4	44%	6	67%	12	75%
Y.O.U.T.H. Training Project	4	36%	1	20%	6	67%	3	19%
Tribal programs	0	0%	1	11%	0	0%	9	56%
TOTAL	11	NA	5	100%	9	NA	16	NA
skipped question	5		5		5		1	

* Respondents may participate in more than one organization/program, resulting in a total that exceeds 100%

Participation in Activities and Trainings

Did youth at each training participate in...	Training One: Policy Training		Training Two: Digital Storytelling		Training Three: Facilitation		Training Four: Public Speaking	
	#	%	#	%	#	%	#	%
HCTAYC Game Night	NA		NA		7	78%	7	47%
HCTAYC Information Meeting					6	67%	6	40%
CYC Chapter Meetings	NA		NA		6	67%	10	7%
Policy Training Day 1					4	44%	1	7%
Policy Training Day 2	NA		NA		4	44%	1	7%
Digital Stories					4	44%	5	33%
YIM Policy Discussion	NA		NA		3	33%	2	13%
CYC Day at the Capitol Conference					3	33%	4	27%
YIM Information Meeting	NA		NA		2	22%	3	20%
TOTAL					9	NA	15	NA
skipped question					5		2	

* Respondents may participate in more than one training, resulting in a total that exceeds 100%

Seeking/Using Services

Did youth at each training seek or access...	Training One: Policy Training		Training Two: Digital Storytelling		Training Three: Facilitation		Training Four: Public Speaking	
	#	%	#	%	#	%	#	%
ILSP	12	80%	5	56%	11	85%	11	73%
Medical health services	8	53%	8	89%	6	46%	12	80%
Mental health	11	73%	7	78%	3	23%	9	60%
Public health	7	47%	7	78%	6	46%	11	73%
Housing resources	9	60%	6	67%	4	31%	9	60%
Food programs	7	47%	7	78%	4	31%	7	47%
Emergency shelters	4	27%	3	33%	4	31%	3	20%
Drug & alcohol treatment	4	27%	2	22%	3	23%	5	33%
Juvenile justice	3	20%	3	33%	2	15%	5	33%
Homeless shelters	3	20%	3	33%	1	8%	7	47%
Other	1	7%	1	11%	1	8%	0	0%
TOTAL	15	NA	9	NA	13	NA	15	NA
skipped question	1		1		1		2	

* Respondents may have used or sought more than one service resulting in a total that exceeds 100%

Policy (Training One)

I BETTER UNDERSTAND...	Strongly Disagree		Disagree		Agree		Strongly Agree		Rating Average	Response Count
	#	%	#	%	#	%	#	%		
Why working on local policy is important.	0	0%	0	0%	7	44%	9	56%	3.56	16
What the Humboldt Collaborative is trying to do.	0	0%	1	6%	7	44%	8	50%	3.44	16
How I can get involved in the Collaborative's work.	0	0%	0	0%	9	60%	6	40%	3.40	15

I FEEL BETTER ABLE TO...	Strongly Disagree		Disagree		Agree		Strongly Agree		Rating Average	Response Count
	#	%	#	%	#	%	#	%		
Express my opinions and make recommendations in a way that might help me and other youth in Humboldt.	0	0%	1	7%	5	36%	8	57%	3.50	14
Help make changes in local policies affecting me and other youth in Humboldt.	0	0%	1	7%	6	43%	7	50%	3.43	14
							skipped question			2

Overall, today's training topics were...	#	%
Not Very Good	0	0%
Good	4	25%
Great	12	75%
TOTAL	16	100%
skipped question	0	

The training space was...	#	%
Not Very Good	0	0%
Good	7	44%
Great	9	56%
TOTAL	16	100%
skipped question	0	

Overall, the facilitators today were...	#	%
Hard to Understand	0	0%
Somewhat Easy to Understand	6	37%
Easy to Understand	10	63%
TOTAL	16	100%
skipped question	0	

Digital Storytelling (Training Two)

I FEEL BETTER ABLE TO...	Strongly Disagree		Disagree		Agree		Strongly Agree		Rating Average	Response Count
	#	%	#	%	#	%	#	%		
Use my digital story to help change adults' attitudes about youth in Humboldt County and possibly beyond	1	11%	0	0%	2	22%	6	67%	3.44	9
Think more clearly about my life "story"	1	11%	0	0%	2	22%	6	67%	3.44	9
Share my experience with others in my own way	1	11%	0	0%	3	33%	5	56%	3.33	9
Use media to tell my story in a way that represents me	1	11%	0	0%	5	56%	3	33%	3.11	9

TO WHAT EXTENT...	Not at all	Somewhat	Fairly well	Big time!	Rating Average	Response Count
Do you feel that participating in this digital storytelling workshop has helped you to feel more connected to others?	0	0	2	6	3.75	8
Did the project staff help you to feel important, respected, appreciated, and valued at this training?	0	1	2	5	3.50	8
answered						8
No response or n/a						1

BECAUSE OF THIS WEEKEND'S DIGITAL STORYTELLING WORKSHOP	Strongly Disagree		Disagree		Agree		Strongly Agree		Rating Average	Response Count
	#	%	#	%	#	%	#	%		
I learned computer skills that I will use in the future	1	11%	0	0%	4	44%	4	44%	3.22	9
I feel more powerful in the world (more skillful, more experienced, braver...)	1	11%	0	0%	5	56%	3	33%	3.11	9

Overall, the digital storytelling workshop was ...	#	%
Great	6	75%
Good	2	25%
Not Very Good	0	0%
TOTAL	8	100%
skipped question	1	

Overall, the facilitators were...	#	%
Easy to Understand	7	88%
Somewhat Easy to Understand	1	12%
Hard to Understand	0	0%
TOTAL	8	100%
skipped question	1	

Facilitation (Training Three)

I BETTER UNDERSTAND...	Strongly Disagree		Disagree		Agree		Strongly Agree		Rating Average	Response Count
	#	%	#	%	#	%	#	%		
How to use movement and physical activities	0	0%	0	0%	6	43%	8	57%	3.60	14
How to do "chart-writing"	0	0%	0	0%	7	50%	7	50%	3.50	14
How to communicate your needs and ideas	0	0%	0	0%	8	57%	6	43%	3.40	14
How to "paraphrase" in a training	0	0%	1	7%	7	50%	6	43%	3.40	14
How to "mirror" in a training	0	0%	0	0%	8	57%	6	43%	3.40	14
How to "engage" your audience	0	0%	0	0%	9	64%	5	36%	3.40	14
How critical thinking is important	0	0%	0	0%	8	57%	6	43%	3.40	14
How to "draw out" participants	0	0%	1	7%	8	57%	5	36%	3.30	14
How to manage your feelings as a trainer	0	0%	0	0%	11	79%	3	21%	3.20	14

I FEEL BETTER ABLE TO...	Strongly Disagree		Disagree		Agree		Strongly Agree		Rating Average	Response Count
	#	%	#	%	#	%	#	%		
Express my opinions and make recommendations in a way that might help me and other youth in Humboldt.	0	0%	0	0%	8	57%	6	43%	3.43	14
Help make changes in local policies affecting me and other youth in Humboldt.	0	0%	1	7%	10	71%	3	21%	3.14	14

To what extent... (n=17)	Not at all	Somewhat	Fairly well	Big time!	Rating Average	#
Do you feel that participating in this training has helped you to feel more connected to others?	1	2	6	7	3.19	16
Did the project staff help you to feel important, respected, appreciated, and valued at this training?	0	2	7	8	3.35	17

Overall, today's training topics were...	#	%
Great	11	79%
Good	3	21%
Not Very Good	0	0%
TOTAL	14	100%
skipped question	0	

Facilitation (Training Three), continued

The training space was...	#	%
Great	10	77%
Good	3	23%
Not Very Good	0	0%
TOTAL	13	100%
skipped question	1	

Overall, the facilitators were...	#	%
Easy to Understand	12	92%
Somewhat Easy to Understand	1	8%
Hard to Understand	0	0%
TOTAL	13	100%
skipped question	1	

Public Speaking (Training Four)

I better understand...	Strongly Disagree		Disagree		Agree		Strongly Agree		Rating Average	Response Count
	#	%	#	%	#	%	#	%		
How to use posture, eye contact, gestures, and other facial expressions in public speaking	0	0%	0	0%	6	35%	11	65%	3.65	17
How to vary my vocal range to spice up my speech including volume, tone, and speed of my voice	0	0%	0	0%	10	59%	7	41%	3.41	17
How to develop speaking points	0	0%	1	6%	9	56%	6	38%	3.31	16
How to make an audience feel included and important	1	6%	0	0%	9	53%	7	41%	3.29	17
How to handle Q&A during and after a speech	1	6%	3	18%	8	47%	5	29%	3.00	17

I feel better able to... (n=17)	Strongly Disagree		Disagree		Agree		Strongly Agree		Rating Average
	#	%	#	%	#	%	#	%	
Help make changes in local policies affecting me and other youth in Humboldt.	1	6%	0	0%	9	53%	7	41%	3.29
Express my opinions and make recommendations in a way that might help me and other youth in Humboldt.	1	6%	0	0%	11	65%	5	29%	3.18

To what extent... (n=17)	Not at all	Somewhat	Fairly well	Big time!	Rating Average	#
Did the project staff help you to feel important, respected, appreciated, and valued at this training?	0	2	7	8	3.35	17
Do you feel that participating in this training has helped you to feel more connected to others?	1	2	6	7	3.19	16

Overall, today's training topics were...	#	%
Great	11	65%
Good	6	35%
Not Very Good	0	0%
TOTAL	17	100%

Public Speaking (Training Four), continued

Overall, the facilitators were...	#	%
Easy to Understand	13	76%
Somewhat Easy to	4	24%
Hard to Understand	0	0%
TOTAL	17	100%

The training space was...	#	%
Great	9	53%
Good	8	47%
Not Very Good	0	0%
TOTAL	17	100%

Express Opinions and Make Changes in Local Policy (Trainings One, Three, and Four)

I feel better able to... (Rating Averages)	Public Speaking	Facilitation Training	Policy Training
Express my opinions and make recommendations in a way that might help me and other youth in Humboldt.	3.18	3.43	3.50
Help make changes in local parties affecting me and other youth in Humboldt.	3.29	3.14	3.43

Feel More Connected to Others and Valued by Staff (All Trainings)

TO WHAT EXTENT...	Training One: Policy (n=16)		Training Two: Digital Stories (n=9)		Training Three: Facilitation (n=14)		Training Four: Public Speaking (n=17)	
	#	%	#	%	#	%	#	%
...do you feel that participating in this training has helped you to feel more connected to others?								
Not at all	0	0%	0	0%	0	0%	1	6%
Somewhat	1	6%	0	0%	0	0%	2	12%
Fairly Well	8	50%	2	25%	8	62%	6	38%
Big Time!	7	44%	6	75%	5	38%	7	44%
TOTAL	16	100%	8	100%	13	100%	16	100%
Rating Average	3.38		3.75		3.38		3.19	
...did the project staff help you to feel important, respected, appreciated, and valued at this training?								
Not at all	0	0%	0	0%	0	0%	0	0%
Somewhat	0	0%	1	12%	1	7%	2	12%
Fairly Well	8	53%	2	25%	6	43%	7	41%
Big Time!	7	47%	5	63%	7	50%	8	47%
TOTAL	15	100%	8	100%	14	100%	17	100%
Rating Average	3.47		3.50		3.43		3.35	

Attachment B

HUMBOLDT COUNTY TRANSITION AGE YOUTH COLLABORATION Second Year Evaluation

y.o.u.t.h.
training project



EXECUTIVE SUMMARY

In 2008, the Humboldt County Transition Age Youth Collaboration (HCTAYC) was launched in partnership with the County's Department of Health and Human Services (DHHS), the Y.O.U.T.H. Training Project, California Youth Connection, and Youth In Mind. The overarching goal of this initiative is to build an effective, responsive, and youth-informed transition age youth (TAY)-serving system of care.

The desired outcomes of HCTAYC's work include:

- ▶ Transition age youth will increase their knowledge, skills, and capacity to engage in decision-making and policy-setting within TAY-serving programs.
- ▶ There will be increased awareness and understanding of TAY and their associated needs within DHHS and the Humboldt community.
- ▶ There will be a mechanism and protocols for integrating youth input into DHHS policies.
- ▶ Humboldt County will operate an effective, responsive, and youth-informed Humboldt County TAY-serving system of care.

The Y.O.U.T.H. Training Project, HCTAYC's lead agency, contracted with Korwin Consulting, an independent evaluation firm, to evaluate the impact of HCTAYC using the experiences and insights of HCTAYC project staff, collaborative partners, county DHHS staff, community members, and youth members. With data from post-training surveys, key internal project documents, and interviews with key stakeholders, this evaluation is designed to capture the progress of the second year of HCTAYC and its impact on transition age youth, county staff, and the system of care in Humboldt County.

FINDINGS

YOUTH ENGAGEMENT AND LEADERSHIP OPPORTUNITIES

Training. HCTAYC provides leadership development and professional skills training to increase youth capacities in decision-making and policy setting. Three training workshops, one on digital storytelling, one on policy, and the third on community/youth organizing were conducted this year.¹

Conferences. HCTAYC youth members attended five state and national conferences to develop their leadership skills and knowledge about policies affecting children and youth. Participation in the various conferences allowed youth from Humboldt County to share their experiences with youth from different regions, and learn about larger issues facing TAY nationwide.

Youth Advisory Board. The Youth Advisory Board (YAB) is comprised of a diverse group of youth from Humboldt County. Through their involvement in HCTAYC, YAB members developed critical professional skills through conducting presentations for various agencies in Humboldt County, testifying at policy hearings in Sacramento, preparing policy recommendations for Humboldt County's DHHS, and participating on local boards and engaging in other policy-related discussions.

¹ Evaluation findings are only available for the digital storytelling and policy trainings.

HCTAYC's PRESENCE IN THE LARGER COMMUNITY

All key stakeholders interviewed notice the growing presence and engagement of TAY in Humboldt County. HCTAYC organized various events that were open to the general public and participated in numerous meetings and forums organized by more than a dozen agencies and organizations in Humboldt County. The *Times-Standard*, a local newspaper, has featured HCTAYC and its activities in six articles since October of 2009.

HCTAYC has represented the experiences of Humboldt youth and advocated for youth services to various state bodies including the California State Assembly.

DHHS staff members have also shared the work of HCTAYC in different settings and forums throughout California. For example, staff participated in a panel discussion at the University of California Davis to discuss the integration of foster care and behavioral health in October of 2009. Additionally, the Humboldt County DHHS director, Phillip Crandall, shared the goals and progress of HCTAYC to the Children's Advocacy Institute of University of San Diego School of Law in March of 2010.

Collectively these presentations are increasing the visibility of HCTAYC and TAY in general.

IMPACT OF HCTAYC ON TAY

HCTAYC engaged a diverse group of TAY in 2010, including youth accessing various branches of DHHS services, youth involved with the juvenile justice system, and students attending the local university and community college in Humboldt County.

Both DHHS and HCTAYC project staff indicate that youth are beginning to show initiative in advocating for themselves and for other youth. One explains, "Youth are more outspoken in the meetings," and another observes, "Youth have a stronger presence: Last year, we were inviting them to tell us what they thought, and they did. This year, they are taking the initiative in giving feedback."

HCTAYC has had the most visible impact on Youth Advisory Board members — the core youth leaders of the project.

Youth Advisory Board members feel that their involvement in HCTAYC has increased their self-esteem, confidence, and independence. They report that they feel more confident in public speaking and comfortable in presenting their opinions to county staff and adults. Project staff concur with these findings, noting a growing maturity and stability among Youth Advisory Board members. Project staff appreciate the continuity of a few Youth Advisory Board members, and the youths' ability to organize themselves.

HCTAYC project staff, collaborating partners, and Youth Advisory Board members find that providing youth access to multiple educational opportunities, one-on-one coaching from staff, and a contained environment to focus allows for more successful youth engagement in systems improvement. Project staff also identify challenges in building the capacity and engagement of the youth. They describe major obstacles TAY experience in meeting their basic needs, and the challenges HCTAYC faces in engaging youth with diverse educational backgrounds, learning abilities, and maturity levels.

IMPACT ON DHHS COUNTY SYSTEMS

HCTAYC youth members are providing input to staff of various county units by sitting in on decision-making meetings, participating in working groups, and joining the county Mental Health Board. Additionally, youth have presented the challenges facing TAY and their associated needs to more than a dozen TAY-serving agencies in Humboldt County, and four state bodies in the Capitol.

In Year One, several key stakeholders reported that DHHS leadership's mandate to obtain the input of TAY in county systems was the primary reason behind their engagement of TAY. **In Year Two, all key stakeholders notice a general shift among upper and, in some cases, mid-level DHHS managers in their awareness and understanding of the value of TAY input on program-related decisions.** One expression—county staff are actively inviting youth to participate in more meetings and events than ever before.

Many key stakeholders attribute their increased awareness and understanding of TAY issues to their involvement with HCTAYC youth. A county staff member cites her experience with youth engagement, "When we have included youth, we have learned that they have something to teach us." Another explains, "When we bring youth to the table now, [their] perspective is like having another professional perspective with a respected opinion in the room."

Increased exposure to youth input through shared meetings and trainings organized by TAY appears to be increasing the value that the county staff place on TAY engagement.

While there appears to be a shift in thinking among leadership staff, many key

stakeholders believe that line staff do not yet share the same level of understanding and appreciation of engaging TAY in program planning. Line staff who are not involved in HCTAYC do not have the opportunity to be exposed to TAY input that might lead them to see value in that perspective. **Key stakeholders share that in order to fully engage youth at all levels of the county system, a larger cultural shift across all leadership and line staff to value youth input is needed.**

Many stakeholders believe that HCTAYC is a useful mechanism to invite youth input. They see that HCTAYC not only provides a structure to access a pool of youth leaders but ensures they have the capacity to provide credible input, as well as making county staff feel accountable to TAY feedback. Further, several county staff see more value in true youth engagement at the practical level rather than formal policy and procedures that dictate youth engagement on a bureaucratic level.

RECOMMENDATIONS

To improve HCTAYC's effectiveness, key stakeholders recommend increasing staff support for HCTAYC's Youth Organizer, Rochelle Trochtenberg, increasing the county's involvement as a collaborating partner, and improving the Youth Advisory Board by training and retaining a consistent group of youth leaders from Humboldt.

To better engage TAY in county systems improvement and better serve TAY, key stakeholders recommend continuing to educate county staff about the value of youth input, providing more opportunities for TAY to interact with all levels of county staff, changing TAY-serving county staff's working hours to coincide with TAY's school

schedules, hiring county staff who are better able to work with youth, and identifying an internal champion to promote TAY input within DHHS.

EVALUATOR'S RECOMMENDATIONS

Reflecting on all recommendations made by key stakeholders, the evaluator recommends that HCTAYC pay special attention to the following suggestions voiced by multiple stakeholders:

- ▶ Expand the core group of talented youth leaders to increase youth leadership in Humboldt County.
- ▶ Increase the number of local HCTAYC staff to better support the collaborative's work in Humboldt County.
- ▶ Advocate for a permanent youth presence in various county departments beyond the Mental Health Board.
- ▶ Increase the number of opportunities for more county staff to interact with transition age youth and HCTAYC.
- ▶ Collaborate with Children's Center and Sempervirens Psychiatric Health Facility staff to share and disseminate findings from the youth surveys conducted at each site with HCTAYC partners.

CONCLUSION

In its second year, HCTAYC continues to build on its first year's efforts to develop a county health and human services system that is more effective and informed on TAY issues, a strong community of youth voices in the county, and empowerment of transition age youth to shape the local systems of care.

HCTAYC successfully organized a core group of youth leaders to engage in decision-making and policy setting within Humboldt

County. A growing awareness of TAY needs within DHHS is leading to increased involvement of HCTAYC youth in county systems. Further, in HCTAYC's second year, a growing number of county departments actively sought youth input at various meetings and events.

Through HCTAYC, transition age youth are increasingly engaged in the policy process in Humboldt County and in some cases, in the State Capitol. Youth are gaining confidence to take on leadership roles to advocate for other youth. As a result of the work of HCTAYC, the Humboldt community is increasingly aware of the issues and associated needs of transition age youth.

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INTRODUCTION

In 2008, the Humboldt County Transition Age Youth Collaborative (HCTAYC) was launched in partnership with the County's Department of Health and Human Services (DHHS), the Y.O.U.T.H. Training Project, California Youth Connection, and Youth In Mind. Now in its second year, the overarching goal of this initiative continues to be to build an effective, responsive, and youth-informed transition age youth (TAY)-serving system of care.

HCTAYC partners believe the most effective way to improve TAY-serving systems of care is to develop ongoing mechanisms for engaging youth in providing input about the services provided by DHHS and other TAY-serving programs within the County. The work is guided by a Theory of Change that has evolved since the end of Year One to reflect this larger reach.

The desired outcomes of HCTAYC's work include:

- ▶ Transition age youth will increase their knowledge, skills, and capacity to engage in decision-making and policy-setting within TAY-serving programs.
- ▶ There will be increased awareness and understanding of TAY and their associated needs within DHHS and the Humboldt community.
- ▶ There will be a mechanism and protocols for integrating youth input into DHHS policies.
- ▶ Humboldt County will operate an effective, responsive, and youth-informed Humboldt County TAY-serving system of care.

(Please see the Theory of Change in the Appendix of this report for complete list of outcomes.)

During its first year, HCTAYC formed a Youth Advisory Board of local TAY with diverse life experiences and cultural identities. The project staff and collaborating partners used a capacity-building approach, based on the principles of positive youth development, to support and prepare youth for providing input into DHHS processes and programs. Through these efforts, TAY reported increasing their self-esteem and confidence to take on leadership roles in their community. As a result, Humboldt County has begun to integrate youth voices into decision-making and policy-setting processes.

HCTAYC's work in its second year builds upon findings, successes, and recommendations from year one. It was designed to achieve progress toward the following specific goals:

- ▶ Conduct strategic planning with the Humboldt community to build a Transition Age Youth Center.
- ▶ Expand leadership opportunities for Humboldt County Youth.
- ▶ Strengthen communication and collaboration among HCTAYC partners.
- ▶ Continue to improve County services.
- ▶ Market and publicize HCTAYC success and areas of interest.

EVALUATING PROGRESS

With these objectives in mind, the Y.O.U.T.H. Training Project, HCTAYC's lead agency, contracted with Korwin Consulting, an independent evaluation firm, to assess the effectiveness of HCTAYC. This evaluation is designed to capture the progress of HCTAYC's second year and its impact on transition age youth, county staff, and the system of care in Humboldt County. It draws on the experiences and insights of HCTAYC project staff, collaborative partners, County DHHS staff, community members, and youth members through sixteen in-depth interviews, along with data from two post-training surveys, and nine key internal project documents.

FINDINGS

YOUTH ENGAGEMENT, LEADERSHIP, AND OPPORTUNITIES

Have transition age youth (TAY) increased their knowledge, skills, and capacity to engage in decision making and policy setting within DHHS?

YOUTH DEVELOPMENT TRAININGS

HCTAYC seeks to expand opportunities for transition age youth to develop leadership skills and knowledge about policy, the county system of TAY care, and needs of transition age youth in Humboldt County and nationwide. In 2010, HCTAYC held three training workshops on digital storytelling, community/youth organizing, and policy to further develop the capacity of transition age youth in Humboldt County.

Fifty-eight youth attended the trainings²: Ten at Digital Storytelling (Training One), 26 at Policy (Training Two), and 22 at Community/Youth Organizing (Training Three). Most are between 16 and 25 years of age, and the majority are female (67 percent in Training One and 52 percent in Training Two).³

The participants come from diverse racial and ethnic backgrounds, with the largest percentage being Caucasian, followed by Tribal youth, and youth from multi-racial heritages. Many of the youth have accessed Independent Living Skills, housing resources, food programs, and health services. Most youth in one or the other training participated in Youth In Mind (67 percent in Training One) or California Youth Connection (72 percent in Training Two).

(Please see tables in the Appendix for further details about participating youth.)

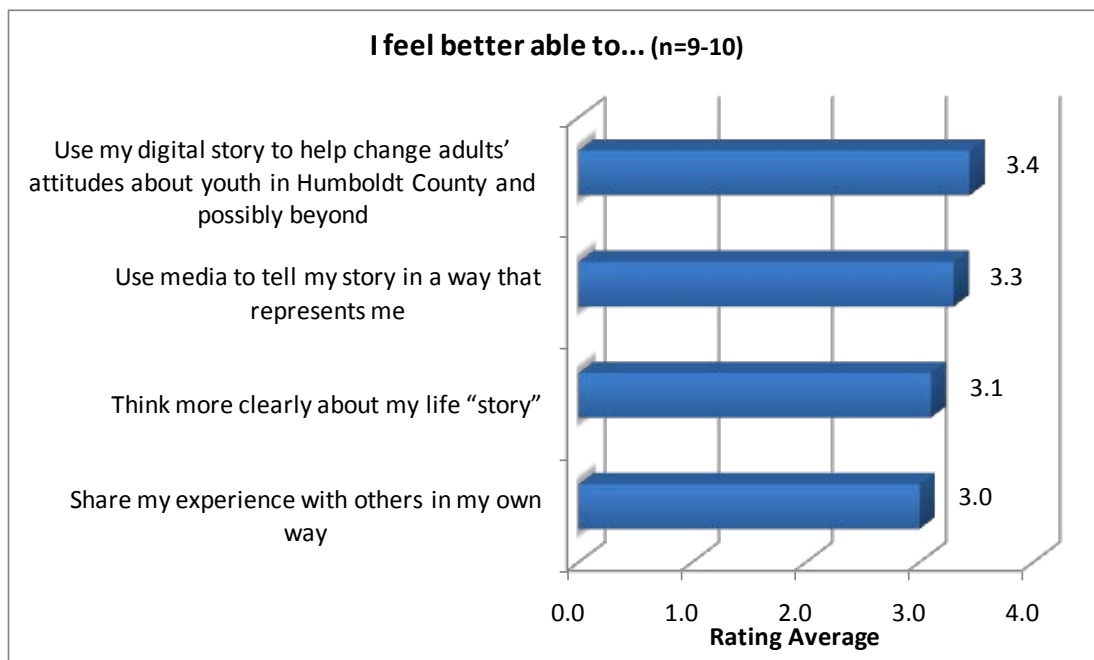
DIGITAL STORYTELLING (Training One)

Participants in the digital storytelling training gained technical skills in using this medium to tell their life stories and share their experiences with employees of child welfare, mental health, and other systems serving transition age youth and the larger community.

The chart below shows that following the training, youth rate highly their abilities to use their digital story to change adults' attitudes about youth, and to use media to tell a story that represents them. Using a four-point scale ("1" = "strongly disagree" and "4" = "strongly agree"), youth participants at this training also indicate an increase in their ability to think more clearly and to share their experiences in their own way.

² This is a duplicative count, as several youth attended more than one training.

³ There was no evaluation conducted of Training Three therefore demographic characteristics and survey data are presented for Trainings One and Two only.



Ninety percent of the youth report that they will use computer skills gained in this training in the future. The ten digital stories that were produced through this training will be used in trainings, presentations, and meetings to educate DHHS staff and other community members about the lived experience of transition age youth.

The benefits of the training go beyond learning new skills. Ninety percent of the youth say that they “feel more powerful in the world as a result of the training,” that is, more skillful, experienced, and brave. Many of the youth also believe that this training helped them feel more connected to others. The following comments illustrate some of their important gains related to finding their voice, gaining news skills, and connecting with others:

- ▶ “It helped me get my story out and helped me understand the problems of others.”
- ▶ “I learned new computer skills that will carry with me through life.”
- ▶ “I really appreciate this opportunity. I think it's an excellent way to voice things. This process could potentially prevent ‘suicide attempts’ due to emotional/stress build-up.”

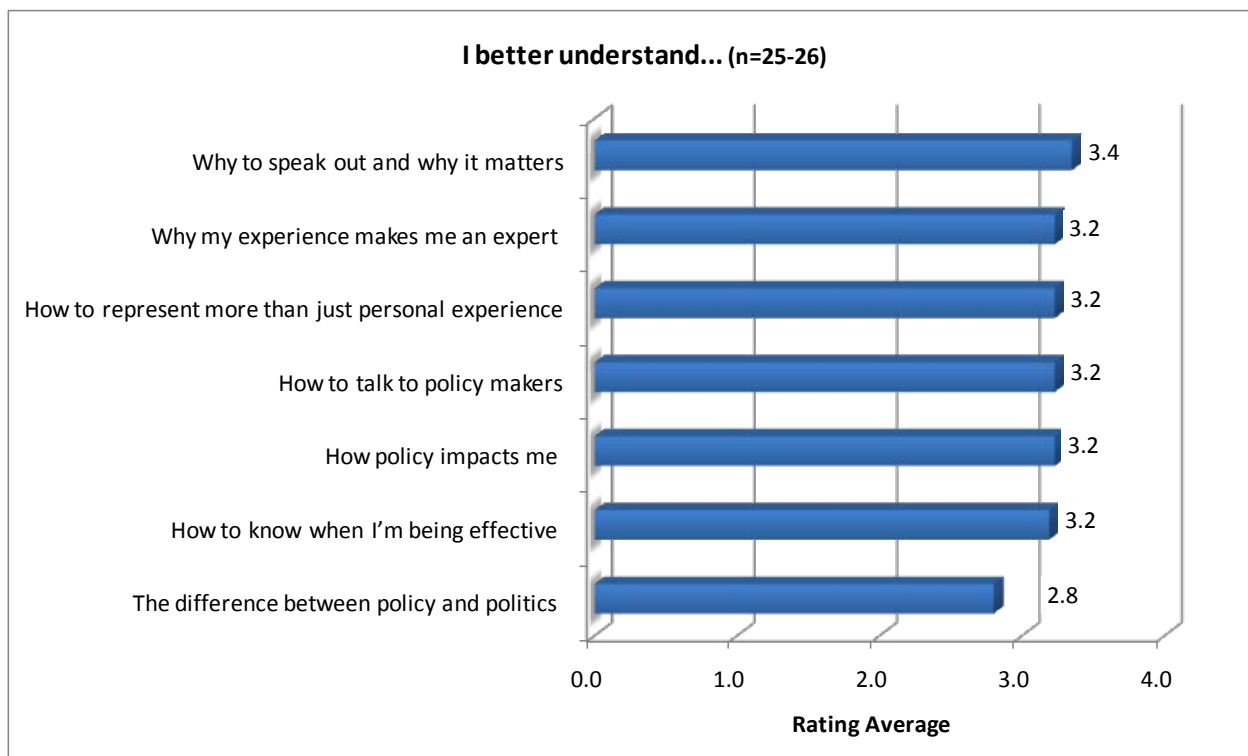
The youth also offer recommendation for future digital storytelling workshops including:

- ▶ Greater freedom in “telling their story the way they want to tell it.”
- ▶ Flexibility in selecting the length of their digital story.
- ▶ Ideally more time to work on their stories.

POLICY (Training Two)

At the heart of HCTAYC is the goal to increase youths' capacity to effect lasting systems change that will improve the lives of transition age youth. To this end, the policy training had a strong focus on building youths' understanding of policy, how youth can be affected by policy, and how they can participate in the policy process. In this training, youth participants learned about how policy is created and implemented, why working on policy is important, what HCTAYC's goals are, and how to join the collaborative in its policy work.

After this training, youth participants rated their gains in understanding on a scale of 1 to 4, ("1" = "strongly disagree" and "4" = "strongly agree"). The chart below shows that youth participants made a number of gains in their understanding of policy, with the greatest gain in their understanding of why youth need to speak out and why policy matters.



The policy training also helped many of the youth feel better able to express themselves and make changes in policy affecting them and other youth in Humboldt. Youth commented on specific aspects of the training experience that they found most useful:

- ▶ "Looking at the local and statewide people who are involved in policy."
- ▶ "Learning about analyzing motives of people in power."
- ▶ "Learning new stuff about the community and everything."
- ▶ "I really liked the 'what I bring' activity; it reminded me that I'm not useless and/or irrelevant."

They also offer recommendations to strengthen future policy trainings including:

- ▶ “Try to get the main point across in a shorter period of time.”
- ▶ “Have more activities and have them where we can move around.”
- ▶ “More questions and answers like at the end.”
- ▶ “Role playing.”

CONFERENCES

HCTAYC youth members attended five conferences this past year to further develop their leadership skills and knowledge about state and national policies affecting children and youth. Participation in the various conferences allowed youth from Humboldt County to share their experiences with youth from different regions and learn about larger issues facing TAY nationwide.

Approximately 17 HCTAYC youth, including Youth Advisory Board members, attended the following conferences in 2010:

Statewide

- ▶ Youth In Mind Leadership Summit
- ▶ California Youth Connection’s 2010 Summer Leadership and Policy Conference
- ▶ California Youth Connections Day at the Capitol Conference
- ▶ California Mental Health Advocates for Children and Youth & Youth In Mind Youth Leadership Academy
- ▶ Administrative Office of the Court’s Beyond the Bench Conference

Nationwide

- ▶ The National Resource Center for Youth Service’s National Pathways to Adulthood Conference
- ▶ The Daniel Memorial Institute’s 23rd Annual National Independent Livings Conference, “Growing Pains 2010”

YOUTH ADVISORY BOARD

The Youth Advisory Board (YAB) consists of five youth, two former foster youth and three youth with experiences in mental health care and transitional housing services in Humboldt County. These YAB members form an integral part of HCTAYC. (Two of the members also served on the YAB in 2009.) Since last year, there was a gradual turnover of the YAB—three of the four former YAB members left the board due to changing personal, educational and professional circumstances, and others came on to take their place. Project staff and YAB members explain that some of the former board members left due to their relocation outside of Humboldt County, or their need to focus on other priorities in their life.

During the YAB members’ involvement in HCTAYC, they sought to develop a set of critical professional skills through their work in improving the Humboldt County system of care, conducting presentations to various county agencies, and preparing policy recommendations for the County’s Department of Health and Human Services.

YAB members report developing the following capacities:

- ▶ Inter-personal skills and the ability to connect with other youth and adults
- ▶ Professional skills in public speaking, presentation, problem solving, leadership, time management, and facilitation
- ▶ Knowledge of Humboldt County systems and the ability to work within these systems to change policy

Almost all DHHS County staff indicate noticing the increased engagement of YAB members this year as compared to last:

- ▶ “The youth are very well-organized in providing feedback.”
- ▶ “They’ve shown remarkable maturity in trying to engage in our system.”
- ▶ “They [HCTAYC] have a stronger advisory group. Those folks [youth] that are attending meetings with DHHS staff appear more comfortable speaking out and asking questions.”
- ▶ “I see spontaneous pride, confidence, and empowerment from youth. I see more leadership from youth.”
- ▶ “HCTAYC has taken the time to assist many of our youth to become better speakers and to make presentations, and the youth are being taken more seriously by adults in the community.”
- ▶ “I am impressed by HCTAYC’s ability to increase knowledge of the youth in our community. I see that the presentations from the Youth Advisory Board contribute to local conferences and trainings provided by the county.”

HCTAYC project staff observe a growing maturity and stability of the Youth Advisory Board members. Project staff appreciate the continuity of a few board members and the youths’ ability to organize themselves. While the recruitment of Youth Advisory Board members has been successful this year, HCTAYC project staff would like to see less turnover in the board and establish more continuity of youth participation. Project staff and Youth Advisory Board members look forward to continuing to refine youths’ skills through increased leadership development training activities in the coming year.

HCTAYC’S PRESENCE IN THE LARGER COMMUNITY

HUMBOLDT COMMUNITY

All stakeholders see that HCTAYC has increased its presence in Humboldt County over this past year. HCTAYC organized various events that were open to the general public and participated in numerous meetings and forums organized by more than a dozen agencies in Humboldt County. In January, HCTAYC organized a TAY Center planning event which engaged 105 members of the Humboldt community, including service providers, educators, youth, and interested community members.

HCTAYC youth members participated in a range of presentations and events held by a number of agencies from the larger Humboldt community, including the Board of Supervisors, Juvenile

Justice, Humboldt State University, among others. In the project's second year, HCTAYC has also increased its media presence by obtaining coverage in a local newspaper, the *Times-Standard*, including five news articles featuring HCTAYC and its goals and activities. Many key stakeholders believe that HCTAYC's strong presence in the community is contributing to the community's increased awareness of TAY and different issues faced by TAY in Humboldt County.

Numerous TAY who are not involved with HCTAYC directly have most likely benefitted by its work as they access services at the Children's Center and the Sempervirens Psychiatric Health Facility improved in part from implementation of HCTAYC's youth recommendations. One YAB member observes this awareness from other TAY, "I have friends who have been in the Children's Center and Sempervirens Psychiatric Health Facility. I have heard stories from a friend who is in the Center now and say that it is a lot nicer environment compared to before." He continues, "HCTAYC has popped up in my conversations with friends who are outside of HCTAYC. Other youth outside of HCTAYC also wants to know what's happening at HCTAYC so they can make a difference as well."

STATEWIDE PRESENCE

HCTAYC has represented the experiences of Humboldt youth and advocated for youth services to various state bodies including the California State Assembly during this past year.

DHHS staff members have also shared the work of HCTAYC in different settings and forums throughout California. For example, staff participated in a panel discussion at the University of California Davis to discuss the integration of foster care and behavioral health in October of 2009. Additionally, the Humboldt County DHHS director, Phillip Crandall, shared the goals and progress of HCTAYC to the Children's Advocacy Institute of University of San Diego School of Law in March of 2010.

IMPACT OF HCTAYC ON TAY

Have transition age youth engaged in informing Humboldt County DHHS system of care and other transition age youth-serving programs?

GROWING YOUTH ENGAGEMENT AND LEADERSHIP

All key stakeholders interviewed, including Youth Advisory Board members, county staff, HCTAYC project staff, one collaborating partner and one community member, notice a growing engagement and presence of TAY youth in Humboldt County.

HCTAYC project staff note that a major achievement of the second year's efforts is successfully engaging a diverse youth population through expanded recruitment and outreach in Humboldt County. In the first year, HCTAYC relied on the county's Independent Living Skills program to recruit foster youth. This year, recruitment efforts include outreach to youth accessing mental

health services, homeless youth, youth from the Juvenile Justice system, non-foster youth, and youth from the Humboldt State University.

As a result of these outreach efforts, youth participating in HCTAYC vary in their backgrounds and ages. In Year One, a majority of the youth were between 18 to 20 years of age. In Year Two, youth start as young as 15 and extend to 26 years of age. Project staff estimates that about 60 Humboldt youth have participated in various HCTAYC activities, and each event included new youth participants. A project staff says, “We have probably doubled the number of people participating and the number of people we outreached to.”

ENGAGEMENT INSIDE HUMBOLDT COUNTY DHHS

All key stakeholders interviewed believe that HCTAYC youth are increasingly vocal in Humboldt County within DHHS systems and beyond. Another major achievement pointed out by HCTAYC project staff is youths’ increased involvement in various county departments. One project staff member notes, “[Staff in] various systems are coming to us to ask for feedback, which is a big change this year. Different units are calling us to invite youth input.” HCTAYC youth members conduct trainings for DHHS County staff and sit in on meetings or workgroups on a regular basis. Increased youth involvement in various decision-making processes at the county level indicate the growing engagement of youth, whose input is contributing to a more TAY-informed DHHS system of care in Humboldt.

HCTAYC youth are engaged in the following DHHS and other County Department efforts:

- ▶ Participating in ongoing policy recommendations follow-up work meetings regarding the County’s Children’s Center and Sempervirens Psychiatric Health Facility. (The recommendations were delivered in August 2009, and follow-up meetings have been held since.)
 - Participating in a subcommittee that is redesigning programs at the Children’s Center
- ▶ Developing policy recommendations for Independent Living Skills program (DHHS—Child Welfare) and county homeless services
- ▶ Joining the Mental Health Board
- ▶ Participating in the Mental Health Services Act (MHSA) Prevention and Early Intervention (PEI) Committee meetings
- ▶ Coordinating the planning process for a new TAY center, a one-stop center for TAY to access a support network from peers, adults, and county services
- ▶ Participating in the Youth Transition Action Team Initiative in Humboldt County
- ▶ Participating in the two Soloist presentations facilitated by the MHSA PEI Stigma Reduction Committee
- ▶ Presenting to the Child Welfare System

ENGAGEMENT ELSEWHERE IN HUMBOLDT COUNTY

In Year One, HCTAYC youth members' involvement was focused on providing input into Humboldt County's DHHS. In Year Two, HCTAYC youth members expanded their focus to reach DHHS and beyond. They report increasing involvement in meetings with other TAY-service agencies and programs in the county in which they are invited to voice their opinions on various issues, share their experiences, and promote the work of HCTAYC in various community platforms in Humboldt County.

HCTAYC youth members have presented to the following non-DHHS agencies in Humboldt County:

- ▶ Humboldt County *Beyond the Bench* Conference, an annual conference bringing professionals together to discuss services and issues related to the juvenile justice system
- ▶ Humboldt County Board of Supervisors
- ▶ California Youth Empowerment Network (CAYEN)
- ▶ Court Appointed Special Advocates (CASA) of Humboldt County, a National Association that is recruiting, training and supporting volunteers to represent the best interests of abused and neglected children in the courtroom and other settings
- ▶ Humboldt State University — Former Foster Youth Club, Hand-in-Hand, ELITE Scholar's program, and various social work-related classes
- ▶ Juvenile Justice and Delinquency Prevention Commission
- ▶ Humboldt Housing and Homeless Coalition
- ▶ North Coast Youth Summit, an annual conference designed to increase the leadership skills of youth and empower them to become agents of change in the world
- ▶ Soroptimists International, a worldwide organization for women in management and professions, working through service projects to advance human rights and the status of women
- ▶ St. Joseph Hospital's "Teens and Their Unique Needs Conference"
- ▶ Teen Adult Partnership for Enhancing Strategies Toward Responsible Youth Initiative (TAPESTRY) of the Humboldt County Office of Education
- ▶ Planned Parenthood
- ▶ Public Health Branch-Community Wellness Center

ENGAGEMENT AT THE STATE LEVEL

In addition to attending statewide conferences, HCTAYC youth members have brought their voices to a number of state bodies at the Capitol. The youth have shared their digital stories and experiences as transition age youth and made presentations to the following groups in Sacramento:

- ▶ *Take A Foster Youth to the Capitol Day*
- ▶ California Connected by 25 Initiative's (CC25I) Safe and Thriving Futures Training
- ▶ Mental Health Services Oversight and Accountability Commission

During *Take a Foster Youth to the Capitol Day*, five youth members from HCTAYC visited the State Capitol to present to the California State Assembly Budget Sub-Committee on Health and Human Services. The youth presented their digital stories to help Assembly Members understand the challenges foster youth face and the need to fund this vulnerable population. During their visit, the budget Subcommittee on Health and Human Services voted unanimously to restore the \$133 million Child Welfare Services funding to the budget. The success of the event was covered by the local newspaper, the *Times-Standard*. The news article notes that Assemblyman Wesley Chesbro was so impressed by Preston Massey, a HCTAYC Youth Advisory Board member who shadowed Chesbro on the Assembly floor, that he offered Massey an internship at the Assemblyman's office in Humboldt County⁴.

The value of youth input in statewide legislation is also evidenced by the recent passage of AB 12, which extends foster care services from age 18 to 21. HCTAYC promoted youths' support of the bill and exposed legislators to the voices of foster youth through digital story presentations and accompanying youth to meet with legislators in the Capitol, as part of a statewide effort that advocated for this bill.

YOUTH EMPOWERMENT

Over the course of youth members' involvement in HCTAYC, project staff and collaborating partners see the youth increase their understanding of the needs of other TAY and their growing role in improving the county's care system. As the youth are gaining a better understanding of the diverse needs of TAY, they become empowered to take leadership roles to make changes in the county's care system through their involvement with HCTAYC. Project staff explain that as the youth members get exposure to a diverse range of youth from the county and other regions, they begin to learn about challenges faced by others. One project staff member explains, "We are really building a community of youth through HCTAYC, they are now gaining a better understanding of each other."

Youth are also showing their increased ownership of HCTAYC and making their involvement in HCTAYC a priority. One Youth Advisory Board member describes her increased leadership role in HCTAYC, "There have been a few times when an [HCTAYC staff] member was out of town, I still went to the meeting. Normally [the staff] makes the announcements about HCTAYC and upcoming events, and I did those in her absence." She continues, "I noticed that some of the other youth thought that I was a staff member and they were surprised to hear that I am not staff."

Both county staff and project staff see youth beginning to show initiative in advocating for themselves and for other youth. One explains, "Youth are more outspoken in the meetings." Another observes, "Youth have a stronger presence. Last year, we were inviting them to tell us what they thought and they did. This year, they are taking the initiative in giving feedback." County staff and project staff believe this change can be attributed to the youths' involvement

⁴ Donna Tam, Local Foster Youth Spend a Day at the State Capitol. *Time-Standard*, May 2, 2010

in HCTAYC and the support they receive from the project. “It is clear that the training and support that HCTAYC is providing is resulting in really good outcomes,” states a county staff member.

IMPACT ON YOUTH ADVISORY BOARD MEMBERS

HCTAYC has the most visible impact on Youth Advisory Board members — the core youth leaders of the project. Youth Advisory Board members feel that their involvement in HCTAYC has increased their self-esteem, confidence, and independence. They feel more confident in public speaking and comfortable presenting their opinions to authority figures.

Youth Advisory Board members say their involvement in HCTAYC allows them to focus on a set of goals and find a new self-identity. All five Youth Advisory Board members indicate the ability to create social change as one of their greatest interests in HCTAYC. During the course of their involvement in HCTAYC, three out of four Youth Advisory Board members have enrolled in college or continued to attend school. Some specifically attribute support from HCTAYC as contributing to their ability and desire to attend college.

Youth Advisory Board members explain how their involvement in HCTAYC has changed them personally in terms of their aspirations, how they relate to others, and how they perceive themselves:

- ▶ “I see myself as a leader, and I now have the ability to make presentations. I am now attending an online university course working on a bachelor’s degree for human health and services. I never thought I would be able to do that prior to HCTAYC.”
- ▶ “I think I have definitely grown as a leader, not only in HCTAYC, but at home I can also use the same leadership skills. I am able to demonstrate my leadership skills to my children at home and at work.”
- ▶ “I feel a little different about myself through gaining the power that I have gained, knowing what I know, and having the ability to talk to people about what I know. It feels empowering, from my part, to know how to talk to these people.”
- ▶ “I guess I am just better at speaking in general. I am better at public speaking and more confident as a facilitator. I think I will use these skills throughout my life.”
- ▶ “I think that I have become more responsible because this is the first time I have been a part of anything this long.”
- ▶ “HCTAYC makes me keep my goals in mind and continue to do what I do.”
- ▶ “Being a youth working towards the same goals as other youth has changed me in a sense that I have a different self-identity.”
- ▶ “I have changed my views of the world. I have learned a lot and changed my view on how I want to help youth.”

SUCSESSES AND CHALLENGES IN ENGAGING YOUTH

HCTAYC project staff, collaborating partners, and Youth Advisory Board members identify a number of successes and challenges associated with engaging youth in HCTAYC. Many key stakeholders find that having access to multiple educational opportunities allow youth to get informed and continue to be engaged in HCTAYC. A high level of support from HCTAYC staff via one-on-one coaching and training also contribute to successful youth engagement. Others believe that providing a more contained environment, such as the meeting held at UC Davis to prepare the youth for making policy recommendations, allows youth to be more focused and engaged.

One key stakeholder identifies a need to prepare the adults to become more aware and sensitive to youths' needs as a critical factor in successfully encouraging youth to be engaged. One project staff member also believes that having youth members who have been consistently involved with HCTAYC over time and have participated in making policy recommendations through the Youth Advisory Board is key to successfully contributing to systems-level improvements. She explains, "Having Youth Advisory Board members with history in the program and who are well trained has worked well this year."

Key stakeholders find the diversity in the backgrounds, learning ability, and maturity levels of the youth present a great challenge in preparing them for engagement activities. Project staff find it time consuming to provide the individual coaching or support required by youth as they come from all walks of life. A project staff member explains, "Sometimes there is a real diversity of educational background; some are in college, some have not graduated from high school, some have symptomatic mental health issues. And working with this diversity of youth can be challenging." A Youth Advisory Board member also comments on the challenge of having youth of diverse characteristics, saying, "I feel like the wide age range of youth is strange because youth can be as old as 26."

All key stakeholders, including Youth Advisory Board members, county staff, project staff, and collaborating partners are concerned about the workload required of staff and constraints of staff resources. Multiple county staff, Youth Advisory Board members, and project staff express major concerns about the overwhelming workload required of Rochelle Trochtenberg, HCTAYC's Youth Organizer, and the need to provide additional support for her role in Humboldt County. Due to the limited number of staff, HCTAYC is not able to provide the level of youth development training project staff and Youth Advisory Board members wish to see. Several stakeholders are also concerned about the overwhelming workload of the Youth Advisory Board members. While county and project staff appreciate the increasing involvement of Youth Advisory Board members in DHHS, they also worry that this may cause burn-out. A county staff explains, "We need to develop talented youth and grow our own youth from our county and not use the same youth over and over again." Many Youth Advisory Board members also expressed that one of the challenges in their involvement with HCTAYC is the time commitment it requires, and it can be difficult to balance this work with their personal life.

Another major challenge identified by project staff and collaborating partners is the personal obstacles youth face as transition age youth. This population continues to face tremendous challenges in meeting their basic needs, such as housing, mental and physical health, food, and education. Understandably, juggling these personal challenges can make it difficult at times for youth to prioritize or even sustain their engagement in HCTAYC.

While HCTAYC has a solid structure to engage Youth Advisory Board members, TAY from the larger Humboldt community do not have as many opportunities to participate in HCTAYC. One project staff member suggests that there is a need to develop a plan to consistently engage TAY from the larger community and recruit more youth members to become a core part of HCTAYC.

IMPACT ON DHHS COUNTY SYSTEMS

Have staff in DHHS increased their awareness and understanding of transition age youth (TAY) and their associated needs? Are DHHS staff more prepared to engage youth in decision making and policy setting?

SHIFTS IN AWARENESS AND INCLUSION OF TAY

In year one, several key stakeholders referred to DHHS leadership’s mandate to obtain TAY’s input in county systems as the primary reason behind their engagement of TAY. **In year two, all key stakeholders interviewed report a general shift in awareness and understanding of the value of TAY input in DHHS’ upper and in some cases, mid-level managers.** They appear increasingly appreciative of obtaining TAY’s input on program-related decisions. County staff cite the following examples of this growing awareness:

- ▶ “I think that the overall feel or tone of the managers that I engage with — mid-to upper-level management — clearly has changed. There is a more active and excited, and generally speaking, more alive response to HCTAYC activities.”
- ▶ “I do hear people say ‘What do youth think about that,’ and ‘Should we bring youth into this conversation at this point?’ ...When we have included youth, we have learned that they have something to teach us.”
- ▶ “We charged one of our deputies with coming up with a design that would provide oversight to the TAY Division. During a check-in the deputy told me, ‘We’re getting a meeting together and want to be sure that the TAY are available to attend.’”
- ▶ “For me, the change is my understanding of youth needing assistance from a variety of backgrounds.”

DHHS staff's increased exposure to youth enables them to see the value of youth input. Many stakeholders attribute this growing awareness among county staff leadership to their involvement with HCTAYC youth. One DHHS staff member explains, "HCTAYC contributed by exposing youth to these conversations and getting DHHS to have youth join in these conversations. The emphasis of DHHS's leadership on the need to bring youth input also contributed to these changes." HCTAYC allows county staff to directly interact with youth by sitting in meetings with young people and by attending a training organized by youth. One county staff member says, "When you watch a training put together by youth which is better than any other training put together before, that is very valuable and staff take away the message that youth are valuable." She continues, "The youth created games for the staff to help them experience the frustration that youth feel...They did a fantastic job; it was the most engaging training I have been to in the entire year!" Another county staff member shares her experience in interacting with youth, "When we bring youth to the table now, [their] perspective is like having another professional perspective with a respected opinion in the room."

Several project staff members and collaborating partners have also witnessed this change in awareness among county staff:

- ▶ "County staff show sincere reflection and appreciation for our work."
- ▶ "DHHS is much more aware that if they want to reach TAY, they need to do things differently. So, they are creating a TAY Division. Their awareness has grown because they are now doing something about it. We are invited to a lot more different events and meetings."
- ▶ "I think that especially the staff that had the opportunity to interact with HCTAYC youth have changed their awareness a little more."

There appears to be a shift in awareness and an ongoing general openness to engage youth within DHHS among leadership staff. More county staff are becoming increasingly committed and excited about engaging youth. This is evidenced by the increasing number of invitations HCTAYC receive from staff involved in various county systems to include youth participation in meetings and events. One HCTAYC project staff member observes, "In the first year, staff turned to HCTAYC to get a youth voice; now they turn to us to ask for youth to engage in meetings." A county staff member notes, "There is an ongoing increase in openness to engage youth and to get input from youth." Another project staff member notices a shift in county staff's willingness to engage youth as the county requests young people to attend meetings, even without HCTAYC staff. She further explains, "I have experienced the county to feel more partnership with youth and be open to engaging TAY in policy development."

HCTAYC project staff also find that a diverse range of staff, including line-level as well as leadership staff, attend trainings organized by HCTAYC. Project staff see trainings as critical in engaging county staff as they help the county realize the value of young people. A project staff member notes, "Trainings are always something that we need to continue to do and constantly remind county staff of the value of young people."

CHALLENGES IN CREATING A CULTURAL SHIFT TO VALUE YOUTH IN DHHS

While there is a notable change in awareness and willingness to engage TAY among leadership staff, many key stakeholders believe that line-level staff do not yet appear to have the same level of understanding and appreciation of engaging TAY in program planning. In some cases, there is still room to grow among mid-level management.

According to several key stakeholders, the department mandate is still the primary motivator behind many line staff's decisions to engage TAY. A county staff member explains: "DHHS created a new admissions packet to welcome youth to the Sempervirens hospital. These practices have changed but I am not clear whether line-level staff are fully aware of TAY's needs." Meanwhile, project staff describe the work yet to be done:

- ▶ "We have been able to build good relationships with county leadership. What we [HCTAYC] really want to do may be to work with county staff that are at the frontline of dealing with youth on a daily basis."
- ▶ "Dealing with people who will undermine and restrict youth voices at the meetings is another challenge. Sometimes the challenges are experienced in the line-level staff and middle management staff."

Key stakeholders find the lack of a larger systemic culture shift that values youth input at all levels of DHHS as the greatest challenge in engaging county staff. In order to effectively engage youth input in improving the county systems in Humboldt, county staff at all levels need to change their attitude to trust youth, and show respect for youth feedback. While there have been noticeable improvements, project staff continue to experience skepticism and unwillingness to accept youth input from some county staff. One project staff member explains this challenge, "Sometimes there are people who don't want youth presence and I always have to advocate for why it is important to have youth input. I'd go to people's supervisor or administration when I couldn't resolve it in any other way." This member illustrates the challenge in engaging county staff in welcoming youth participation. One project staff member believes that it takes an educational process to train staff on the value of youth input and achieve a larger cultural shift, "Educating people takes time, which is challenging."

Another key stakeholder believes that this shift in thinking about the value of youth involvement in all aspects of county systems and full acceptance of youth input in the county systems is critical to making greater structural changes. In order to fully engage county staff and youth in this systems improvement process, she proposes, "I think it has to start with making the youth feel welcomed and valued. We need to extend the invitation to youth, and not just have youth invite themselves in."

Project staff experience a certain degree of resistance from some county staff as HCTAYC youth present policy recommendations or feedback to the county. A project staff member reflects, "Our policy recommendations might have also scared people. I think people know that we are a watchdog to some extent. To some people, that can be scary and some people may want to be more protective of their staff." Another county staff member also points out

the need to educate county staff in order to accept youth feedback positively, “We still need to work on the line staff to make them understand these are not criticisms but critical feedback we need from the youth.”

Key stakeholders understand that in order to overcome these challenges, it requires successful relationship building with county staff, a strong physical presence in Humboldt County that allows for HCTAYC youth and staff members to interact with county staff, and an educational process that takes time and intensive training from HCTAYC. Staff training on the importance of youth presence and consistent open communication between DHHS and HCTAYC will be key to achieving a cultural shift within DHHS. While all key stakeholders recognize that these challenges exist, they also feel optimistic about the progress of HCTAYC and the efforts that have been underway in the past two years.

A county staff member expresses excitement about current efforts, **“We have made more progress in the last two years than in the last twenty because of HCTAYC efforts. They have made tremendous efforts. I’m very pleased with the work. It needs to be strengthened with [DHHS] staffing support, system restructuring, and embedding more TAY into our system to get that transformation locked in.”** A community member also welcomes the change HCTAYC has brought about, “HCTAYC provides a voice from the bottom, where historically, in Humboldt County, decisions made for youth used to be top down. Having been in the county for 30 years, I think this is a significant change and a welcome one.”

PROVIDING A MECHANISM FOR YOUTH INPUT

Is there an ongoing mechanism and protocols for youth to provide input into DHHS policies and to operate an effective, responsive, and youth-informed DHHS system of care for transition age youth?

Many stakeholders believe that HCTAYC is a useful mechanism to invite youth input. They see that HCTAYC not only provides a structure to access a pool of youth leaders but ensures they have the capacity to provide credible input, as well as making county staff feel accountable to TAY feedback.

Several stakeholders think that true youth engagement at the practical level is more valuable than formal policies and procedures that dictate youth engagement. For example, currently, two Youth Advisory Board members are part of the Mental Health Board in DHHS. The youth are actively providing input. Several county staff note that they prefer to achieve this level of youth engagement over formal written policies and procedures. One county staff member reveals her reasoning: “We need to be careful that formal protocols do not replace the flavor or the true engagement process. I think paper alone is insufficient. A lot of care needs to be taken to not rely on that.” Another explains, “It has been inclusive, and we make sure to bring in youth when appropriate. I think this is working well, so I don’t think we need to have a formalized procedure to bring youth in.”

Another ongoing mechanism for youth input can be illustrated by the youth policy recommendations made to DHHS. In 2009, HCTAYC members developed a set of policy

recommendations to improve the Children’s Center, Sempervirens Psychiatric Health Facility, Psychiatric Emergency Services and the Crisis Line. Following these policy recommendations, HCTAYC met with respective units to ensure that the youths’ recommendations were implemented. According to a survey completed by county staff after their participation at the policy recommendations meeting, they found it useful to hear from the youth directly. It was interesting for county staff to learn how the youth experienced these policies. Several county staff members suggested that next time recommendations be presented in a less formal structure to encourage a dialogue between the youth and staff. A number of county staff members expressed that the recommendations were presented in an accusatory tone and it would be more preferable to present these concerns in a less threatening manner. Overall, though, county staff appreciate the opportunity to receive feedback from the youth. In the coming year, TAY will create another set of policy recommendations to improve the Independent Living Skills program and youth homelessness services. These policy recommendations provide a strong mechanism for youth to provide input into DHHS policies.

Several stakeholders indicate that the creation of a TAY center and a TAY division at DHHS can become longer-term mechanisms for youth input in DHHS policies in the future. In the beginning of this year, HCTAYC organized the Humboldt community to plan for the building of a TAY center that serves as a one-stop center for TAY to access a support network from peers, adults, and county services. At the leadership level of DHHS, the county is planning to create a new division dedicated to serve TAY. This new division will allow the county to be more responsive to TAY needs and may provide an added mechanism for youth input.

RECOMMENDATIONS

The Youth Advisory Board members, project staff, partners, and county staff offer several suggestions on how to improve the collaboration in the coming year including:

RECOMMENDATIONS TO IMPROVE THE EFFECTIVENESS OF HCTAYC

- ▶ **Increase staff support for Rochelle Trochtenberg**, HCTAYC's Youth Organizer, and hire youth to become full-time staff. All key stakeholders expressed concerns about the overwhelming workload of Trochtenberg and wish to see more support for her role.
- ▶ **Increase the county's involvement as a collaborating partner and identify more county staff to become involved with HCTAYC.** Several key stakeholders would like to see the county become a stronger collaborating partner and see more involvement from county staff beyond leadership levels. For example, county staff can take on leadership in convening HCTAYC partners to meet regularly to discuss how to better improve the collaborative.
- ▶ **HCTAYC staff needs to better prepare county staff for the policy recommendations**, in order to make the policy recommendations more effective and useful to county staff. Extra time to review policy recommendations prior to the presentation made by youth will allow county staff to have sufficient time to analyze the different implications these policy recommendations would have for their work and how they can move forward to implement them.
- ▶ **Increase communication between all partnering agencies to plan and discuss strategies for the collaboration.** While HCTAYC project staff and youth have been actively involved in various presentations within DHHS and other agencies, HCTAYC collaborating partners, including the county, have not focused enough time and resources to communicate about strategies and develop a plan to better achieve HCTAYC's goals.
- ▶ **Improve recruitment of Youth Advisory Board members by allowing more flexibility around participation requirements and providing a higher stipend to attract participation.** Transition age youth are highly transient and require flexibility in order to participate in the Youth Advisory Board. In order to encourage a culture that values youth participation in the county systems as well as in the Youth Advisory Board, youth need to be compensated appropriately for their time and expertise.
- ▶ **Maintain a consistent core group of members for the Youth Advisory Board.** While the recruitment of Youth Advisory Board members has been satisfactory this year, the board continues to experience a high turnover rate due to the transient nature of transition age youth. In order to develop a strong roster of youth leaders, it is important to retain a consistent group of youth to take on leadership roles and strengthen the capacity of the Youth Advisory Board. Consider increasing opportunities for youth members from the Humboldt community to engage in HCTAYC and provide a planned structure to consistently engage youth members.

- ▶ **Provide more youth leadership development training opportunities** to increase the capacity of youth. Both project staff and Youth Advisory Board members believe that it is necessary to continue to refine the youths’ leadership and professional skills through a number of youth development training activities. They identified the following set of skills that should be focused on in HCTAYC’s youth development trainings:

Alcohol and Drug Use	Professionalism
Facilitation Training	Presentation Skills
Leadership Skills	Policy Training
Mental Health	Public Speaking
Technology Use	Personal Hygiene

RECOMMENDATIONS TO BETTER SERVE TAY AND ENCOURAGE TAY INPUT

- ▶ **Continue to provide trainings to DHHS staff on issues faced by TAY and how to address TAY challenges.** Consider possibly extending these trainings to the general public as a way to increase community awareness on TAY issues.
- ▶ **Provide more opportunities for county staff to interact with TAY on a daily basis.** Consider hiring TAY as staff in the county to increase their exposure within county systems and support efforts to create a welcoming environment for youth. Many stakeholders find that staff who have the opportunity to interact with youth understand the value of their input. It is important to provide opportunities for more county staff to interact with youth in order to increase their understanding of TAY issues.
- ▶ **County staff should adopt more flexible office hours to coincide with youths’ school schedules in order to make services accessible to youth.** A number of key stakeholders believe the work hours of county services becomes a barrier for youth to access services or participate in meetings as they conflict with school hours. Changing the county staff’s working schedules to serve youth during after school hours and moving meeting schedules around school schedules are essential in encouraging youth involvement.
- ▶ **Hire county staff that have an understanding of TAY and have personal qualities that attract youth in order to better work with youth.** In order to provide a more welcoming environment for youth at DHHS, county departments need to recruit staff members who know how to work with youth and respect their input.
- ▶ **Identify internal champions within DHHS to advocate for TAY within the county.** It is important to promote the value of youth input and involvement in HCTAYC internally among county staff. While HCTAYC’s Youth Organizer, Rochelle Trochtenberg, has been a strong advocate for youths’ voice and HCTAYC, several stakeholders believe it would be more effective to recruit internal line staff champions within DHHS to advocate for youth and promote the value of youth engagement.

EVALUATOR'S RECOMMENDATIONS

- ▶ **Expand the core group of talented youth leaders to increase youth leadership in Humboldt County.** Multiple stakeholders including youth, project staff, collaborating partners and county staff would like to see a larger group of youth leaders in Humboldt County. In order to establish sustainability of HCTAYC, project staff and partners need to continue to recruit and retain a growing group of local youth leaders that will be fully committed to youth advocacy and involvement in HCTAYC. Several stakeholders suggest increasing employment opportunities for youth in the county or in HCTAYC. County departments can use talented youth to outreach to their peers and invite youth engagement. HCTAYC can also provide opportunities for youth to take on staff positions in order to expand on project staff capacity.
- ▶ **Increase the number of local HCTAYC staff to better support the collaborative's work in Humboldt County.** Involvement from local community leaders in Humboldt is critical to ensure that the goals and efforts of the project are sustained over time. Hiring local Humboldt staff provides HCTAYC the opportunity to develop local capacity that will continue project activities in the long term.
- ▶ **Advocate for permanent youth presence in various county departments beyond the Mental Health Board.** Currently, there are two youth who are part of the Mental Health Board and sit in on decision-making processes for mental health services. Consider increasing the number of permanent youth positions dedicated to local youth leaders in various county departments. Having a permanent youth presence in various county departments will complement the current ad-hoc system of inviting youth input on an as needed-basis.
- ▶ **Increase opportunities for more county staff to interact with transition age youth and HCTAYC.** When more county staff gain exposure to youth input and see the value of youth participation, it will foster a larger cultural shift at the county to accept youth engagement. Several stakeholders suggest hiring TAY to work in DHHS as one way to increase interaction between county staff and this population. Another example is to provide more trainings such as presenting the digital stories to line staff on a regular basis and have discussions on how to better address TAY issues specific to their work areas.
- ▶ **Collaborate with Children's Center and Sempervirens Psychiatric Health Facility staff to share and disseminate findings from the youth surveys conducted at each site.** Both the Children's Center and Sempervirens Psychiatric Health Facility have developed a youth survey to collect feedback from youth using these services. It would be of great value to HCTAYC and DHHS to learn about youths' experience in using these services after the policy recommendations have been implemented at both sites.

CONCLUSION

HCTAYC's second year continues to build upon its first year's efforts in developing a more effective and informed county health and human services system, a strong community of youth voices in the county, and empowerment of transition age youth to shape the local systems of care. Year One was focused on developing local youth leadership and building relationships with key stakeholders at the county's Department of Health and Human Services. Year Two's key focus was to increase the presence of youth voice in Humboldt County within DHHS and beyond.

HCTAYC successfully organized a core group of youth leaders to engage in decision-making and policy setting within Humboldt County, including various DHHS departments and other transition age youth-serving programs and agencies. A growing awareness of TAY needs within DHHS is leading to increased involvement of HCTAYC youth in county systems. In the second year, a growing number of county departments actively seeks youth input in various meetings and events to represent the voices of Humboldt youth. While DHHS' upper- and in some cases, middle-level managers appear to be increasingly appreciative of youth input, the same level of awareness has yet to appear at the line-level staff. Greater involvement with youth at every level of DHHS is needed to foster a cultural shift of youth engagement within the Department.

Through HCTAYC, transition age youth are increasingly engaged in the policy process in Humboldt County and in some cases, in the State Capitol. Youth are gaining confidence to take on leadership roles to advocate for other youth. As a result of the work of HCTAYC, the Humboldt community is increasingly aware of the issues and associated needs of transition age youth.

METHODOLOGY

This evaluation was guided by HCTAYC's Theory of Change developed by Korwin Consulting in partnership with HCTAYC staff at the onset of the evaluation process. The first stage of this evaluation included a meeting between Korwin Consulting and HCTAYC project staff to develop an evaluation plan with key goals and strategies for the process. A timeline was also developed to guide the progress of the evaluation plan.

HCTAYC's Theory of Change, revised this year to better capture the broadened objectives of the project, explains the logic of the project's strategies and anticipated outcomes and impact it seeks to achieve. It includes the overarching purpose of HCTAYC, key strategies used to achieve goals, short- and longer-term outcomes resulting from HCTAYC strategies, and ultimately, the long-term impact of this project. (*HCTAYC's Theory of Change can be found in the Appendix.*)

Based upon this Theory of Change, Korwin Consulting and HCTAYC project staff developed evaluation questions to learn more about the outcomes resulting from HCTAYC's efforts. Using a mixed methods evaluation, the evaluation process included:

- ▶ **Post-Training Surveys:** A post-training survey was administered after the Digital Storytelling and Policy trainings. No survey was administered at the Community/Youth Organizing training. (*For detailed results of the surveys please refer to the Appendix.*)
- ▶ **Individual interviews:** Protocols were developed for interviews with the Youth Advisory Board, HCTAYC project staff and a collaborative partner, community member, and Humboldt County DHHS staff. In October of 2010, a total of seventeen, 45-60 minute telephone interviews were conducted to collect feedback from these stakeholders.
- ▶ **Project Documentation:** HCTAYC shared a set of internal and external project documents that tracked important data on the progress of the project including:
 - Humboldt County DHHS' written response to youth policy recommendations made to the Children's Center and Sempervirens Psychiatric Health Facility;
 - HCTAYC project work plan;
 - Training and presentation schedule of HCTAYC youth activities;
 - *Book of Proceedings*, which documents activities and procedures from the TAY center planning day event;
 - HCTAYC's mid-year project report;
 - Survey results from county staff at the Policy Recommendation Meeting;
 - Humboldt County DHHS' report to the Child Advocacy Institute of University of San Diego School of Law;
 - Youth survey templates from the Children's Center and Sempervirens Psychiatric Health Facility;
 - News articles from *Times-Standard*, Humboldt County's local newspaper; and
 - Information from the HCTAYC project website (www.humboldtyouth.org).

LIMITATIONS

When reviewing findings of this evaluation it is important to note current and projected limitations of this methodology.

- ▶ This evaluation did not engage youth who are accessing services from the county systems of care in Humboldt County, but are not involved in HCTAYC. All youth feedback came from participants of HCTAYC. Therefore, the findings pertain to youth members of HCTAYC, and certain assumptions are made about the impact of HCTAYC within the broader Humboldt County transition age youth population.
- ▶ HCTAYC youth participants are involved at two levels: HCTAYC members who attend training events and Youth Advisory Board members who are responsible for leading the project. Although all participating youth completed post-training surveys, individual interviews were only conducted with Youth Advisory Board members. Therefore, all in-depth findings about the impact of the project on all youth participants are extrapolated from Youth Advisory Board, project staff, and collaborating partner interviews.

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- ▶ Carolyn Albee, *Social Work Supervisor, Independent Skills Living Program, and Project Lead, California Connected by 25 Initiative*
- ▶ Phillip Crandall, *Director, Humboldt County Department of Health and Human Services*
- ▶ Steve D'Agati, *Commissioner, Juvenile Justice and Delinquency Prevention Commission*
- ▶ Jamie Lee Evans, MSW, *HCTAYC Project Director, Y.O.U.T.H. Training Project*
- ▶ Laura Forrest, *HCTAYC Project Assistant, Y.O.U.T.H. Training Project*
- ▶ Asha George, Ph.D., *Deputy Director, Humboldt County Mental Health Services Branch*
- ▶ Jude Koski, MBA, *Special Projects Coordinator, California Youth Connection*
- ▶ Barbara LaHaie, *Assistant Director of Programs, Humboldt County Department Health and Human Services*
- ▶ Abby Lubowe, *Youth Advisory Board Member*
- ▶ Cody Hoyt, *Youth Advisory Board Member*
- ▶ Shelly Nilsen, *Acting Deputy Director, Humboldt County Children and Family Services*
- ▶ Tia Richardson, *Youth Advisory Board Member*
- ▶ Karolyn Rim Stein, RN, *Director, Humboldt County Mental Health Services Branch*
- ▶ Rochelle Trochtenberg, *HCTAYC Youth Organizer*
- ▶ Helen Weaver, *Youth Advisory Board Member*
- ▶ Katherine D. Young, MSW, *Director, Humboldt County Social Services Branch*



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Korwin Consulting, an evaluation and planning firm, advances social justice solutions by identifying community strengths, building organizational capacity, and evaluating impact. We have developed a reputation for producing high quality work that is not only responsive to our clients' needs but also engages our clients in interpreting preliminary findings to ensure that the information gathered is useful and accurate. More information on Korwin Consulting is available at www.korwinconsulting.com.

APPENDIX

- ▶ **Post-Training Survey Tables**
- ▶ **List/Links to HCTAYC-related Articles in Times-Standard**
- ▶ **HCTAYC Theory of Change**

POST- TRAINING SURVEY TABLES

Demographic Information

HCTAYC Participants	Training One: Digital Story Telling		Training Two: Policy Training	
What is your gender?	#	%	#	%
Female	6	67%	13	52%
Male	3	33%	9	36%
Transgender	0	0%	2	8%
Other	0	0%	1	4%
TOTAL	9	100%	25	100%
skipped question	1		1	
What is your age?	#	%	#	%
Under 16 years	0	0%	4	16%
16 – 18 years	4	45%	6	24%
19 – 22 years	2	22%	10	40%
23 - 25 years	2	22%	3	12%
Over 25 years	1	11%	2	8%
TOTAL	9	100%	25	100%
skipped question	1		1	
What is your race or ethnicity?	#	%	#	%
African Diasporic/Continental African/Black	2	22%	0	0%
Asian/Pacific Islander/Asian or Pacific Islander American	0	0%	1	4%
Caucasian /European American	3	33%	9	36%
Latino(a)/Hispanic	0	0%	1	4%
Multi-racial	2	22%	5	20%
Tribal, Native American	2	22%	4	16%
Other	0	0%	5	20%
TOTAL	9	100%	25	100%
skipped question	1		1	

Demographic Information Continued

HCTAYC Participants	Training One: Digital Story Telling		Training Two: Policy Training	
	#	%	#	%
What is your sexual orientation?				
Straight	6	67%	16	67%
Gay	1	11%	1	4%
Lesbian	1	11%	1	4%
Bisexual	0	0%	5	21%
Queer	0	0%	1	4%
Questioning	0	0%	0	0%
Other	1	11%	0	0%
TOTAL	9	100%	24	100%
skipped question	1		2	

Participation with Organizations

HCTAYC Participants	Training One: Digital Story Telling		Training Two: Policy Training	
	#	%	#	%
Participated in any activities or services with the following organizations or programs?				
California Youth Connection	1	17%	13	72%
Tribal programs	2	33%	0	0%
Youth in Mind	4	67%	7	39%
Y.O.U.T.H. Training Project	2	33%	6	33%
TOTAL	6	NA	18	NA
skipped question	4		8	
* Respondents may participate in more than one organization/program, resulting in a total that exceeds 100%				

Participation in Activities and Trainings

HCTAYC Participants	Training One: Digital Story Telling		Training Two: Policy Training	
	#	%	#	%
What HCTAYC events and trainings have you participated in?	#	%	#	%
HCTAYC Information Meeting (10/12/08)	0	0%	5	31%
YIM Information Meeting (10/14/08)	1	25%	3	19%
YIM Policy Discussion (12/15/08)	0	0%	2	13%
Policy Training Day 1 (1/31/09)	0	0%	6	38%
Policy Training Day 2 (2/1/09)	0	0%	5	31%
CYC Day at the Capitol Conference (2/9/09)	0	0%	2	13%
Digital Stories (2/19-2/22/09)	0	0%	2	13%
HCTAYC Game Night (3/21/09)	1	25%	5	31%
Facilitation Skills Training (5/3/09)	0	0%	4	25%
CYC Chapter Meetings	1	25%	8	50%
HCTAYC Movie Night (8/15/09)	0	0%	3	19%
YIM Leadership Summit (8/28-8/30/09)	1	25%	3	19%
TAY Center Planning Event (1/22/10)	1	25%	7	44%
CYC Day at the Capitol Conference (1/29-2/1/10)	0	0%	6	38%
HCTAYC Community Organizing Training (4/24/10)	1	25%	10	63%
Foster Youth Shadow Day in Sacramento (4/28/10)	0	0%	2	13%
Youth in Mind Youth Leadership Academy at CMHACY (5/4-5/7/10)	2	50%	3	19%
Youth in Mind Youth Leadership Summit (7/16-7/18/10)	1	25%	0	0%
California Catalysts For Change meeting (7/21/10)	0	0%	0	0%
Other (Please specify)	1	25%	2	13%
TOTAL	4	NA	16	NA
skipped question	6		10	
* Respondents may participate in more than one training, resulting in a total that exceeds 100%				

Seeking/Using Services

HCTAYC Participants	Training One: Digital Story Telling		Training Two: Policy Training	
	#	%	#	%
What services have you used or sought?				
Drug & alcohol treatment	1	13%	5	23%
Emergency shelters	3	38%	4	18%
Food programs	4	50%	10	45%
Homeless shelters	3	38%	6	27%
Housing resources (e.g., transitional housing)	5	63%	9	41%
Independent Living Skills	3	38%	15	68%
Juvenile justice	0	0%	4	18%
Mental health	3	38%	11	50%
Medical health services (e.g. going to doctor, hospital, not Sempervirens)	3	38%	12	55%
Public health (e.g., condoms, HIV tests, sex education)	3	38%	12	55%
TOTAL	8	NA	22	NA
skipped question	2		4	
* Respondents may have used or sought more than one service resulting in a total that exceeds 100%				

Digital Storytelling (Training One)

BECAUSE OF THIS WEEKEND'S DIGITAL STORYTELLING WORKSHOP	Strongly Disagree		Disagree		Agree		Strongly Agree		Rating Average	Response Count
	#	%	#	%	#	%	#	%		
I feel more powerful in the world (more skillful, more experienced, braver...)	0	0%	1	10%	7	70%	2	20%	3.1	10
I learned computer skills that I will use in the future	0	0%	1	10%	7	70%	2	20%	3.1	10

I FEEL BETTER ABLE TO...	Strongly Disagree		Disagree		Agree		Strongly Agree		Rating Average	Response Count
	#	%	#	%	#	%	#	%		
Use my digital story to help change adults' attitudes about youth in Humboldt County and possibly beyond	0	0%	2	22%	1	11%	6	67%	3.4	9
Use media to tell my story in a way that represents me	0	0%	1	10%	5	50%	4	40%	3.3	10
Think more clearly about my life "story"	0	0%	1	10%	7	70%	2	20%	3.1	10
Share my experience with others in my own way	0	0%	1	10%	8	80%	1	10%	3.0	10

Overall, the digital storytelling workshop was ...	#	%
Not Very Good	1	10%
Good	2	20%
Great	7	70%
TOTAL	10	100%
skipped question	0	

Overall, the facilitators were...	#	%
Hard to Understand	0	0%
Somewhat Easy to Understand	6	67%
Easy to Understand	3	33%
TOTAL	9	100%
skipped question	1	

What was most helpful about the digital storytelling workshop?
"The staff"
"Being allowed and encouraged to tell a story that I see as a resistance and non-dominant narrative."
"Being able to let my story be told."
"Having time to talk about our story and think about which story to tell..."
"Sitting around the table sharing each other's stories."
"It helped me get my story out and helped me understand the problems of others."
"Others that shared theirs."
"I had a great time just getting to know new people and hear their stories."
"I really appreciate this opportunity. I think it's an excellent way to voice things. This process could potentially prevent "suicide attempts" due to emotional/stress build-up."
"Learning new computer skills that will carry with me through life."

Are there ways you think the workshop could be improved?

"Be able to use our length and words of our stories. Tell it in our perspective and not having to worry who and how people are going to take it."

"Let the youth tell the story they want to tell without limiting their freedom to write what they want and say what they have to say."

"I don't feel I told my story my way. It was still cool and a good experience for sure though."

"Big workspace comfortable chairs."

"I personally needed a lot more info about what I was getting into, but that's apparently just because I only got invited to come at the last possible minute - so maybe that's not really something that could be improved. I also needed more time - it was hard that there wasn't an option of spending extra time working on our stories (because we needed to use the computers at the center)."

"Maybe have a PC available somewhere..."

"A more diverse group."

Is there anything else you would like to add?

"It was Perfect."

"Thank you!"

Policy (Training Two)

I BETTER UNDERSTAND...	Strongly Disagree		Disagree		Agree		Strongly Agree		Rating Average	Response Count	Skipped Question
	#	%	#	%	#	%	#	%			
Why to speak out and why it matters	0	0%	0	0%	17	65%	9	35%	3.4	26	0
How policy impacts me	1	4%	2	8%	13	50%	10	38%	3.2	26	0
How to talk to policy makers	1	4%	2	8%	13	50%	10	38%	3.2	26	0
How to represent for more than just my personal experience	1	4%	1	4%	15	58%	9	35%	3.2	26	0
How to know when I'm being effective	1	4%	2	8%	14	54%	9	35%	3.2	26	0
Why my experience makes me an expert	2	8%	0	0%	14	54%	10	38%	3.2	26	0
The difference between policy and politics	1	4%	5	20%	17	68%	2	8%	2.8	25	1

I FEEL BETTER ABLE TO...	Strongly Disagree		Disagree		Agree		Strongly Agree		Rating Average	Response Count	Skipped Question
	#	%	#	%	#	%	#	%			
Express my opinions and make recommendations in a way that might help me and other youth in Humboldt.	0	0%	0	0%	14	58%	10	42%	3.4	24	2
Help make changes in local policies affecting me and other youth in Humboldt.	0	0%	0	0%	14	61%	9	39%	3.4	23	3

Overall, today's training topics were...	#	%
Not Very Good	0	0%
Good	8	35%
Great	15	65%
TOTAL	23	100%
skipped question	3	

Overall, the facilitators today were...	#	%
Hard to Understand	0	0%
Somewhat Easy to Understand	2	9%
Easy to Understand	21	91%
TOTAL	23	100%
skipped question	3	

What was most helpful about the policy training workshop?
"The group work was more effective than the workshop would have been otherwise."
"Discussion and feedback from peers and facilitators."
"The people and discussions."
"The stories and experiences."
"Doing the activities that involved us to get up and move around! Looking at the local and statewide people who are involved in Policy."
"Learning about analyzing motives of people in power."
"Learning new stuff about the community and everything."
"I really liked the "what I bring." It reminded me that I'm not useless and/or irrelevant."
"The many questions that were answered."
"The questions that I had were answered with an example and how to use it."
"The trainer and repeating what we say fully, then giving examples."
"Everything was perfect."
"It was all helpful. Thank you."
"It was fun and was put together well."
"All."
"Showing up!"

Are there ways you think the workshop could be improved?
"Make it slightly more time efficient."
"The facilitators could help guide discussions to stay on topic better."
"Try to get the main point across in a shorter period of time."
"Less time on first activity (writing ideas on lists)."
"More movement."
"Have more activities and have them where we can move around."
"More questions and answers like at the end."
"Role playing."
"The next steps."
"Yes. Not be so shy."
"More ground rules!"
"More on Policies IN Politics."
"Keep unnecessary comments to yourself!!!"
"I enjoyed it."
"No. I think it went well."
"Not really. I just know this stuff already."

Is there anything else you would like to add?
"I loved it! So glad I came."
"Great training."
"Love Jennifer! She's awesome!"
"No. I think it was a perfect gathering."

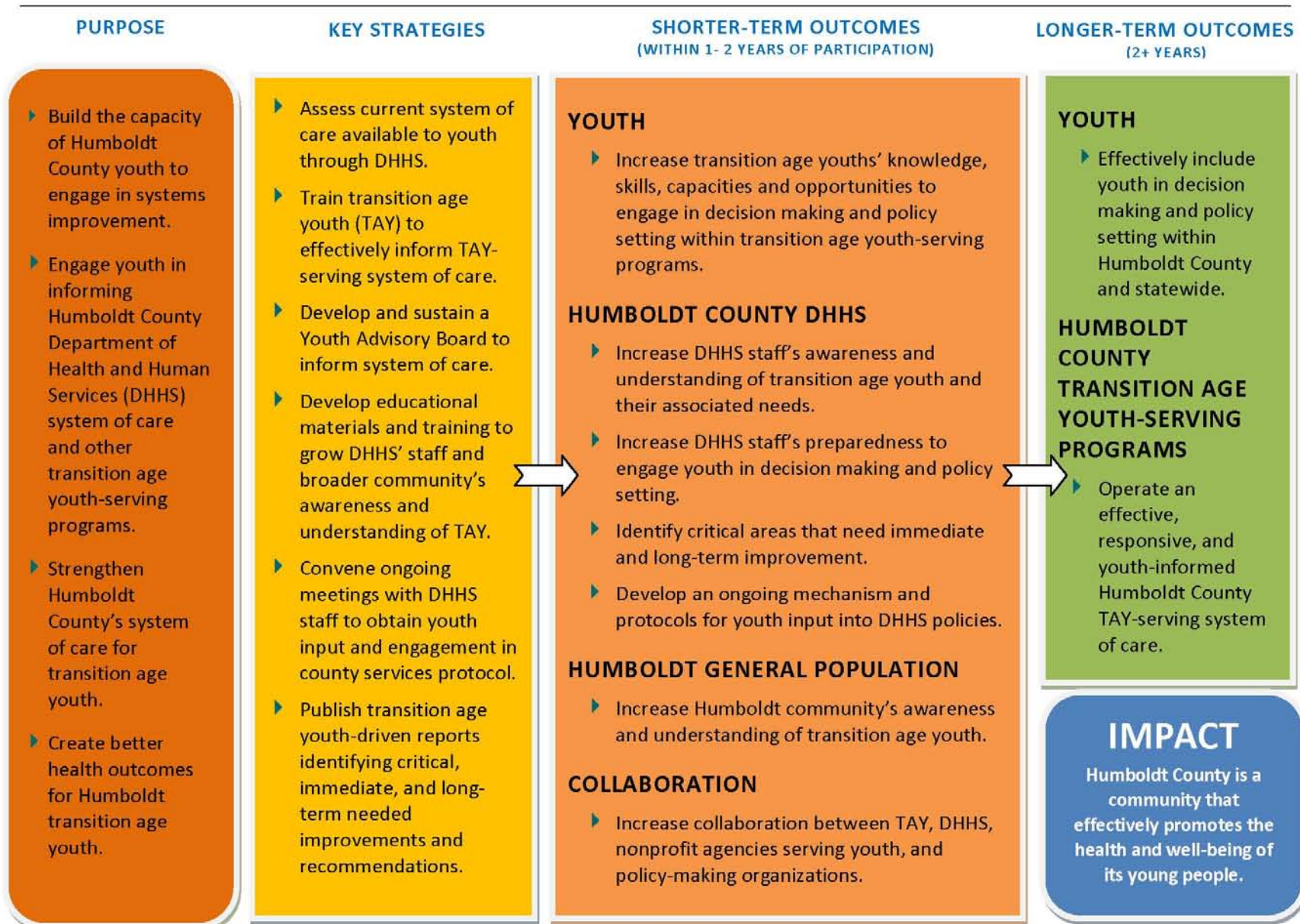
Feel Connected to Others and Valued by Project Staff

TO WHAT EXTENT...	Training One: Digital Story Telling (n=10)		Training Two: Policy Training (n=24)	
	#	%	#	%
Do you feel that participating in this training has helped you to feel more connected to others?				
Not at all	0	0%	0	0%
Somewhat	2	20%	2	9%
Fairly Well	6	60%	14	58%
Big Time!	2	20%	8	33%
TOTAL	10	100%	24	100%
Rating Average	3.00		3.25	
skipped question	0		2	
Did the project staff help you to feel important, respected, appreciated, and valued at this training?				
Not at all	0	0%	0	0%
Somewhat	1	10%	2	8%
Fairly Well	6	60%	10	42%
Big Time!	3	30%	12	50%
TOTAL	10	100%	24	100%
Rating Average	3.20		3.42	
skipped question	0		2	

HCTAYC-RELATED NEWS ARTICLES IN TIMES-STANDARD (OCTOBER 2009-SEPTEMBER 2010)

1. "County renews commitment to youth collaboration program" http://www.times-standard.com/ci_14092615?IADID=Search-www.times-standard.com-www.times-standard.com
2. "Calling all youth: Program holds meeting for new youth center" http://www.times-standard.com/ci_16225164?IADID=Search-www.times-standard.com-www.times-standard.com
3. "Mental health service providers, consumers share insight in MHSA forum" http://www.times-standard.com/ci_15485915?IADID=Search-www.times-standard.com-www.times-standard.com (HCTAYC listed as resource)
4. "County renews commitment to youth collaboration program" http://www.times-standard.com/ci_14092615?IADID=Search-www.times-standard.com-www.times-standard.com
5. "Local foster youth spend a day in the state Capitol" http://www.times-standard.com/ci_15002293?IADID=Search-www.times-standard.com-www.times-standard.com
6. "Beyond the Bench explores foster youth services in Humboldt County" http://www.times-standard.com/ci_13477936?IADID=Search-www.times-standard.com-www.times-standard.com&IADID=Search-www.times-standard.com-www.times-standard.com

Humboldt Collaborative Theory of Change



Attachment C



Monday
April 11th, 2011
12:00-1:00pm
RAINBOW CONFERENCE ROOM
720 WOOD STREET
EUREKA, CA 95501

I. Mental Health Board Meeting

- A. Call to order
- B. Roll call, introduction of staff and guests
- C. Adjustments to the agenda
- D. Public Hearing:
Mental Health Services Act – Fiscal Year 2011/2012 Annual Update
- E. Public comments- two minute limit
- G. Adjournment

Mental Health Services Act
Public Hearing
Fiscal Year 2011/2012
Annual Update
 April 11, 2011
SIGN-IN

NAME	EMAIL If you would like future MHSA notifications
Tim Ash	already receive
Tia Richardson	tia.hctayc@gmail.com
Ayla Khan	—
Virginia Bass	vbass@co.humboldt.ca.us
Rochelle Trochtenberg	
Abby Lubowe	abby.lubowe@gmail.com
Cathy Enis	clanenis@gmail.com
Ruth Needham	gabbysgoes@aol.com
Marianne Pennekamp	mariannpb@att.net
Haydee Hopkins	Haydee.Hopkins@stjoe.org
Kashy Fennell	1818 I St. EUREKA, CA. 95501
Rob Chittenden	Rob.Chittenden@disabilityrights.ca.org
LINDA O'HARA-SCOTT	lohara320@yahoo.com
Patricia Cottrell	pccurreka2009@yahoo.com

Mental Health Services Act
Public Hearing
Fiscal Year 2011/2012
Annual Update
 April 11, 2011
SIGN-IN

NAME	EMAIL If you would like future MHSA notifications
Karolyne Rene Stein	kstein@co.humboldt.ca.us
DAVID YOUNG	daryoung@sbcglobal.net
Alfredo Lopez	alopez@mobilemed.org
ALICIA RUIZ	aruiz@mobilemed.org
Erin Mooney	emooney@mobilemed.org
Lucy Silveira	emooney@mobilemed.org Lucy.Silveira@stjoe.org
Brenda Phillips	
Helene Barney	hbarney@co.humboldt.ca.us
Stan Wong	eswong999@msn.com
Jan Abrec. J-T	no

Attachment D



County of Humboldt Department of Health & Human Services

Mental Health Branch

Karolyn Stein, RN, Branch Director
Asha George, Ph.D., Deputy Director

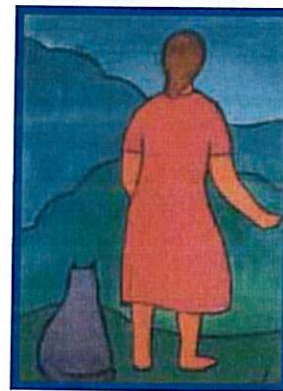


Mental Health Services Act (MHSA)

About The Mental Health Services Act

The Mental Health Services Act (MHSA) provides funding to counties to expand and develop innovative and integrated mental health services for children, youth, adults, and older adults. California voters passed Prop 63 in November 2004 as the result of a grassroots coalition intending to transform public mental health care.

The intent of this website is to inform and invite you to participate in the implementation of the MHSA.



"Maggie and Jane"
Maggie had found a
home
~ Louise Hope ~

- [Full text of the Mental Health Services Act](#)
- [Acta de Servicios de Salud Mental](#)

The Mental Health Services Act addresses a broad continuum of prevention, early intervention, and service needs.

- Older / Dependent Adult Services provides co-located, integrated mental health services by a clinician, with the Adult Protective Services (APS) and In-Home Supportive Services (IHSS) Program.
- Crisis Intervention Services (CIS) provides the coordination of crisis intervention services in partnership with law enforcement.
- The Alternative Response Team (ART) is an innovative, multi-agency program aimed at those at-risk families that would benefit from early intervention and services.
- Comprehensive Community Treatment (CCT) is a team treatment approach designed to provide comprehensive, community-based psychiatric treatment, rehabilitation, and support to persons with serious and persistent mental illness.
- Hope Center is a client and family member center, that provides peer-to-peer education, support, prevention services, wellness activities, and system navigation. To contact the Hope Center, call **(707) 441-3723**.
- Rural Outreach Services Enterprise (ROSE) provides Mental Health, Alcohol and Other Drug, Social Services, and Public Health mobile outreach services to outlying communities.
- Telemedicine services provide medication support to outlying areas.
- Support to Transitional Age Youth (TAY) Organizations.
- The Mental Health Liaison works with families and individuals in the community who have mental health questions, concerns, or need support.

MHSA in the News!

- [Mental health service providers, consumers share insight in MHSA forum - July, 10,2010](#)
- [Humboldt County receives funds to expand mental health services - May, 16,2010](#)
- [Hope Center offers support and more - March, 16,2010](#)
- [County health partners with law enforcement for crisis intervention training in Eureka - March 12, 2010](#)
- [County contracts with youth advocacy group - March 30, 2009](#)
- [State provides \\$1.7 million to county mental health - February 4, 2009](#)
- [County renews commitment to youth collaboration program - December 30, 2009](#)
- [County expanding mental health services - September 2, 2008](#)

Public Comment! Participate! Be informed!

Mental Health Services Act Plans and Updates are available for a 30-day comment period before they are submitted to the State Department of Mental Health. When a Plan or Update is available for Public Comment it will be located in the **MHSA Documents Open for Public Comment** section.

MHSA Plans or Updates may be obtained in several ways:

- Click on the name of the document below to view or print.
- Click on document below to view and on the last page will be listed the locations hard copies are available during the 30-day Comment Period.
- E-mail or call with your mailing address or email address and request the document.

Submitting a Public Comment during the 30-day Comment Period may be done in several ways:

Click on the document below to view it and on the last page of the document will be listed the locations "MHSA Comment Boxes" are available during the 30-day Comment Period.

- Email: mhsacomments@co.humboldt.ca.us
- Comment line phone number: **(707) 441-3770**
- Toll Free number: **(866) 320-8911**

MHSA Documents Open for Public Comment!

- [DRAFT MHSA FY 11-12 Annual Update](#)
- [Attachment A: Humboldt County Transition Age Youth Collaboration First Year Evaluation](#)
- [Attachment B: Humboldt County Transition Age Youth Collaboration Second Year Evaluation](#)

Previous MHSA Documents

2010

- [MHSA Prevention and Early Intervention Statewide Assignment](#)
- [MHSA Fiscal Year 2010/2011 Annual Update](#)
- [MHSA Innovation Plan](#)

2009

- [MHSA Workforce Education and Training Plan](#)
- [MHSA Capitol Facilities & Information Technology \(IT\) Plan and \(IT\) Project Proposal](#)
- [MHSA Fiscal Year 2009-2010 Update](#)
- [Prevention Early Intervention Technical Assistance Request](#)

2008

- [MHSA Housing Assignment Letter](#)
- [MHSA Prevention and Early Intervention Plan](#)
 - [Suicide in Humboldt County 2003-2007](#)
 - [Humboldt County Strategic Prevention Plan](#)
 - [Recommendation Submitted by Advisory groups to MHSA Steering Committee](#)
 - [Integrated Services Initiative 2007-2010 Strategic Plan](#)
 - [California Strategic on Suicide Prevention: Every Californian is part of the Solution](#)
 - [Eliminating Stigma and Discrimination Against Persons with Mental Health Disabilities. A Project of the Mental Health Services Act](#)
 - [Early Intervention for Transitional Age Populations](#)
- [MHSA Prevention and Early Intervention Assignment Letter](#)
- [MHSA Community Services and Supports Fiscal Year 2008-2009 Update](#)

2007

- [Community Services and Supports Implementation Progress Report](#)
- [Community Services and Supports FY05/06 Remaining Funds Plan](#)
- [Community Services and Supports One-Time Augmentation Plan](#)
- [Community Services and Supports Expansion Plan](#)

2006

- [Community Services and Supports Implementation Progress Report](#)

2005

- [Community Services and Supports Plan](#)
- [Executive Summary Community Services and Supports Plan](#)
- [Framework for Community Input](#)
- [MHSA Advisory Group Recommendations](#)

Site Links

- [Comprehensive Community Treatment Program](#)
- [Crisis Intervention Services](#)

Web Links

- [California Department of Mental Health \(MHSA\)](#)
- [California Network of Mental Health Clients \(CNMHC\)](#)
- [National Alliance for the Mentally Ill \(NAMI\)](#)

Attachment E



Humboldt County Department of Health and Human Services
Mental Health Services Act

*Provides opportunities to expand and develop innovative
and integrated mental health services*

What do you think?

Public Comment

March 12th – April 10th

Mental Health Services Act

Fiscal Year 2011/2012 Annual Update

Documents are available and comments may be placed in the

"MHSA Comment Box"

- Humboldt County DHHS Professional Building:
507 F Street, Eureka
- Humboldt County DHHS Mental Health Branch
Children Youth and Family Services:
1711 3rd Street, Eureka
- Humboldt County DHHS Mental Health Branch
Garberville Office:
727 Cedar Street
- Humboldt County DHHS Mental Health Branch:
720 Wood Street, Eureka
- Hope Center: 2933 H Street, Eureka
- website: <http://co.humboldt.ca.us/HHS/MHB/MHSA/>
- Humboldt County DHHS Mental Health Branch
Willow Creek Office:
77 Walnut Way

Public Hearing on April 11th

Humboldt County Department of Health and Human Services Rainbow Room

720 Wood Street in Eureka from **12:00 to 1:00pm**

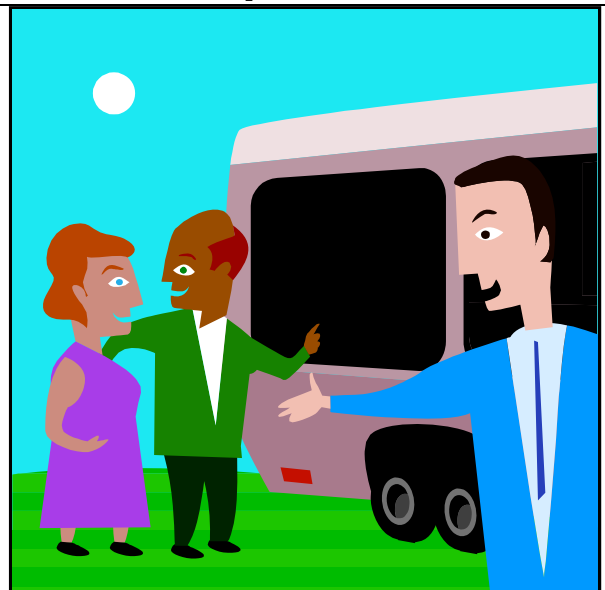
To request documents be sent to you or to make
a comment please contact us at:

Phone: (707) 441-3770

Toll free: (866) 320-8911

Email: mhsacomments@co.humboldt.ca.us

Address: Department of Health and Human
Services, Mental Health Branch
Attn: Jaclyn Culleton
720 Wood Street
Eureka, Ca 95501



Attachment F

Memorial Hospital at about 5:50 p.m. Thursday, according to a press release. The victim, who was hospitalized for stab wounds to his chest and back, said he had been assaulted while he

Bowman has been identified as a suspect in the stabbing.

Bowman

Bowman is on active parole and should be considered dangerous, the

CRIME or Informar tion leadin tion, the re

Police shoot dog, which runs home to pot grow

The Associated Press

MURRIETA — A policeman shot a vicious dog roaming a Southern California neighborhood, then followed the wounded animal to the owner's marijuana growing and selling operation.

Murrieta police investigators on Thursday arrested 25-year-old Justin Shaun Armstrong for investigation of cultivation and posses-

sion of marijuana for sale. Armstrong is in jail with bail set at \$25,000.

The Riverside Press-Enterprise says officers responding to a report of a loose pit bull found it attacking a leashed dog. An officer tried to control the aggressive dog and it tried to bite him. The officer shot the dog in the head and it ran to a nearby home, where the pot operation was discovered.



Humboldt County Department of Health and Human Services

Mental Health Services Act

Provides opportunities to expand and develop innovative and integrated mental health services

What do you think?

Public Comment

March 12th – April 10th

Mental Health Services Act

Fiscal Year 2011/2012 Annual Update

Documents are available and comments may be placed in the "MHSA Comment Box"

- Humboldt County DHHS Professional Building: 507 F Street, Eureka
- Humboldt County DHHS Mental Health Branch Children Youth and Family Services: 1711 3rd Street, Eureka
- Humboldt County DHHS Mental Health Branch Garberville Office: 727 Cedar Street
- Humboldt County DHHS Mental Health Branch: 720 Wood Street, Eureka
- Hope Center: 2933 H Street, Eureka
- website: <http://co.humboldt.ca.us/HHS/MHB/MHSA/>
- Humboldt County DHHS Mental Health Branch Willow Creek Office: 77 Walnut Way

Public Hearing on April 11th

Humboldt County Department of Health and Human Services Rainbow Room

720 Wood Street in Eureka from 12:00 to 1:00pm

To request documents be sent to you or to make a comment please contact us at:

Phone: (707) 441-3770

Toll free: (866) 320-8911

Email: mhsacomment@co.humboldt.ca.us

Address: Department of Health and Human Services, Mental Health Branch

Attn: Jaclyn Culleton
720 Wood Street
Eureka, Ca 95501



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